Announced Care Inspection Report
9 May 2016

Martina Collins Dental and Skin

Service Type: Dental Practice
Address: Rathgar House, 2 Rathgar Street, Belfast BT9 7GD
Tel No: 02890666684
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Martina Collins Dental and Skin took place on 9 May 2016 from 09:50 to 12:25.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Collins and staff demonstrated that a number of issues need to be addressed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Four recommendations were made in relation to retaining a record of induction and developing a recruitment checklist; to undertake the Infection Prevention Society (IPS) compliance audit every six months; that the identified issues in relation to radiology and radiation safety are addressed and that issues identified in regards to maintaining the environment are addressed.

Is care effective?

Observations made, review of documentation and discussion with Mrs Collins and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Collins and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that in the main there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A recommendation made during the previous pre-registration care inspection in regards to the statement of purpose had been partially met and this recommendation has been stated for the second time. As discussed above a number of issues were identified within the domain of is care safe which relate to quality assurance and good governance.

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	0	5

Details of the QIP within this report were discussed with Mrs Martina Collins, registered person and Mrs Lyndsay Spence, registered 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 pre-registration care inspection

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

2.0 Service details

Registered organisation/registered person: Mrs Martina Collins	**Registered manager:** Mrs Lyndsay Spence
Person in charge of the service at the time of inspection: Mrs Martina Collins	**Date manager registered:** 12 June 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 1

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mrs Martina Collins, registered person, Mrs Lyndsay Spence, registered manager and a dental nurse. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical records
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 May 2015

The most recent inspection of the establishment was an announced pre-registration 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 15 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 15 (1) (b) (c) **Stated:** First time	All emergency medication and equipment must be available within the practice as outlined in the Resuscitation Council (UK) guidance including an AED if not available within close proximity to the practice.	**Met**
	Action taken as confirmed during the inspection: Review of the emergency medicines and equipment evidenced that all medicines and equipment as outlined in best practice guidance were available in the practice.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 1 **Stated:** First time	The statement of purpose should be updated as outlined in the main body of the report.	**Partially Met**
	Action taken as confirmed during the inspection: Review of the statement of purpose demonstrated that it had been amended following the previous inspection. However the statement of purpose needs further developed to include the following information: • the name, relevant qualifications and experience of the registered manager • the arrangements made for consultation with patients about the operation of the practice (patient satisfaction survey) • the arrangements for managing complaints This recommendation has been partially addressed and has been stated for a second time.	
Recommendation 2 **Ref**: Standard 1 **Stated:** First time	The patient guide should be further developed to include a summary of the statement of purpose.	**Met**
	Action taken as confirmed during the inspection: Review of the patient guide demonstrated that it had been amended following the previous inspection and that it fully reflects the key themes in keeping with Regulation 8 of the Independent Health Care Regulations (Northern Ireland) 2005.	
Recommendation 3 **Ref**: Standard 10, 15 **Stated:** First time	The name of the deputy safeguarding officer should be included in the safeguarding children and the vulnerable adults' policies and the disposal of records should be included in the records management policy.	**Met**
	Action taken as confirmed during the inspection: Review of documentation demonstrated that two distinct policies are in place in regards to safeguarding children and adult protection. Both policies include the name of the safeguarding lead and deputy safeguarding officer. It was confirmed that the records management policy includes the arrangements in regards to the disposal of records.	

4.3 Is care safe?

Staffing

One dental surgery is in operation in this practice. Discussion with staff and review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

It was confirmed that when new staff commence work in the practice they complete an induction. However, records of induction were not available in the staff personnel files reviewed. This is discussed further under recruitment and selection below.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Spence confirmed that three staff have been recruited since the previous inspection. Review of the three staff personnel files evidenced that they included the following information:

- positive proof of identity, including a recent photograph
- evidence that enhanced AccessNI checks had been undertaken and received prior to commencement of employment
- details of full employment history, including an explanation of any gaps in employment
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable
- two written references in one file
- evidence of qualifications in one file

None of the files reviewed included a criminal conviction declaration or a record of induction. As discussed, two files did not include written references or evidence of qualifications. Mrs Spence was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A recommendation has been made that recruitment documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, and a record of induction should be retained for each new staff member.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified including who the nominated safeguarding lead was.

Martina Collins Dental and Skin has been in operation for less than a year. Mrs Spence confirmed that arrangements are in place to ensure that safeguarding refresher training will be provided as outlined in the Minimum Standards for Dental Care and Treatment 2011.

It was confirmed that separate policies and procedures were in place for the safeguarding and protection of adults and children.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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 best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

It was confirmed that a policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices.

Mrs Spence confirmed that the Infection Prevention Society (IPS) HTM 01-05 compliance audit has not been completed as the practice had some difficulty accessing the audit. Following the inspection a copy of the IPS audit was forwarded to the practice. A recommendation was made that the IPS audit is completed every six months in keeping with best practice guidance.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has one surgery which has an intra-oral x-ray machine.

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 staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A review of the file identified a number of issues as follows:

- it was observed that the local rules had not been signed by the appropriate staff to confirm they had read and understood them
- the radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that confirmation that the recommendations made within the report had been actioned was not available

These issues were discussed with Mrs Spence and a recommendation has been made to address them.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. Review of documentation demonstrated that a fire risk assessment was undertaken by an external company during May 2015. It was established that there are no routine checks in place in regards to the fire detection system. It was also established that a legionella risk assessment was undertaken by an external company. However, a copy of the legionella risk assessment was not available for review and it was confirmed that legionella control measures including the routine monitoring of sentinel water temperatures have not been implemented. These issues were discussed with Mrs Spence and a recommendation has been made to address them.

Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt safe and protected from harm. The following comment was provided:

- "Martina and the girls are so nice and I feel I can relax as I am in safe hands"

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm.

Areas for improvement

Recruitment documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, and a record of induction should be retained for each new staff member.

The IPS HTM 01-05 compliance audit should be completed every six months in keeping with best practice guidance.

Issues identified in relation to radiology and radiation safety should be addressed.

Routine testing of the fire detection system should be implemented. The legionella risk assessment should be available for review and legionella control measures implemented.

Number of requirements:	0	Number of recommendations:	4

4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mrs Collins confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. Mrs Spence confirmed that patients are informed about the cost of treatments, choices and options.

Computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Discussion with staff and observations made evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

It was confirmed that policies were available in relation to records management, data protection and confidentiality and consent.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

There was information available in regards to oral health and hygiene available. Mrs Collins confirmed that oral health is actively promoted on an individual basis with patients during their consultations. An Oral Health Foundation teaching puppet is available for use when demonstrating brushing techniques with children. Mrs Collins has also presented oral health and hygiene awareness sessions to local pre-school children.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading audit
- x-ray justification and clinical evaluation recording audit
- oral cancer audit

Communication

Mrs Collins and Mrs Spence confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

Both patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comments were provided:

- “Martina also takes my goals and opinions into consideration”
- “Any treatment I have had has been excellent”

Both submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment.

Clinical staff confirmed that treatment options including the risks and benefits were discussed with each patient. This ensured patients understood what treatment is available to them in order that they can make an informed choice. Discussion with staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on a continual basis. Every patient who attends the practice is sent a hyperlink to a survey monkey survey and the practice is informed every time a survey monkey survey has been submitted. 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.

Patient and staff views

Both of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- "I would be very nervous and always feel better when I talk to Martina"

Both submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

Management and governance arrangements

It was established that there is potential to develop additional dental surgeries. Mrs Collins confirmed that there are no immediate plans to establish additional surgeries at this time. Mrs Collins is aware that should additional dental surgeries be developed in the future that a variation to registration application must be submitted to RQIA prior to the surgeries becoming operational.

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed annually. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. 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 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Collins and Mrs Spence confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan would be developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The registered person/manager demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. As discussed in section 4.2 of this report a recommendation, stated for the second time has been made in regards to the further development of the Statement of Purpose. It was confirmed that the Patient's Guide is kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe care, all of which have an impact on quality assurance and good governance. Five recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained.

Patient and staff views

Both of the patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comments were provided:

- "All the girls are great and are always happy to answer any questions"
- "The staff are always so well organised and so friendly"

Both submitted staff questionnaire responses indicated that they felt that the service is well led.

Areas for improvement

The Statement of Purpose should be amended and updated.

Number of requirements:	0	Number of recommendations:	1

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Martina Collins, registered person, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered persons 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

5.3 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 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 1 **Stated:** First time **To be completed by:**09 June 2016	The statement of purpose should be updated as outlined in the main body of the report. **Response by registered person detailing the actions taken:** Updated as per RQIA guidelines
Recommendation 2 **Ref**: Standard 11.1 **Stated:** First time **To be completed by:** 09 June 2016	The registered person should ensure that recruitment documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, and a record of induction will be retained for each new staff member. **Response by registered person detailing the actions taken:** New staff members will all be inducted with full records kept.
Recommendation 3 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 09 June 2016	The registered person should ensure that Infection Prevention Society (IPS) 2013 edition is completed every six months in keeping with HTM 01-05. CARRIED OUT + HARD COPY KEPT. **Response by registered person detailing the actions taken:** CARRIED OUT & HARD COPY KEPT
Recommendation 4 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 09 June 2016	The registered person should ensure that the following issues in relation to radiology and radiation safety are addressed: • the recommendations made in the RPA report dated 7 May 2015 should be signed and dated by the RPS to confirm they have been actioned • the local rules should be signed by all appropriate staff **Response by registered person detailing the actions taken:** RECOMMENDATIONS SIGNED + DATE. LOCAL RULES SIGNED
Recommendation 5 **Ref**: Standard 14.2 **Stated:** First time **To be completed by:** 16 June 2016	The registered person should ensure the following issues in relation to maintaining the environment are addressed: • arrangements should be established to ensure that routine testing of the fire detection system are implemented including testing of emergency break glass points and emergency lighting • the legionella risk assessment should be available for review; and legionella control measures as outlined in the risk assessment should be implemented including the monitoring of sentinel water temperatures **Response by registered person detailing the actions taken:** ARRANGEMENTS MADE + LOGS MAINTAINED LEGIONELLA RISK CARRIED OUT BY CORAL + REPORT AVAILABLE: WATER LOGS IMPLEMENTED

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