

# Announced Care Inspection Report 29 June 2016



## Alexander Dental

**Type of Service: Independent Hospital- Dental Practice**

**Address: 40 Northland Row, Dungannon, BT71 6AP**

**Tel No: 028 8772 2605**

**Inspector: Winnie Maguire**

[www.rgia.org.uk](http://www.rgia.org.uk)

## 1.0 Summary

An announced inspection of Alexander Dental took place on 29 June 2016 from 10.15 to 13.45.

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 Ms Susanne McCammock Practice Manager, Mr Eamonn O'Brien, Registered Manager 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. Information in relation to recruitment and selection, management of medical emergencies, infection prevention and control and radiology was submitted to RQIA following the inspection which confirmed that immediate action had been taken as a result of inspection. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Ms McCammock, Practice Manager, Mr O'Brien Registered Manager 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. A recommendation was made to develop a formal audit programme for the practice.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Ms McCammock, practice manager 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. During the inspection a minor amendment was made to the complaints procedure. 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 were discussed with Ms McCammock, Practice 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 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

<b>Registered organisation/registered provider:</b> Alexander Dental Mr Patrick McGeary Mr David Gordon Mr Eamonn O'Brien	<b>Registered manager:</b> Mr Eamonn O'Brien
<b>Person in charge of the service at the time of inspection:</b> Mr Eamonn O'Brien	<b>Date manager registered:</b> 17 October 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 6

### 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 had a brief discussion with Mr O'Brien Registered Manager and also met with a dental nurse. Ms McCammock, Practice Manager, facilitated the inspection. 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 12 May 2015

The most recent inspection of the Alexander Dental 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 12 May 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> Second time	In the interests of infection prevention and control and to aid effective cleaning the damaged chair covering in surgery three, four and five should be replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The dental chairs in surgeries three, four and five were observed to be in a good state of repair.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer's guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> Glucagon medication was found to be stored in keeping with manufacturer's instructions.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that oropharyngeal airways removed from their original packaging are replaced. Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation - primary dental care.</p> <p><b>Action taken as confirmed during the inspection:</b> Oropharyngeal airways were available in keeping with the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation – primary dental care.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the staff personnel files for any new staff who commence work in the practice contain all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>In regards to the two staff members who commenced work in the practice since the practice registered with RQIA, the following documentation should be added to their personnel files:</p> <ul style="list-style-type: none"> <li>• Positive proof identity, to include photographic identification.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Two personnel files were reviewed and found to contain most of the relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Electronic copies of the outstanding information were forwarded to RQIA following inspection evidencing all relevant documentation was in place.</p>	<p><b>Met</b></p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a staff register should be developed and retained containing details of all staff, including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A staff register was devised and an electronic copy was forwarded to RQIA following inspection.</p>		

### 4.3 Is care safe?

#### Staffing

Six 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within 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

A review of the submitted staffing information and discussion with Ms McCammock confirmed that no new staff have been recruited since the previous inspection. However as follow up to a recommendation made a result of an inspection on 12 May 2015, two personnel files were reviewed and were found to contain most of the relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Electronic copies of the outstanding information were forwarded to RQIA following inspection evidencing all relevant documentation was in place.

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 all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

### **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 most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines do not exceed their expiry date. It was suggested to devise a formal checklist for emergency equipment. A “yanker” sucker was not in place. An electronic copy of a purchasing invoice for this piece of equipment was forwarded to RQIA immediately following inspection evidencing the provision of this emergency equipment. 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 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. Training records were available for inspection.

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 two washer disinfectors, two steam sterilisers and an Universal DAC 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.

Following inspection the practice carried out a compliance audit with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The findings were forwarded to RQIA. Ms McCammock confirmed the audit would be reintroduced to the practice on a six monthly basis.

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

## **Radiography**

The practice has six surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing most of the relevant local rules, employer's procedures and other additional information was retained. A new surgery, surgery six, had been opened in May 2015 and the intra-oral x-ray machine in surgery six was not included in the local rules. Following inspection Ms McCammock confirmed a visit by the radiation protection advisor had been arranged for July 2016 to update the radiation protection file to include local rules for the intra-oral X-ray machine in surgery six. 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.

A copy of the local rules was on display near all x-ray machines with the exception of the x-ray machine in dental surgery six. Appropriate staff had signed to confirm that they had read and understood the local rules. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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

Mr O'Brien confirmed a quality X-ray image audit and a justification and clinical evaluation audit had not been carried for some time but it would be re-established. Following inspection a completed quality of x-ray image audit was forwarded to RQIA.

## **Environment**

The environment was maintained to a good 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.

A legionella risk assessment was last undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and 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.

Arrangements are in place to inspect the fixed electrical wired installation.

**Patient and staff views**

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “Very good service “
- “ Very much”

Eight 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 written comments were provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. 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 records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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. There was a range of health promotion information leaflets available in the reception area. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

### **Audits**

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

- x-ray quality grading (completed following inspection)
- IPS HTM 01-05 compliance(completed following inspection)
- clinical records
- review of accidents/incidents

A recommendation was made to develop a formal audit programme for the practice.

### **Communication**

Staff 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 occasionally to discuss clinical and practice management issues. A suggestion was made to review the frequency of these meetings. Review of documentation demonstrated that minutes of staff meetings are retained.

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

A breaking bad news policy in respect of dentistry was in place.

### **Patient and staff views**

All of the 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No written comments were provided

Eight 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 written comments were provided.

## Areas for improvement

A formal audit programme for the practice should be developed.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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 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 of the 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No written comments were provided

Eight 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 written comments were provided.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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. 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 on a three yearly basis. 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. A minor amendment in relation to the role of RQIA was made to the complaints procedure. 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.

Staff 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 O'Brien, Registered Manager, 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 of the 15 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Excellent “
- “I’ve never enjoyed going to the dentist but at Alexanders they always ensure that my visit is made as comfortable and relaxing as possible and I’m always very satisfied with any work done on my teeth. A great dental practice with great staff”

Eight submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No written comments were provided.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Ms Susanne McCammock, Practice Manager 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 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 [independant.healthcare@rqia.org.uk](mailto:independant.healthcare@rqia.org.uk) for review 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	
<b>Recommendations</b>	
<b>Recommendation 1</b>	Develop a formal audit programme for the practice.
<b>Ref:</b> Standard 8	<b>Response by registered provider detailing the actions taken:</b> <i>This is being developed.</i>
<b>Stated:</b> First time	
<b>To be completed by:</b> 29 September 2016	



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews