# Follow Up Inspection Report
# 25 May 2017

# Fifteen Dental

**Type of service: Independent Hospital (IH) - Dental Treatment**
**Address: 15 Irish Street, Downpatrick, BT30 6BW**
**Tel no: 028 4461 2249**
**Inspector: Norma Munn**

## 1.0 Summary

An announced inspection of Fifteen Dental took place on 25 May 2017 from 10:05 to 12:05.

The focus of this inspection was to ascertain the progress made to address the requirements and recommendations made as a result of the announced inspection carried out on 7 March 2017.

Review of documentation and discussion with Mr Ian Crutchley, registered person and the practice manager evidenced that there has been substantial progress made in order to address the six requirements and nine recommendations made. Five of the six requirements made have been addressed. One requirement in relation to the validation of decontamination equipment has been partially addressed and the unaddressed component has been stated for a second time. Eight of the nine recommendations made have been addressed. One recommendation in relation to the completion of the Infection Prevention Society (IPS) audit has been partially addressed and has been stated for a second time. A separate recommendation has been made in relation to the servicing of the x-ray equipment.

One recommendation has been made as a result of this inspection in relation to the supply of Buccolam medication as recommended by the Health and Social Care Board (HSCB).

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

## 1.1 Inspection outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 1 | 3 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Ian Crutchley, registered person and the practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 March 2017.

## 2.0 Service details

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| **Registered organisation/registered person:**<br>Fifteen Dental<br>Mr Ian Crutchley | **Registered manager:**<br>Mr Mark Lindsay |
| **Person in charge of the practice at the time of inspection:**<br>Mr Ian Crutchley | **Date manager registered:**<br>26 March 2012 |
| **Categories of care:**<br>Independent Hospital (IH) - Dental Treatment | **Number of registered places:**<br>4 |

## 3.0 Methods/processes

Prior to inspection we analysed the QIP submitted by Mr Crutchley in respect of the inspection carried out on 7 March 2017.

During the inspection the inspector met with Mr Crutchley and the practice manager.

The following records were examined during the inspection:

- safeguarding
- management of medical emergencies
- infection prevention control and decontamination
- radiography
- management and governance arrangements
- maintenance arrangements

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 07 March 2017

The most recent inspection of the dental practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 07 March 2017

| Last care inspection statutory requirements | | Validation of compliance |
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| **Requirement 1**<br><br>**Ref:** Regulation 15 (2)<br><br>**Stated:** First time | The registered person must ensure that all equipment used in the decontamination process is validated on an annual basis.<br><br>On completion a copy of the validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP. | **Partially Met** |
| | **Action taken as confirmed during the inspection**: The practice manager confirmed that a system has been put in place to ensure that equipment used in the decontamination process is validated on an annual basis.<br><br>On the day of the inspection the engineers were observed validating the decontamination equipment.<br><br>Following the inspection RQIA received an email from the practice manager on 19 June 2017 to confirm that all equipment used in the decontamination process had been validated. However, the validation certificates had not been submitted to RQIA as requested. As these have not been submitted this requirement has not been fully addressed and the unaddressed component has been stated for a second time. | |
| **Requirement 2**<br><br>**Ref:** Regulation 15 (5)<br><br>**Stated:** First time | The registered person must ensure that periodic testing as outlined in HTM 01-05 for all equipment used in the decontamination process must be undertaken and recorded.<br><br>Records are to be retained in the log books provided for each piece of equipment. | **Met** |
| | **Action taken as confirmed during the inspection**: Review of documentation and discussion with the practice manager confirmed that periodic testing as outlined in Health Technical Memorandum (HTM) 01-05 for all equipment used in the decontamination process has been undertaken and recorded. Separate log books for the washer disinfector and one of the steam sterilisers were in place and records were maintained in the log books reviewed. The practice manager confirmed that a new log book in respect of the second steriliser had been ordered. | |

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| **Requirement 3**<br><br>**Ref:** Regulation 18 (2)<br><br>**Stated:** First time | The registered person must ensure that all clinical staff involved in the decontamination process receive training in infection prevention and control and decontamination in keeping with best practice.<br><br>Training records should be made available for inspection. | **Met** |
| | **Action taken as confirmed during the inspection**: Review of documentation and discussion with the practice manager confirmed that all clinical staff involved in the decontamination process have received training during March 2017 in infection prevention and control and decontamination in keeping with best practice. | |
| **Requirement 4**<br><br>**Ref:** Regulation 15 (1) (2)<br><br>**Stated:** First time | The registered person must ensure that the RPA completes a report of the critical examination check carried out by the installer for the newly installed x-ray unit prior to use. On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this.<br><br>A critical examination by the RPA must be carried out for the OPG. On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this.<br><br>Confirmation that these issues have been actioned should be provided to RQIA as a matter of urgency. | **Met** |
| | **Action taken as confirmed during the inspection**: The practice manager confirmed that the Radiation Protection Advisor (RPA) visited the practice on 5 May 2017 and completed a quality assurance check that included all x-ray equipment in the practice. Review of the RPA report evidenced that not all of the recommendations made by the RPA had been actioned. This was discussed with the practice manager and following the inspection RQIA received confirmation by email that the recommendations had been actioned and signed off. | |

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| **Requirement 5**<br><br>**Ref:** Regulation 15 (1)<br><br>**Stated:** First time | The registered person must ensure that the radiation protection file is reviewed. The radiation protection file should include:<br><br>• a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed<br>• records pertaining to the servicing and maintenance of radiology equipment<br>• records of radiology training<br>• an inventory of all x-ray equipment | **Met** |
| | **Action taken as confirmed during the inspection**: Discussion with the practice manager confirmed that the radiation protection file had been reviewed following the RPA visit. Review of the file evidenced a copy of the most recent RPA report and an action plan of the recommendations made within the report, some of which had been signed off as actioned. An inventory of all x-ray equipment was also included in the file and following the inspection the practice manager confirmed that records of radiology training had also been included. The practice manager confirmed that the x-ray machines had been serviced on the day of the inspection. However, the practice has not yet received the service certificates. The practice manager has agreed to include the servicing certificates within the file when they have been received. | |
| **Requirement 6**<br><br>**Ref:** Regulation 30 (h)<br><br>**Stated:** First time | The registered person must submit an application of minor variation to RQIA in relation to the renovation work undertaken to relocate a dental surgery. | **Met** |
| | **Action taken as confirmed during the inspection**: It was identified during the inspection on 7 March 2017 that one of the dental surgeries had been decommissioned and a previously unregistered surgery that was not operational had been renovated into a new surgery providing private dental care and treatment. An application of minor variation had not been submitted to RQIA for approval prior to the new surgery becoming operational.<br><br>Following the inspection on 7 March 2017 an application of minor variation was submitted to RQIA in relation to the work undertaken to relocate the dental surgery. The application was approved by RQIA on 27 April 2017. | |

| Last care inspection recommendations | | Validation of compliance |
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| **Recommendation 1**<br><br>**Ref:** Standard 13<br><br>**Stated:** Second time | It is recommended that the identified clinicians' operator chairs are repaired. | **Met** |
| | **Action taken as confirmed during the inspection**: On the day of the inspection the practice manager confirmed that one of the clinician's chairs had been removed however, the second chair was still in use. This was discussed with Mr Crutchley who agreed to remove the damaged chair. Following the inspection RQIA received confirmation that this had been actioned and a new chair had been ordered. | |
| **Recommendation 2**<br><br>**Ref:** Standard 15.3<br><br>**Stated:** First time | Ensure that all staff receive safeguarding adults at risk of harm and safeguarding children training as outlined in the Minimum Standards for Dental Care and Treatment (2011).<br><br>The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) should be included in the training provided. | **Met** |
| | **Action taken as confirmed during the inspection**: The practice manager confirmed that as the safeguarding lead she, along with another staff member, who is also a safeguarding lead had attended local formal training in safeguarding children and adults at risk during 2016. The training included the new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Cooperating to Safeguard Children and Young People in Northern Ireland' (March 2016). The level of this training and contents was discussed during the inspection and it was agreed that the practice manager would arrange for all staff to receive safeguarding adults and children training in house while waiting to get a training date arranged with the Northern Ireland Medical and Dental Training Agency (NIMDTA). The practice manager agreed to facilitate this training. Following the inspection RQIA received confirmation that a training session in safeguarding adults and children was carried out on 1 June 2017 attended by all staff. The content of the training was also submitted to RQIA.<br><br>The practice manager confirmed that she intends to arrange formal safeguarding training within the next few months for all staff to attend which will be provided by NIMDTA. | |

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| **Recommendation 3**<br><br>**Ref:** Standard 12.4<br><br>**Stated:** First time | A self-inflating bag with reservoir suitable for use with a child should be provided. | **Met** |
| | **Action taken as confirmed during the inspection**: Observation and discussion with the practice manager confirmed that a self-inflating bag with reservoir suitable for use with a child had been provided.<br><br>The practice manager informed the inspector that Buccolam pre filled syringes had been replaced with buccal Midazolam. The buccal Midazolam observed was not the format recommended by the Health and Social Care Board (HSCB). This was discussed with Mr Crutchley and the practice manager and it was agreed that Buccolam pre-filled syringes as recommended by the HSCB would be provided.<br><br>Following the inspection the practice manager confirmed by telephone that Buccolam pre filled syringes had been provided. The practice manager confirmed that the quantity and dosage of Buccolam in provided was not sufficient and she advised that the practice will be increasing their stock accordingly. A recommendation has been made in this regard. | |
| **Recommendation 4**<br><br>**Ref:** Standard 13<br><br>**Stated:** First time | The identified surgery should be de-cluttered, deep cleaned and fit for purpose in keeping with HTM 01-05 prior to becoming operational. | **Met** |
| | **Action taken as confirmed during the inspection**: The identified surgery had been de-cluttered and deep cleaned. The practice manager confirmed that this surgery is due to be redecorated and refurbished in the future. | |

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| **Recommendation 5**<br><br>**Ref:** Standard 13.4<br><br>**Stated:** First time | Separate logbooks should be established for each piece of equipment associated in the decontamination process.<br><br>The logbooks should contain the following information:<br><br>• details of the machine and location<br>• commissioning report<br>• daily/weekly test record sheets<br>• quarterly test record sheets<br>• annual service/validation certification<br>• fault history<br>• process log<br>• records to show staff have been trained in the correct use of the machine; and relevant contacts e.g. service engineer | **Met** |
| | **Action taken as confirmed during the inspection**: Discussion with the practice manager and a review of the log books for the washer disinfector and one of the steam sterilisers confirmed that this recommendation has been addressed. The log book for the second steriliser had been ordered and assurances were given that the log book will contain all the information as listed above. | |
| **Recommendation 6**<br><br>**Ref:** Standard 13<br><br>**Stated:** First time | The IPS audit is to be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. | **Partially Met** |
| | **Action taken as confirmed during the inspection**: A review of records evidenced that the Infection Prevention Society (IPS) audit had not been completed since the previous inspection. However, following the inspection the practice manager confirmed by email that the IPS audit had commenced on 6 June 2017 however, this had not been completed. The practice manager has agreed to forward the action plan to RQIA when completed. This recommendation has not been fully addressed and has been stated for a second time. | |

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| **Recommendation 7**<br><br>**Ref:** Standard 8.3<br><br>**Stated:** First time | Ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. | **Met** |
| | **Action taken as confirmed during the inspection**: The practice manager confirmed that the x-ray equipment was being serviced on the day of the inspection. Following the inspection RQIA received confirmation that the x-ray machines had been serviced however; the service certificates had not been received. The practice manager has agreed to submit a copy of the service certificates to RQIA when completed. A separate recommendation has been made in this regard. | |
| **Recommendation 8**<br><br>**Ref:** Standard 13.2<br><br>**Stated:** First time | Review the legionella risk assessment recently undertaken and any recommendations made therein should be addressed.<br><br>Records should be retained for inspection. | **Met** |
| | **Action taken as confirmed during the inspection**: The practice manager confirmed that a meeting had been held with the external company who carried out the legionella risk assessment to discuss any actions to be addressed. A review of records evidenced that the legionella risk assessment had been reviewed and an action plan developed. The practice manager confirmed that any issues identified have been addressed. | |
| **Recommendation 9**<br><br>**Ref:** Standard 8<br><br>**Stated:** First time | Review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation. | **Met** |
| | **Action taken as confirmed during the inspection**: A review of records and discussion with the practice manager confirmed that monitoring systems had been developed to ensure effective quality assurance and governance arrangements are in operation. The practice manager discussed the actions taken to ensure the practice is and remains compliant with The Independent Health Care Regulations (Northern Ireland) 2005 and the DHSSPS Minimum Standards for Dental Care and Treatment (2011). | |

## 4.3 Inspection findings

**Areas for improvement**

A copy of the validation certificates for the equipment used to decontaminate instruments should be submitted to RQIA.

Buccolam pre-filled syringes should be provided in sufficient quantity and dosage as recommended by the HSCB.

The IPS audit should be completed and an action plan developed and embedded into practice to address any shortfalls identified during the audit process.

A copy of the servicing of the x-ray equipment should be submitted to RQIA.

| Number of requirements | 1 | Number of recommendations | 3 |
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Crutchley, registered person and the practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to *Independent.Healthcare@rqia.org.uk* for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

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| **Statutory requirements** | |
| **Requirement 1**<br><br>**Ref**: Regulation 15<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>19 July 2017 | On completion a copy of the decontamination validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP. |
| | **Response by registered provider detailing the actions taken:**<br>I am still waiting for the certificates and i have been in touch many occasions with DBG who assure me they will get them to me asap, as soon as i receive them i will forward a copy to Norma Munn |
| **Recommendations** | |
| **Recommendation 1**<br><br>**Ref**: Standard 12.4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>25 May 2017 | Buccolam pre-filled syringes should be provided in sufficient quantity and dosage as recommended by the HSCB. |
| | **Response by registered provider detailing the actions taken:**<br>Pre-filled buccolam has been added to the emergency drugs kit. |
| **Recommendation 2**<br><br>**Ref**: Standard 13<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>19 July 2017 | The IPS audit is to be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control.<br><br>An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process. |
| | **Response by registered provider detailing the actions taken:**<br>Natalie Moore has completed Junes IPS audit with a full action plan a copy can be supplied if required |
| **Recommendation 3**<br><br>**Ref**: Standard 8.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>19 July 2017 | A copy of the servicing of all x-ray equipment should be submitted to RQIA with the returned QIP. |
| | **Response by registered provider detailing the actions taken:**<br>Iam still waiting for the cerificates and i have been in touch many time with DBG who assure me they will get them to me asap, as soon as i receive them i will forward copies to Norma Munn. |

***Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address***

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