

# Announced Care Inspection Report 24 April 2017



## A G Farquharson Dental Practice

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

**Address: 543 Antrim Road, Belfast, BT15 3BU**

**Tel no: 028 9037 0144**

**Inspector: Stephen O'Connor**

## 1.0 Summary

An announced inspection of A G Farquharson Dental Practice took place on 24 April 2017 from 09:50 to 12:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice 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 systems and processes were in place to ensure that care to patients was 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 recommendation was made to review the safeguarding policies to ensure that they fully reflect regional policies and procedures.

### 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 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 provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report 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 QIP there were no further actions required to be taken following the most recent inspection on 4 July 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Adrian Farquharson	<b>Registered manager:</b> Mr Adrian Farquharson
<b>Person in charge of the practice at the time of inspection:</b> Mr Adrian Farquharson	<b>Date manager registered:</b> 11 April 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 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 Adrian Farquharson, registered person, a dental nurse and the practice manager who also undertakes reception duties. A tour of some areas 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 4 July 2016

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 4 July 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of submitted staffing information and discussion with Mr Farquharson evidenced that one new staff member has been recruited since the previous inspection. Review of the staff personnel file for the identified staff member evidenced that an AccessNI enhanced disclosure check had been undertaken and received prior to commencement of employment.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.3  <b>Stated:</b> First time	A record of induction should be completed and retained for each new staff member employed in the practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> As discussed, one new staff member has been recruited since the previous inspection. Review of records confirmed that a record of induction had been completed and retained in the staff member's personnel file.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time	The washer disinfectant and steam sterilisers should be validated in keeping with best practice.  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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that the washer disinfectant and both steam sterilisers had been validated during August 2016. A copy of the validation certificate was submitted to RQIA following the previous inspection. Mr Farquharson confirmed that the washer disinfectant and both steam sterilisers will be validated in keeping with best practice guidance.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 14.4  <b>Stated:</b> First time	All x-ray equipment should be serviced and maintained in keeping with the manufacturer's instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that the intra-oral x-ray machines have been serviced during August 2016. Mr Farquharson confirmed that the intra-oral x-ray machines will be serviced on an annual basis.	

<b>Recommendation 4</b>  <b>Ref:</b> Standard 14.7  <b>Stated:</b> First time	An incident policy should be developed to include the reporting arrangements to RQIA in line with legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that an incident policy has been developed. This policy details the arrangements for the statutory notification of incidents and deaths to RQIA.	

### 4.3 Is care safe?

#### Staffing

Two dental surgeries are in operation in this practice. Discussion with Mr Farquharson and 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 sample of one evidenced that induction programmes had been completed when new staff joined the practice.

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

As discussed a review of submitted staffing information and discussion with Mr Farquharson evidenced that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified staff member evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

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.

Mr Farquharson is the safeguarding lead for the practice and attended safeguarding training facilitated by the Northern Ireland Medical and Dental Training Agency (NIMDTA) during March 2017. Mr Farquharson cascaded this training to staff in the practice during a staff meeting. It was confirmed that all staff will undertake refresher training in safeguarding children and adults every two years, as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Separate policies were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

A discussion took place in relation to the adult and children's safeguarding arrangements and in particular the regional guidance documents. Mr Farquharson confirmed that the safeguarding policies had not been updated to ensure that they fully reflect the regional safeguarding documents. A recommendation has been made in this regard.

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mr Farquharson by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

## **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.

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. Staff were observed to be adhering to best practice in terms of the 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 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.

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 March 2017.

Mr Farquharson confirmed that 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 and x-ray audits.

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 during June 2016 demonstrated that the recommendations made have been addressed.

As discussed 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 all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The practice is located in a three storey building. However, the dental practice only occupies the ground floor of the building. The environment was maintained to a good standard of maintenance and décor. Mr Farquharson confirmed that surgery one has been redecorated since the previous inspection.

Detailed cleaning schedules for all areas of the practice and a colour coded cleaning system were in place.

Arrangements are in place for maintaining the environment to include annual servicing of the firefighting equipment and intruder alarm.

Mr Farquharson confirmed that arrangements are in place to ensure that electrical equipment is tested every three years and that the fixed electrical wiring installations are inspected every five years.

It was confirmed that the fire and legionella risk assessments were completed by external organisations. Arrangements are in place to review the fire and legionella risk assessments on an annual basis.

Water temperatures are monitored and recorded as recommended in the legionella risk assessment.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

The arrangements to ensure that pressure vessels are inspected in keeping with the written scheme of examination of pressure vessels were not reviewed during the inspection.

## **Patient and staff views**

Ten patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nine patients indicated that they were very satisfied with this aspect of their care and one indicated that they were satisfied. Comments provided included the following:

- “Staff are very friendly and helpful”
- “Any proposed treatment always thoroughly discussed”
- “Very safe”
- “Excellent”
- “Dr Farquharson explained everything to me very clearly. He discussed treatment options, he was friendly and approachable and answered all my questions”

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated that they were very satisfied with this aspect of patient care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas for improvement

The safeguarding policies should be further developed to ensure they fully reflect regional policies and procedures.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care effective?

#### Clinical records

Mr Farquharson and the dental nurse 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 it was confirmed 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.

Mr Farquharson 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

The practice has a strategy for the promotion of oral health and hygiene. Mr Farquharson confirmed that oral health is actively promoted on an individual level with patients during their consultations. Oral health and hygiene information leaflets are available in the practice and models and an Oral B kit were available for demonstration purposes. Free samples of toothpaste were available for distribution to patients.

#### 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

Mr Farquharson confirmed that he intends to further develop the audit programme to include the completion of medical histories and clinical records.

## Communication

Mr Farquharson and the practice manager 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 and formal 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

All 10 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All 10 patients indicated that they were very satisfied with this aspect of their care. Comments provided included the following:

- “Care is fully discussed and explained”
- “The staff are competent, efficient and very approachable”
- “Always”
- “Excellent”
- “I was given sufficient information by Dr Farquharson. He was very informative and listened to all my concerns as I was very anxious”

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. All four staff indicated that they were very satisfied with this aspect of patient care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 which was on display in the patient waiting area evidenced 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**

All 10 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 10 patients indicated that they were very satisfied with this aspect of their care. Comments provided included the following:

- “Very approachable. I had an injection a short time ago and it was the best experience of an injection I have ever had”
- “Reception staff as well as dental staff always very helpful”
- “Always”
- “Excellent”
- “I have been attending this practice for many years now. The standard of care and attention I receive has always been excellent. All the staff are friendly and helpful”

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. All four staff indicated that they were very satisfied with this aspect of patient care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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. On average Mr Farquharson works in the practice three days a week, in his absence there is a named individual in charge.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Mr Farquharson confirmed that policies would be reviewed sooner if required. Staff 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 displayed 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.

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. As discussed Mr Farquharson intends to further develop the audit programme.

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, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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 10 patients who submitted questionnaire responses indicated that they felt that the service is well managed. All 10 patients indicated that they were very satisfied with this aspect of the service. Comments provided included the following:

- "Staff all seem to work well as a team"
- "I have been with this practice for 40 years, going back to before current head dentist and have never had any issues. Currently very good"
- "Always"
- "Excellent"

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. All four staff indicated that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Adrian 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 the dental practice. 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/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment 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	
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 24 July 2017	<p>The safeguarding policies should be further developed to ensure they fully reflect the following regional policies and procedures:</p> <ul style="list-style-type: none"> <li>• Adult Safeguarding Prevention and Protection in Partnership (July 2015)</li> <li>• Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016)</li> </ul> <p>The updates policies should be shared with staff.</p>
	<p><b>Response by registered provider detailing the actions taken:</b>  I will further develop the safeguarding policies as advised and share with staff.</p>

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



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