

# Announced Care Inspection Report 12 May 2017



## Cassidy & McCreesh Orthodontic Practice

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

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Inspector: Stephen O'Connor

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Cassidy & McCreesh Orthodontic practice took place on 12 May 2017 from 09:50 to 12:50.

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 McCreesh, 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 procedure for the decontamination of dental handpieces.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr McCreesh 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 McCreesh 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 McCreesh, 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 08 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Mark McCreesh	<b>Registered manager:</b> Mr Mark McCreesh
<b>Person in charge of the practice at the time of inspection:</b> Mr Mark McCreesh	<b>Date manager registered:</b> 25 January 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 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 Mark McCreesh, registered person, the practice manager, a dental nurse and a receptionist. 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 08 August 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 8 August 2016**

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	Periodic tests results in respect of all equipment used during the decontamination process must be consistently recorded in keeping with HTM 01-05.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the pre-printed equipment logbooks evidenced that periodic tests in keeping with Health Technical Memorandum (HTM) 01-05 have been consistently undertaken and recorded.	

**4.3 Is care safe?**

**Staffing**

Four dental chairs are available in this practice: three of which are accommodated within a polyclinic. 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 sample of three 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**

A review of the submitted staffing information and discussion with the practice manager confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff 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.

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

### **Safeguarding**

Staff 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. Review of records confirmed that the safeguarding lead has completed Level 2 training in safeguarding adults in keeping with regional best practice guidance.

Policies and procedures 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.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference. It was confirmed that the safeguarding policies have been updated to reflect the above regional policy and guidance.

A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' (September 2016). The practice manager agreed to ensure the operational procedures are implemented within the practice.

### **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 and records of checks are retained.

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. It was confirmed that in house refresher training on decontamination has been scheduled for the 27 June 2017. This training will be facilitated by the Northern Ireland Medical and Dental Training Agency (NIMDTA).

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 during July 2016 and March 2017. 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.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Two handpieces reviewed had the washer disinfectant compatible symbol. Processing of handpieces was discussed with Mr McCreesh and the practice manager who were advised to refer to the Professional Estates Letter (PEL) (13) 13, dated 24 March 2015 issued to all dental practices by the DHSSPS. A recommendation has been made to review the procedure for the decontamination of dental handpieces.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

## **Radiography**

The practice has a separate x-ray room with a digital orthopan tomogram (OPG) and combined cephalogram 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 x-ray audits and direct 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 dated 8 April 2016 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions on 29 March 2017.

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 environment was maintained to a high standard of maintenance and décor. The practice is located on the ground floor of the premises. Patients do not have access to the first floor of the premises.

There is a passenger lift in place. Review of records confirmed that arrangements are in place to ensure the passenger lift is serviced and maintained in keeping with manufacturer's instructions.

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 to include routine servicing and maintenance of firefighting equipment, the fire detection system, the intruder alarm, the air conditioning system and the oil central heating burner. Arrangements are also in place to ensure that portable appliance testing (PAT) of electrical equipment is undertaken and that the fixed electrical wiring installations are inspected.

It was confirmed that a legionella risk assessment has been completed by an external organisation. Legionella control measures to include the monitoring of water temperatures are in place and records retained.

A fire risk assessment was in place and arrangements in place to undertake routine checks of the emergency lights and break glass points. 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.

Review of records confirmed that the pressure vessels in the practice had been inspected in keeping with the written scheme of examination of pressure vessels during July 2016.

The practice manager confirmed that no prescription pads/forms are retained in the practice. Should a patient require a prescription arrangements are in place to refer them to their own dentist for treatment.

### **Patient and staff views**

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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

### **Areas for improvement**

The procedure for the decontamination of handpieces should be reviewed. Compatible handpieces should be processed in the washer disinfecter.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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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.

Mr McCreesh confirmed that appointments 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. New patients are posted a treatment pack prior to their initial appointment.

Computerised records are maintained; should paper records be received/generated these are scanned onto the electronic records management system and then destroyed. 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. Mr McCreesh and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Oral health and hygiene information leaflets are available and a range of orthodontic specific oral health care products are available for purchase in the practice.

The practice uses a software programme called 'patient trainer' during discussion about oral health and caring for braces. It was confirmed that the practice Facebook page and website includes information in regards to oral health and hygiene and that a dental nurse in the practice has an additional qualification in oral health education. Two intra-oral cameras are available in the practice. The provision of intra-oral cameras exceeds best practice guidance. The emphasis placed on oral health and hygiene is to be commended. If required, patients are referred back to their dentist for treatment.

### **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
- seeing patients on time
- generic risk assessment

### **Communication**

Mr McCreesh 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 every six weeks 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 four patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All four patients indicated that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All nine 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. Seven staff indicated that they were very satisfied with this aspect of the service and two indicated that they were satisfied. 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 dated April 2017 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. Additional means by which patients leave feedback to include Facebook comments and reviews, online reviews, thank you cards etc were discussed with the practice manager. It was advised that the summary report should include all means by which patients provide feedback.

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 four patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All four patients indicated that they were very satisfied with this aspect of the service. The following comment was included in a questionnaire response:

- “Mark and his team made me feel at ease and comfortable as I was very apprehensive and anxious starting the treatment”

All nine 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. Five staff indicated that they were very satisfied with this aspect of the service and four indicated that they were satisfied. 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. Mr McCreesh, registered person, has 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 an annual basis. 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 available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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

Mr McCreesh and the practice manager 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 McCreesh, 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 four patients who submitted questionnaire responses indicated that they felt that the service is well managed. All four patients indicated that they were very satisfied with this aspect of the service. The following comment was included in a questionnaire response:

- "Very professional service and care. Explained treatment in detail so that I could make an informed choice"

All nine submitted staff questionnaire responses indicated that they felt that the service is well led. Four staff indicated that they were very satisfied with this aspect of the service and five indicated that they were satisfied. 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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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr McCreesh, 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 June 2017</p>	<p>The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfectant.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Currently seeking clarification from manufacturers to what detergents are compatible with handpieces</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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