

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

FAILURE TO COMPLY NOTICE

<b>Name of Registered Establishment or Agency:</b> Crutchley R J Dental Practice (11421)	<b>FTC Ref:</b> FTC/IHC-DT/11421/2015-16/01
<b>Address of Registered Establishment or Agency:</b> 48 Castlereagh Road, Belfast, BT5 5FP	
<b>Name of Registered Person:</b> Mr Richard Crutchley	<b>Issue Date:</b> 27 April 2015
<b>Regulation not complied with:</b>  The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011  Regulation 9A - (1) (f)  (1) The registered person shall implement written statements of the policies to be applied and the procedures to be followed in or for the purposes of an establishment in relation to – (f) the creation, management, handling and storage of records and other information;	
<b>Specific failings to comply with regulations:</b>  At the pre-registration inspection undertaken on the 11 May 2012 a requirement was made to implement written statements of the policies to be applied and the procedures to be followed in or for the purposes of the practice. This included policies and procedures in relation to safeguarding children; safeguarding vulnerable adults; records management including data protection, freedom of information, confidentiality and storage arrangements; infection prevention and control and decontamination; and complaints.  At the announced pre-registration follow-up inspection undertaken on the 25 July 2012 it was established that this requirement had not been addressed and it was stated for the second time.  At the announced inspection undertaken on the 27 September 2013 a review of the policies and procedures demonstrated that some work had been undertaken. However the policies and procedures had been hand written and did not contain enough detail in relation to the individual areas required. The unaddressed components of this requirement were stated for the third time.	

At the announced inspection undertaken on the 22 December 2014 there was no evidence that further action had been taken to develop or establish the specified policies. In addition the practice did not have a policy and procedure on the management and disposal of waste in keeping with HTM 07-01. This requirement was stated for the fourth time and also specified that a management of waste policy and procedure should be developed.

At a further unannounced follow-up inspection undertaken on the 23 March 2015 there was no evidence to confirm that the requirement made in relation to policies and procedures had been addressed.

RQIA are concerned that the improvements necessary to ensure full compliance with the required regulations have not been made.

**Action required to comply with regulations:**

The safeguarding children's policy must be further developed to include the types and indicators of abuse;

A safeguarding vulnerable adults policy must be developed;

The records management policy and procedure must be further developed to include information on freedom of information and records retention timescales;

The infection prevention and control and decontamination policies and procedures must be further developed in keeping with best practice guidance as outlined in HTM 01-05;

The complaints policy should be further developed in relation to the management of NHS and private complaints;

A policy and procedure on the management and disposal of waste in keeping with best practice guidance as outlined in HTM 07-01 must be developed; and

A robust system to ensure that policies and procedures are reviewed in keeping with legislative requirements and best practice guidance on an annual basis must be established.

**The registered person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of receipt of this notice.**

**Date by which compliance must be achieved 28 June 2015**

Signed.......... Director of Regulation and Nursing

**This notice is made under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Independent Health Care Regulations (Northern Ireland) 2005.**

***It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.***

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<b>Name of Registered Establishment or Agency:</b> Crutchley R J Dental Practice (11421)	<b>FTC Ref:</b> FTC/IHC-DT/11421/2015-16/02
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<b>Name of Registered Person:</b> Mr Richard Crutchley	<b>Issue Date:</b> 27 April 2015
<b>Regulation not complied with:</b>  The Independent Health Care Regulations (Northern Ireland) 2005  Regulation 15 (2) (a) (b)  (2) The registered person shall ensure that all equipment used in or for the purposes of the establishment, or for the purposes of the agency is – (a) suitable for the purposes for which it is to be used; and (b) properly maintained in accordance with the manufacturer's guidance and in good working order.	
<b>Specific failings to comply with regulations:</b>  At the pre-registration inspection undertaken on the 11 May 2012 a number of issues in relation to radiology and radiation safety were identified and a requirement was made. The requirement was to ensure that x-ray equipment including the developer is maintained in line with the manufacturer's guidance; to ensure that the recommendations made by the appointed Radiation Protection Advisor (RPA) are addressed; and to ensure that all staff who work as referrer, practitioner or operator have received training appropriate to their relevant roles.  At the announced pre-registration follow-up inspection undertaken on the 25 July 2012 it was established that this requirement had not been addressed and it was stated for the second time.  At the announced inspection undertaken on the 27 September 2013 there was no evidence retained at the practice that this requirement had been addressed and it was stated for the third time.  At the announced inspection undertaken on the 22 December 2014 there was no documentation available to assess if the components of this requirement had been addressed as documentation relating to radiology including the radiation protection file was not available for review. This requirement was stated for the fourth time.	

During a further unannounced follow-up inspection undertaken on the 23 March 2015, there was no documentation available to confirm that the issues in relation to radiology and radiation safety had been addressed.

RQIA are concerned that the improvements necessary to ensure full compliance with the required regulations in relation to radiology and radiation protection have not been made.

**Action required to comply with regulations:**

All x-ray equipment should be maintained in line with the manufacturer's guidance;

All the recommendations made by the appointed Radiation Advisor must be addressed and a record confirming the actions which have been taken must be retained;

All staff who work as referrer, practitioner or operator should have received training appropriate to their relevant roles; and

All documentation relating to radiology and radiation safety including the radiation protection file must be retained in the practice for staff reference and review by inspectors.

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<b>Name of Registered Establishment or Agency:</b> Crutchley R J Dental Practice (11421)	<b>FTC Ref:</b> FTC/IHC-DT/11421/2015-16/03
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<b>Name of Registered Person:</b> Mr Richard Crutchley	<b>Issue Date:</b> 27 April 2015
<b>Regulation not complied with:</b>  The Independent Health Care Regulations (Northern Ireland) 2005  Regulation 15 (3)  Where reusable medical devices are used in an establishment or agency, the registered person shall ensure that appropriate procedures are implemented in relation to cleaning, disinfection, inspection, packaging, sterilisation, transportation and storage of such devices.  <b>DHSSPS Policy Position and Northern Ireland Amendment</b>  Dental practices in Northern Ireland were directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, decontamination in primary care dental practices, along with Northern Ireland amendments as noted in the Professional Estates Letter (PEL) (10) 04, should be fully implemented by November 2012. PEL (10) 04 was replaced by PEL (12) 23 on 21 December 2012. PEL (12) 23, was superseded by PEL (13) 13 on 1 October 2013.	
<b>Specific failings to comply with regulations:</b>  During the announced inspection undertaken on the 27 September 2013 a number of issues were identified in relation to the decontamination of reusable dental instruments. A requirement was made that the washer disinfectant and steam sterilisers must be validated. In addition to this a number of recommendations were made. These recommendations related to the ventilation system in the decontamination room, records pertaining to the testing, servicing and maintenance of instruments, the waste outlets on the washing and rinsing sinks, the absence of a manual cleaning procedure, the lack of a system to record the cycle parameters of decontamination equipment, and the lack of separate logbooks for the decontamination equipment.	

During the announced inspection on the 22 December 2014 a review of the arrangements in place for the decontamination of reusable dental instruments demonstrated that no progress had been made. The requirement and recommendations were stated for a second time. Additional issues were also identified. An illuminated magnification device was not being used to inspect instruments as outlined in best practice and following an incident with the roof of the building the ceiling and walls in the decontamination room had been significantly damaged. Recommendations were made to address these issues.

During a further unannounced follow-up inspection undertaken on the 23 March 2015 a review of the arrangements in relation to the decontamination of reusable dental instruments, demonstrated that no progress had been made.

RQIA are concerned that the improvements necessary to ensure full compliance with the required regulations and best practice guidance in relation to the decontamination of reusable dental instruments have not been made.

**Action required to comply with regulations:**

Repairs to the ceiling in the decontamination room must be undertaken. Ensure that the repaired ceiling is impervious and can be easily cleaned.

The wallpaper in the decontamination room should be removed or cladding should be applied to provide an impervious surface that can be easily cleaned.

The current process for the manual cleaning of dental instruments should be reviewed in line with best practice as outlined in the 2013 edition of HTM 01-05. The review should address the issues identified with the waste outlets on the draining and washing sinks.

A manual cleaning procedure as outlined in the 2013 edition of HTM 01-05 should be developed.

An illuminated magnification device should be provided and instruments should be inspected following cleaning in the washer disinfectant and prior to sterilisation.

The washer disinfectant and steam sterilisers should be maintained and validated in accordance with HTM 01-05.

A system to record the cycle parameters of the washer disinfectant and the steam sterilisers should be established. Once established a system to review the information on a regular basis must be introduced.

Separate logbooks for each machine used during the decontamination process should be established and contain all the relevant details as outlined in the 2013 edition of HTM 01-05. The relevant periodic tests should be undertaken and recorded.

All staff employed in or for the purposes of the practice must receive mandatory training in infection prevention and control and decontamination.

The registered person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of receipt of this notice.

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