



The **Regulation** and  
**Quality Improvement**  
Authority

**Fifteen Dental**  
RQIA ID: 11486  
15 Irish Street  
Downpatrick  
BT30 6BW

**Inspector: Emily Campbell**  
**Inspection ID: IN021392**

**Tel: 028 4461 2249 /028 9061 5845**

---

**Announced Care Inspection  
of  
Fifteen Dental**

**04 June 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced care inspection took place on 4 June 2015 from 10.00 to 12.05. Overall on the day of the inspection it was found that some improvements in management of medical emergencies and recruitment and selection are necessary in order for care to be safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 3 July 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 1            | 3               |

The details of the QIP within this report were discussed with Mr Ian Crutchley, registered person, and Ms Natalie Moore, lead dental nurse, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|  |  |
|--|--|
| <b>Registered Organisation/Registered Person:</b><br>Mr Ian Crutchley                  | <b>Registered Manager:</b><br>Mr Mark Lindsay    |
| <b>Person in Charge of the Practice at the Time of Inspection:</b><br>Mr Ian Crutchley | <b>Date Manager Registered:</b><br>26 March 2012 |
| <b>Categories of Care:</b><br>Independent Hospital (IH) – Dental Treatment             | <b>Number of Registered Dental Chairs:</b><br>4  |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, and complaints declaration.

During the inspection the inspector met with Mr Crutchley and Mr Lindsay, registered persons, an associate dentist, the lead dental nurse and a receptionist. The lead dental nurse, Ms Natalie Moore, facilitated the inspection.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 3 July 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection Dated 3 July 2014

| Last Inspection Statutory Requirements   |  | Validation of Compliance |
|--|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 30<br><br><b>Stated:</b> First time     | <p>Application for registration should be submitted to RQIA along with the associated fees.</p> <p>As this is now a limited company and Mr Crutchley is also the provider of another establishment, he cannot be the registered manager. Application and the associated fee should therefore also be submitted for a registered manager.</p>   | <b>Met</b>               |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>An application for registration was submitted to RQIA. Formerly Downe in the Mouth Dental Practice, the practice has rebranded as Fifteen Dental. Mr Ian Crutchley is the responsible individual. Mr Mark Lindsay has remained as the registered manager and an application for registered manager was therefore not required. Registration of Fifteen Dental was approved on 28 April 2015.</p> |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulation 30 (b)<br><br><b>Stated:</b> First time | <p>Mr Lindsay should submit formal notification to RQIA informing RQIA that he is no longer a partner of the practice.</p>   | <b>Met</b>               |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Lindsay informed RQIA that he is no longer a partner of the practice and confirmed that he will remain as the registered manager.</p>   |                          |

| Last Inspection Recommendations   |   | Validation of Compliance |
|---|---|--------------------------|
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p> | <p>Infection prevention and control policies and procedures should be further developed to reflect the arrangements in the practice.</p> <p>Policies and procedures should include details of the process of cleaning, disinfection, inspection, packaging, transport and storage of instruments and disinfectant guidelines.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of infection prevention and control policies and procedures confirmed this recommendation has been addressed.</p> | <b>Met</b>               |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>  | <p>A risk management plan should be developed for the identified individual outlining the steps taken to reduce the risk of blood borne virus transmission.</p> <p>Consideration should also be given to the provision of a safer sharps device.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Ms Moore confirmed that a risk management plan had been developed. The identified staff member has now left the practice.</p>   | <b>Met</b>               |
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>  | <p>In keeping with good infection prevention and control, sharps boxes should not be on the floor of any dental surgeries.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Observations made during a tour of the premises confirmed this recommendation has been addressed.</p>   | <b>Met</b>               |

|  |  |                       |
|--|--|-----------------------|
| <p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> | <p>The vertical blinds in surgeries should be cleaned and included in the practice's cleaning schedule.</p> <p>Fabric chairs in the identified surgery should be removed.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Observations made during a tour of the premises confirmed this recommendation has been addressed.</p>   | <p><b>Met</b></p>     |
| <p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> | <p>Flooring in the surgeries should be sealed at the edges and where cabinetry meets the flooring until such time as the flooring is replaced within the refurbishment plan.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Observations made during a tour of the premises confirmed this recommendation has been addressed.</p>  | <p><b>Met</b></p>     |
| <p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> | <p>The dental chair in the identified surgery should be re-upholstered.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Ms Moore advised that the framework of the dental chair cannot be re-upholstered and arrangements are being established to replace the dental chair.</p> <p>It was observed that two clinicians' operator chairs are torn.</p> <p>A recommendation was made that the identified dental chair is replaced and the identified clinicians' operator chairs are repaired.</p> | <p><b>Not Met</b></p> |

|   |   |            |
|---|---|------------|
| <b>Recommendation 7</b><br><br><b>Ref:</b> Standard 13<br><br><b>Stated:</b> First time | Handpieces which are compatible with a washer disinfectant should be decontaminated using this process.   | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Ms Moore confirmed that compatible handpieces are processed through the washer disinfectant. |            |

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr Crutchley, Mr Lindsay and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). The current format of buccal midazolam is not Buccolam as recommended by the Health and Social Care Board. Ms Moore is aware of the need to obtain Buccolam on expiry of the current format of buccal midazolam. Emergency equipment is retained in the practice, however oropharyngeal airways had exceeded their expiry date and all sizes as recommended by the Resuscitation Council (UK) guidelines were not available. In addition oxygen face masks were only available in adult sizes. A system is in place to check that emergency medicines and equipment do not exceed their expiry date, however, although airways have been included, their expiry dates had not. An automated external defibrillator (AED) is not available in the practice, however, the practice have access to a community AED within an acceptable timeframe. A clear protocol is available in this regard and staff spoken with demonstrated sound awareness of this. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Crutchley, Mr Lindsay and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are safe.

## Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies. As discussed some additional equipment is needed and checking procedures of expiry dates need further development.

Discussion with Mr Crutchley, Mr Lindsay and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr Crutchley, Mr Lindsay and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection it was identified that some improvement is needed to ensure that the arrangements for managing a medical emergency are effective.

## Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr Crutchley, Mr Lindsay and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found care to be compassionate.

## Areas for Improvement

Oropharyngeal airways and oxygen face masks should be provided in the different sizes as recommended by the Resuscitation Council (UK) guidelines.

Checking procedures of expiry dates should be further developed.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>0</b> | <b>Number Recommendations:</b> | <b>1</b> |
|-------------------------------|----------|--------------------------------|----------|

## 5.4 Recruitment and selection

### Is Care Safe?

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment in respect of one staff member;
- documentary evidence of qualifications, where applicable;

- evidence of current GDC registration, where applicable;
- confirmation that the person is physically and mentally fit to fulfil their duties in respect of one staff member. Ms Moore advised that this was verbally checked in relation to the second staff member; and
- evidence of professional indemnity insurance, where applicable.

An enhanced AccessNI check was not received prior to commencement of employment in respect of one staff member. A risk assessment had been completed in respect of this and was available for review.

Written references, details of employment history and criminal conviction declarations had not been obtained.

A staff register was retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.

Ms Moore confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection, it was identified that further development is required to ensure that recruitment and selection procedures are safe.

### **Is Care Effective?**

The dental service's written recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. However, as indicated previously, improvements are needed to ensure these are embedded in practice.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Ms Moore, an associate dentist and a receptionist confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection it was identified that improvements are needed to ensure that recruitment and selection procedures are effective.

## Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements and the practice's written policies and procedures.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed, an enhanced AccessNI check had not been received until after commencement of employment in respect of one staff member. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Crutchley and Ms Moore.

Discussion with Mr Crutchley, Mr Lindsay and staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Crutchley, Mr Lindsay and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate. However, robust arrangements are needed in relation to enhanced AccessNI checks.

### Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to new staff commencing employment.

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>1</b> | <b>Number Recommendations:</b> | <b>1</b> |
|-------------------------------|----------|--------------------------------|----------|

## 5.5 Additional Areas Examined

### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Crutchley and Mr Lindsay, registered persons, an associate dentist, the lead dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Nine were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment on commencing work in the practice. However, one staff member stated they had not been issued with a contract of employment. This was discussed with Mr Crutchley and Ms Moore who agreed to follow up on this matter. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

The following comment was provided by a staff member who submitted a questionnaire: "The practice continues to go from strength to strength. Many improvements have been carried out. Good team spirit."

### **5.5.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

### **5.5.3 Patient consultation**

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Ian Crutchley, registered person, and Ms Natalie Moore, lead dental nurse, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Statutory Requirements

|  |  |
|--|--|
| <p><b>Requirement 1</b></p> <p><b>Ref: Regulation 19 (2) Schedule 2</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 4 June 2015</b></p> | <p>The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</p>  |
|  | <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>In future any new members of staff starting in the practice will not be able to commence employment until AccessNI clearance has been obtained, this will be made clear to the prospective employee at the interview stage.</p> |

### Recommendations

|   |  |
|---|--|
| <p><b>Recommendation 1</b></p> <p><b>Ref: Standard 13</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 4 September 2015</b></p> | <p>It is recommended that the identified dental chair is replaced and the identified clinicians' operator chairs are repaired.</p>   |
|   | <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>We will replace the identified dental chair as soon as our budget will allow, we are also looking at another upholster for a quote to recover the chair in question. Mr Crutchley has stated he will replace the operator chairs as soon as possible.</p> |
| <p><b>Recommendation 2</b></p> <p><b>Ref: Standard 12.4</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 18 June 2015</b></p>   | <p>It is recommended that oropharyngeal airways and oxygen face masks should be provided in the different sizes as recommended by the Resuscitation Council (UK) guidelines. The expiry dates of all emergency equipment (where applicable) should be included in the monthly checking procedure.</p>                                  |
|   | <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p> <p>We have contacted BOC for a child nonrebreather mask and awaiting delivery. We have sourced oropharyngeal airways and waiting delivery.</p>   |

|  |   |                              |                   |
|--|---|------------------------------|-------------------|
| <p><b>Recommendation 3</b></p> <p><b>Ref: Standard 11.1</b></p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:<br/>4 June 2015</b></p> | <p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b><br/>We have put in place a thorough check list to ensure all personal records are maintained for new and all existing members of staff.</p> |                              |                   |
| <p><b>Registered Manager Completing QIP</b></p>  | <p>Mark Lindsay</p>   | <p><b>Date Completed</b></p> | <p>24/06/2015</p> |
| <p><b>Registered Person Approving QIP</b></p>  | <p>Ian Crutchley</p>  | <p><b>Date Approved</b></p>  | <p>24/06/2015</p> |
| <p><b>RQIA Inspector Assessing Response</b></p>  | <p>Emily Campbell</p>   | <p><b>Date Approved</b></p>  | <p>7.7.15</p>     |

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below:

Very positive inspection.