

Announced Care Inspection Report 4 July 2016



A G Farquharson Dental Practice

Type of Service: Dental Service

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Inspector: Norma Munn

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of A G Farquharson Dental Practice took place on 4 July 2016 from 09:50 to 13:00.

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 Mr Adrian Farquharson, registered person 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. One requirement has been made in relation to AccessNI checks and three recommendations have been made in relation to completing and retaining inductions for staff, the validation of the decontamination equipment and the servicing of the x-ray equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr Farquharson 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 Mr Farquharson 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. One recommendation has been made in relation to developing a policy for the management of incidents.

As discussed above issues were identified within the safe domain, which relate to quality assurance and good governance. The requirement and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure improvements are sustained.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within were discussed with Mr Farquharson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Mr Adrian Farquharson	Registered manager: Mr Adrian Farquharson
Person in charge of the service at the time of inspection: Mr Adrian Farquharson	Date manager registered: 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 Mr Farquharson, registered person, the practice manager, one dental nurse and one trainee 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 record recording arrangements
- 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 24 September 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 24 September 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4.1 Stated: First time	It is recommended that reviews of patients' medical histories should be recorded in patients' notes.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Farquharson and staff confirmed that a system has been implemented to ensure that the reviews of patient's medical history are being recorded in the patients' notes.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A review of the personnel file for the most recent member of staff employed evidenced that the induction programme had not been completed. Mr Farquharson confirmed that the induction had been undertaken however, not recorded. A recommendation has been made.

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 Mr Farquharson confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

A review of the file evidenced that an enhanced AccessNI check had been received after the member of staff commenced work. The date of commencement of employment recorded in the member of staff's contract of employment and in the staffing information sent to RQIA confirmed that the start date was prior to the date the enhanced AccessNI check was received. Discussion with Mr Farquharson confirmed that during this time the member of staff attended training and carried out her induction and did not actually carry out any duties in respect of their role until the check was received. However, enhanced AccessNI checks must be undertaken and received prior to staff commencing work in the practice. A requirement has been made in this regard.

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

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.

Review of records demonstrated that staff had completed online safeguarding children and adults training as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Mr Farquharson confirmed that the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available for staff reference. He demonstrated his knowledge in relation to the new guidance and how this information has been shared with the remainder of the team during a recent staff meeting. Discussion with staff confirmed that they were aware of the new guidance. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were displayed on the notice board at the reception area.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child.

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 with the exception of two oropharyngeal airways. Following the inspection RQIA received confirmation from Mr Farquharson by electronic mail that the airways had been ordered. 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.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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. In one of the surgeries the roll of disposable paper towels used for hand hygiene was stored in a cupboard and was not easily accessible for staff use. Mr Farquharson has agreed to review the storage and availability of disposable hand towels within clinical areas. Staff were observed to be adhering to best practice in terms of uniform and hand hygiene policies.

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 disinfectant and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that the most recent validation certificates for the washer disinfectant and sterilisers were dated 9 December 2014. This was discussed with Mr Farquharson who confirmed that a date has been arranged for the equipment to be validated at the beginning of August 2016. A recommendation has been made to ensure that the decontamination equipment is validated in keeping with best practice. Mr Farquharson has agreed to forward a copy of the washer disinfectant and steam steriliser validation certificates to RQIA. 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.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during June 2016.

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

Radiography

The practice has two surgeries, each of 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 copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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 the recommendations made have been addressed.

Review of documentation confirmed that arrangements are in place to ensure that x-ray equipment is repaired should a fault be detected. However, no arrangements have been established to ensure that x-ray equipment is serviced in accordance with manufacturer's instructions. This was discussed with Mr Farquharson and a recommendation has been made to address this.

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 good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was also in place.

Arrangements were in place for maintaining the environment to include servicing of the fire detection system, firefighting equipment and portable appliance testing (PAT) of electrical equipment.

A legionella risk assessment was last undertaken during May 2016 and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken during March 2016 and staff confirmed fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was in place and pressure vessels have been inspected in keeping with the written scheme of examination.

Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- 'Very caring and relaxed atmosphere.'
- 'Clean and well equipped.'
- 'Very safe.'
- 'The practice is well staffed with pleasant and helpful personnel. The surgery is always clean. If I did not feel safe I would not use this service.'
- 'Have been with the dental practice for years and have always had excellent care from the dentist. Staff excellent.'
- 'Very well ordered and managed surgery.'
- 'Most pleasant and attentive.'
- 'I have always felt fully informed about all aspects of my care. Environment in surgery very clean and well maintained.'
- 'Everything spotless. Practice well maintained, no worries regarding safety.'
- 'I always feel safe at this practice.'

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

A record of induction should be completed and retained for each new member of staff employed in the practice.

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

The washer disinfectors and steam sterilisers should be validated in keeping with best practice. A copy of the validation certificates for the washer disinfectors and the steam sterilisers should be submitted to RQIA.

Arrangements should be established to ensure that all x-ray equipment is serviced in keeping with manufacturer's instructions.

Number of requirements	1	Number of recommendations:	3
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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.

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. It was confirmed that patients are informed about the cost of treatments, choices and options.

Manual records are maintained. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

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).

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets were available in the reception area. Mr Farquharson confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- patients' medical history
- review of complaints/accidents/incidents

Communication

Mr Farquharson confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that the most recent staff meeting was held during June 2016 and minutes were retained. Staff spoken with confirmed that meetings also facilitated informal/formal in house training sessions. The most recent staff meeting included an update regarding the new regional guidance issued during July 2015 by DHSSPS entitled 'Adult Safeguarding Prevention and Protection in Partnership.'

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

Patient and staff views

All 17 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

Comments provided included the following:

- 'Very attentive and caring staff.'
- 'Dentist always explains at first what the treatment will entail.'
- 'Always make time for the patient.'
- 'The dentist always discusses the proposed treatment and explains thoroughly the issues involved.'
- 'Adrian is an excellent clinician with a deep concern to what is most effective and beneficial for me.'
- 'Very helpful.'
- 'Dentist always explains treatment needed and care provided.'
- 'Well informed before treatment.'

All four 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. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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.

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report undertaken in September 2015 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.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All 17 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- 'Everything is explained and discussed in advance.'
- 'Always listened to.'
- 'The dentist always explains each action before he makes it eg: I am now going to...you will feel... this puts me at ease.'
- 'Very friendly and caring team.'
- 'Everything is explained. My opinions are listened to. My medical condition is taken into account.'
- 'Always treated with dignity and respect.'

All four 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. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

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. Mr Farquharson has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Mr Farquharson confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis or more frequently if needed. 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

An incident policy and procedure had not been developed. However, Mr Farquharson was aware that notifiable events are to be investigated and reported to RQIA or other relevant bodies as appropriate. Information in relation to the reporting of notifiable events was provided to the practice following the inspection. A recommendation has been made.

A system was 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.

Mr Farquharson 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 is 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.

Mr Farquharson demonstrated a clear understanding of his role and responsibility in accordance with legislation. It was confirmed that the Statement of Purpose and Patient's Guide are 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.

Patient and staff views

All 17 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- 'Very well managed.'
- 'Yes, the service is well led. I am always kept informed in any changes in appointments or care.'
- 'Very professional staff.'
- 'All staff are pleasant and helpful.'
- 'There appears to be a good atmosphere amongst the staff.'
- 'Very well motivated, knowledgeable and approachable staff.'
- 'I have always been treated promptly. All treatment explained. Staff always courteous and helpful.'
- 'Excellent service. Treatment is always explained before work is done.'
- 'Very happy with the practice.'

All four submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

An incident policy should be developed to include the reporting arrangements to RQIA in line with legislation.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

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

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to independent.healthcare@rqia.org.uk by the inspector.

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

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be completed by: 04 July 2016	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.</p> <p>Response by registered provider detailing the actions taken: I will ensure that this will be done.</p>
Recommendations	
Recommendation 1 Ref: Standard 11.3 Stated: First time To be completed by: 04 July 2016	<p>A record of induction should be completed and retained for each new staff member employed in the practice.</p> <p>Response by registered provider detailing the actions taken: I will ensure that this will be done.</p>
Recommendation 2 Ref: Standard 13.4 Stated: First time To be completed by: 04 August 2016	<p>The washer disinfectant and steam sterilisers should be validated in keeping with best practice.</p> <p>A copy of the validation certificates for the washer disinfectant and steam sterilisers should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p> <p>Response by registered person detailing the actions taken: Validation Certificates are enclosed with this email.</p>
Recommendation 3 Ref: Standard 14.4 Stated: First time To be completed by: 04 August 2016	<p>All x-ray equipment should be serviced and maintained in keeping with the manufacturer's instructions.</p> <p>Response by registered person detailing the actions taken: Service and maintenance Certificate is enclosed with this email.</p>

Recommendation 4 Ref: Standard 14.7 Stated: First time To be completed by: 04 September 2016	An incident policy should be developed to include the reporting arrangements to RQIA in line with legislation.
	Response by registered provider detailing the actions taken: An Incident Policy has now been developed.

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



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