

Inspection Report

8 August 2024



Fifteen Dental

Type of service: Independent Hospital (IH) – Dental Treatment

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

1.0 Service information

Organisation/Registered Provider: Ilanmart Ltd Responsible Individual: Mr Ian Crutchley	Registered Manager: Mr Ian Crutchley – applicant registered manager Date registered: Pending
Person in charge at the time of inspection: Mr Ian Crutchley	Number of registered places: Four
Categories of care: Independent Hospital (IH) – Dental Treatment	
Brief description of how the service operates: Fifteen Dental is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has four registered dental surgeries and provides general dental services, private and health service treatment without conscious sedation. Ilanmart Ltd is the registered provider for two dental practices registered with RQIA. Mr Ian Crutchley is the responsible individual for Fifteen Dental and has submitted an application to RQIA to also become the registered manager.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 8 August 2024 from 10.00 am to 2.15 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during or since the last care inspection. The inspection was facilitated by the practice manager. Mr Crutchley, Responsible Individual was spoken with during the inspection.

There was evidence of good practice in relation to infection prevention and control; adherence to best practice guidance in relation to COVID-19; management of complaints and incidents; and governance arrangements.

Areas were identified where action was required and related to; the recruitment and selection of staff; management of medical emergencies; safer sharps management; radiology and radiation safety; devising a staff training matrix and the decontamination of reusable dental instruments. Following the inspection, the practice manager provided evidence to RQIA that each of these areas had been addressed. These areas are further discussed in the main body of the report.

However, an area of improvement has been identified against the standards in relation to the decontamination of reusable dental instruments to ensure ongoing compliance with legislation and best practice guidance.

Mr Crutchley was reminded that as the responsible individual he is accountable for compliance with the legislation and standards in Fifteen Dental.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed and detailed in the quality improvement plan (QIP).

4.0 What people told us about the care and treatment?

We issued posters to the registered provider prior to the inspection inviting patients and members of the dental team to complete an electronic questionnaire.

No completed staff or patient questionnaires were received prior to the inspection.

5.0 The inspection

5.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Fifteen Dental was undertaken on 17 June 2021; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Do recruitment and selection procedures comply with all relevant legislation?

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Mr Crutchley and the practice manager oversee the recruitment and selection of the dental team, and approve all staff appointments. Discussion with the practice manager confirmed that she had a clear understanding of the legislation and best practice guidance.

A review of the staff register evidenced that four new staff had been recruited since the previous inspection. A review of the newly recruited staff personnel files evidenced that relevant recruitment records had been sought; reviewed and stored as required with the exception of one written reference in three of the files reviewed. Following the inspection, the practice manager submitted evidence that a second written reference had been sought for these staff. It was noted that some of the required recruitment records had been sought following the commencement of employment. Mr Crutchley and the practice manager were reminded that all the required recruitment information must be sought; reviewed and stored prior to commencement of employment. Mr Crutchley and the practice manager gave assurances on this matter.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Discussion with members of the dental team confirmed they have been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the practice.

The recruitment of the dental team largely complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice. The recruitment process will be strengthened by ensuring the retention of all recruitment records prior to the commencement of employment.

5.2.2 Is the dental team appropriately trained to fulfil the duties of their role?

The dental team takes part in ongoing training to update their knowledge and skills, relevant to their role.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

A record is kept of all training (including induction) and professional development activities undertaken by staff in individual personnel files. It was advised that a training matrix should be developed to strengthen oversight by the responsible individual and the practice manager to evidence that the dental team is suitably skilled and qualified. Following the inspection, the practice manager submitted a training matrix template and confirmed it would be implemented going forward.

The care and treatment of patients is being provided by a dental team that is appropriately trained to carry out their duties.

5.2.3 Is the practice fully equipped and is the dental team trained to manage medical emergencies?

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency. Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. However, it was advised to include the expiry dates of all emergency equipment such as syringes, needles, oxygen masks and tubing on the monthly monitoring list as a number of these items had exceeded their expiry dates. Following the inspection, evidence was submitted to RQIA to confirm that these items had been replaced and the monthly checklist had been updated as outlined above.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide the dental team on how to manage recognised medical emergencies.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Members of the dental team were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

Sufficient emergency medicines and equipment were in place and the dental team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

5.2.4 Does the dental team provide dental care and treatment using conscious sedation in line with the legislation and guidance?

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications or medical gases to relax the patient.

The practice manager confirmed that conscious sedation is not offered in Fifteen Dental.

5.2.5 Does the dental team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. Review of these documents demonstrated that they reflected legislation and best practice guidance. The practice manager confirmed there was a nominated lead dental nurse who had responsibility for IPC and decontamination in the practice. The lead dental nurse had undertaken IPC and decontamination training in line with their continuing professional development and had retained the necessary training certificates as evidence.

During a tour of some areas of the practice, it was observed that clinical and decontamination areas were clean, tidy and uncluttered. All areas of the practice observed were equipped to meet the needs of patients.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the dental team in accordance with the treatments provided.

Using the Infection Prevention Society (IPS) audit tool, IPC audits are routinely undertaken by members of the dental team to self-assess compliance with best practice guidance. The purpose of these audits is to assess compliance with key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management. This audit also includes the decontamination of reusable dental instruments which is discussed further in the following section of this report. A review of these audits evidenced that they were completed on a six monthly basis and, where applicable, an action plan was generated to address any improvements required.

Mr Crutchley confirmed that the dentist disposes of sharps at the point of use, however, safer sharps are not used in the practice. If safer sharps are not being used it is advised that a risk assessment is in place for each dentist. No risk assessments had been completed however following the inspection evidence was submitted to RQIA to confirm that risk assessments in relation to sharps management had been undertaken. A sharps box was placed in a cupboard in one of the dental surgeries and it was advised that the positioning of the sharps box did not facilitate disposing of sharps at the point of use. Following the inspection, the sharps box had been repositioned accordingly.

Hepatitis B vaccination is recommended for clinical members of the dental team as it protects them if exposed to this virus. A system was in place to ensure that relevant members of the dental team have received this vaccination. A review of a sample of staff personnel files confirmed that vaccination history is checked during the recruitment process and vaccination records are retained in personnel files.

Discussion with members of the dental team confirmed that they had received IPC training relevant to their roles and responsibilities and they demonstrated good knowledge and understanding of these procedures. Review of training records evidenced that the dental team had completed relevant IPC training and had received regular updates.

Review of IPC arrangements evidenced that the dental team adheres to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

5.2.6 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with [Health Technical Memorandum 01-05: Decontamination in primary care dental practices, \(HTM 01-05\)](#), published by the Department of Health (DoH).

There was a range of policies and procedures in place for the decontamination of reusable dental instruments that were comprehensive and reflected legislation, minimum standards and best practice guidance.

There was a designated decontamination room separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance.

Staff confirmed that the washer disinfecter had been out of order for over a year and there was no out of use sign on this piece of equipment. During that time reusable dental instruments had been manually cleaned prior to sterilisation in line with written protocols and a manual cleaning log was in place. Staff also confirmed that there was only one steam steriliser in operation. Two of the other steam sterilisers were not operational and were out of order however, there also were no out of use signs on these pieces of equipment.

These serious issues identified in relation to decontamination of dental instruments were not compliant with HTM 01-05 and were discussed at length with Mr Crutchley. Confirmation of the purchase of a replacement washer disinfecter was sought immediately and following the inspection an invoice order was submitted to RQIA confirming the purchase of a DAC Universal. Further confirmation was sought that this piece of decontamination equipment and the steam steriliser would be sufficient to meet the needs of the practice and that all reusable dental instruments including hand pieces would be decontaminated in line with HTM 01-05. This was confirmed to RQIA via email by the practice manager. An area for improvement has been made against the standards on this matter

Decontamination arrangements require to be strengthened and addressing the area for improvement will assist on this matter. Mr Crutchely was reminded of his responsibilities in relation to the decontamination of reusable dental instruments.

5.2.7 Are arrangements in place to minimise the risk of COVID-19 transmission?

There were COVID-19 policies and procedures in place which were in keeping with the Health and Social Care Public Health Agency guidance [Infection Prevention and Control Measures for Respiratory illnesses March 2023](#) and the [Infection Prevention and Control Manual for Northern Ireland](#).

The management of operations in response to the pandemic was discussed with members of the dental team. These discussions included the application of best practice guidance, and focused on, training of staff, and enhanced cross-infection control procedures. There is an

identified COVID-19 lead staff member and arrangements are in place to ensure the dental team is regularly reviewing COVID-19 advisory information, guidance and alerts.

A review of the COVID-19 arrangements evidenced that procedures are in place to ensure the staff adhere to best practice guidance to minimise the risk of COVID-19 transmission.

5.2.8 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

The arrangements regarding radiology and radiation safety were reviewed to ensure that appropriate safeguards were in place to protect patients, visitors and staff from the ionising radiation produced by taking an x-ray.

Dental practices are required to notify and register any equipment producing ionising radiation with the Health and Safety Executive Northern Ireland (HSENI). A review of records evidenced the practice had registered with the HSENI.

The practice has four surgeries each of which has an intra-oral x-ray machine and in addition, there is an orthopan tomogram (OPG) machine, which is located in a separate room. The equipment inventory reflected these pieces of equipment.

A radiation protection advisor (RPA), medical physics expert (MPE) and radiation protection supervisor (RPS) have been appointed in line with legislation.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained.

A review of the file confirmed that the Employer had entitled the dental team to undertake specific roles and responsibilities associated with radiology and ensured that these staff had completed appropriate training. The RPS oversees radiation safety within the practice and regularly reviews the radiation protection file to ensure that it is accurate and up to date.

The appointed RPA must undertake a critical examination and acceptance test of all new x-ray equipment; thereafter the RPA must complete a quality assurance test every three years as specified within the legislation.

A critical examination and acceptance test report for the new intra-oral x-ray machine was undertaken on 9 April 2024.

The most recent report generated by the RPA on 16 November 2023 evidenced that the x-ray equipment had been examined however, any recommendations made had not been signed off as actioned. Written confirmation was sought that any recommendations made had been reviewed and actioned. Following the inspection, evidence was provided that an associate dentist was reviewing the RPA recommendations and will ensure they are actioned and signed off by the RPS. Mr Crutchley was reminded of his responsibilities as the RPS.

A copy of the local rules was on display near each x-ray machine observed and appropriate staff had signed to confirm that they had read and understood these. The dental team demonstrated sound knowledge of radiology and radiation safety including the local rules and associated practice.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislation and best practice guidance. It was evidenced that all measures are taken to optimise radiation dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

The radiology and radiation safety arrangements evidenced that procedures are in place to ensure that appropriate x-rays are taken safely.

5.2.9 Are complaints and incidents being effectively managed?

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with the practice manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The practice manager confirmed that incidents are effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The dental team was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Arrangements were in place to share information with the dental team about complaints and incidents including any learning outcomes, and also compliments received.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance.

5.2.10 How does a registered provider who is not in day to day management of the practice assure themselves of the quality of the services provided?

Where the business entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six

months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Crutchley was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

5.3 Does the dental team have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the practice manager.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with [Minimum Standards for Dental Care and Treatment \(March 2011\)](#)

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Mr Crutchley, Responsible Individual and the practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: 8 August 2024	<p>The responsible individual shall ensure that all reusable dental instruments are decontaminated in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health (DoH).</p> <p>Ref: 5.2.9</p> <p>Response by registered person detailing the actions taken: We have acted according to the instructions of the inspector and now believe we are fully compliant with the requirements. A new Washer-Disinfector has been bought and installed, equipment no longer in use disposed of, and staff appropriately trained in the use of the new Washer-Disinfector</p>

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