

Announced Pre-Registration Care Inspection Report 17 December 2019



Cassidy Dental

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

Address: 36 King Street, Magherafelt, BT45 6AS

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Inspector: Philip Colgan

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Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with four registered places, providing NHS and private dental care and treatment. This practice was initially registered with RQIA on 17 January 2012. The practice was sold to Diamond Campbell Ltd on 17 April 2019. Diamond Campbell Ltd is also the registered provider for Diamond Dental Clinic, Cookstown. Mr Liam Diamond is the responsible individual for Diamond Dental Clinic, Cookstown.

3.0 Service details

Applicant Organisation/Registered Provider: Diamond Campbell Ltd Applicant Responsible Individual: Mr Liam Diamond	Applicant Registered Manager: Ms Charlene Palmer
Person in charge of the establishment at the time of inspection: Mr Liam Diamond	Date manager registered: Ms Charlene Palmer - application received - "registration pending"
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Inspection summary

An announced pre-registration care inspection of Cassidy Dental took place on 17 December 2019 from 11.00 to 13.15. Cathy Glover, senior pharmacy inspector, conducted a desk top review of the application to register the practice on 20 December 2019.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; 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 (DoH) Minimum Standards for Dental Care and Treatment (2011).

The inspection sought to assess an application submitted to the Regulation and Quality Improvement Authority (RQIA) for the registration of Cassidy Dental as an Independent Hospital providing dental treatment.

An application was also submitted for the registration of Mr Liam Diamond as the responsible individual, and Ms Charlene Palmer as the registered manager.

The practice was initially registered with RQIA on 17 January 2012. The practice was purchased by Diamond Campbell Ltd, who took ownership on 17 April 2019.

Areas of good practice were identified in relation to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, conscious sedation, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

No areas for improvement were identified during this inspection.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this dental practice is granted from a care perspective.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Liam Diamond, applicant responsible individual, and Ms Charlene Palmer, applicant registered manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- application to register the practice
- application to register the responsible individual
- application to register the manager
- the proposed statement of purpose
- the proposed patient guide
- a selection of operational policies and procedures

During the inspection the inspector met with Mr Liam Diamond, applicant registered provider, Ms Charlene Palmer, applicant registered manager, and a dental nurse. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

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

The findings of the inspection were provided to Mr Diamond and Ms Palmer at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 March 2019.

The most recent inspection of the practice was an announced care inspection. There were no areas for improvement made as a result of the last inspection.

6.2 Inspection findings

Statement of purpose

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Diamond and Ms Palmer are aware that this is a live document and should be reviewed and amended as and when necessary.

Patient guide

A patient guide was prepared in a recognised format which covered the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Diamond and Ms Palmer are aware that this is a live document and should be reviewed and amended as and when necessary.

Complaints

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives will be made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Discussion with Mr Diamond and Ms Palmer confirmed that a record of complaints will include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints will be undertaken to identify trends, drive quality improvement and to enhance service provision.

Policies and procedures

A range of policies and procedures were in place. These policies and procedures have been localised to the practice. Policies were retained in a manner making them accessible to staff and a systematic organised system for policies and procedures has been developed. The following policies and procedures were reviewed:

- safeguarding children and adults
- recruitment and selection
- records management
- health and safety

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 in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. 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.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A staff register had been developed and was observed to contain the relevant information as outlined in the regulations. Mr Diamond and Ms Palmer are aware that the staff register is a live document and should be updated and amended as and when required.

Records

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

Mr Diamond confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. 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.

Information was available for patients on how to access their health records in accordance with the General Data Protection Regulations (GDPR) May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

Qualitative treatment and other service provision

Mr Diamond and Ms Palmer confirmed that quality assurance systems and processes will be implemented in this practice and will include; x-ray quality grading audits, x-ray justification and clinical evaluation audits, monthly staff meetings, annual patient satisfaction surveys, in house training, outside training events and on-going audits of compliance in keeping with best practice guidance as outlined in HTM 01-05.

Mr Diamond and Ms Palmer confirmed that patient satisfaction questionnaires will be available for patients throughout the year and information will be collated from the returns on an annual basis.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. A training overview record has been established which will be reviewed at appraisal and will help inform the practice's annual training programme.

An induction programme has been developed and a system to ensure staff receive appraisal on an annual basis is in place. Annual staff appraisal will be implemented within the new arrangements.

Arrangements are in place to review the registration status of clinical staff and professional indemnity of staff who require individual professional indemnity.

Infection prevention and control/decontamination

Dental practices in Northern Ireland have been directed by the DOH, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

A copy of the 2013 edition of HTM 01-05 was available at the practice for staff reference. Discussion with staff demonstrated that they were familiar with best practice guidance. It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The IPS audit is completed every six months and the results shared with staff.

A separate dedicated decontamination room has been provided in the practice. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. 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.

Appropriate equipment, including a washer disinfector and two steam sterilisers, has 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 HTM 01-05.

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.

Appropriate arrangements were in place for the management of waste, including sharps, and dental unit water lines were managed in keeping with good practice.

There was a nominated lead with responsibility for infection control and decontamination.

Environment

The environment was maintained to a good standard of maintenance and décor. Mr Diamond confirmed that all relevant environmental risk assessments are undertaken and that remedial works are completed to address any recommendations made within risk assessments.

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. Mr Diamond confirmed, on the submitted self-assessment, that the relevant risk assessments were in place.

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.

Emergency arrangements/management of medicines

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an Automated External Defibrillator (AED). It was confirmed that there was an AED in close proximity to the practice. A discussion took place in relation to how the practice should ensure there is timely access to an AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines. It was identified that location of the AED had been incorporated into the practice's medical emergency protocols.

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.

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Diamond confirmed that conscious sedation is not provided.

Radiology

The practice has four surgeries, each of which has an intra-oral x-ray machine. In addition there is a Cone Beam Computed Tomograph (CBCT), which is located in a separate room.

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

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

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA in November 2018 demonstrated that the recommendations made have been addressed. The RPA completes a quality assurance check annually for the CBCT. The most recent inspection was in August 2019. No recommendations were made.

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.

Areas of good practice

Areas of good practice were identified in relation to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, the management of conscious sedation, radiology and the environment. Other examples included health promotion, engagement to enhance the patients’ experience and governance arrangements.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr Diamond and Ms Palmer

6.5 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

An application was submitted to RQIA by Mr Liam Diamond to become the responsible individual for Cassidy Dental. The relevant information, supporting documentation and appropriate fee accompanied the application.

A fit person interview was undertaken as part of the pre-registration inspection. Discussion with Mr Diamond evidenced that he had a clear understanding of his role and responsibilities as a responsible individual under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and patient guide
- the management of complaints
- notification of untoward incidents to RQIA and other relevant bodies
- notification of registered persons/manager absences, change of ownership to RQIA
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under health and safety legislation
- responsibilities under the Independent Health Care Regulations (Northern Ireland) 2005
- responsibilities under The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- responsibilities under the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011)
- responsibilities under The Ionising Radiations Regulations (Northern Ireland) 2017 and The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018
- staff selection and recruitment procedures
- adherence to professional codes of conduct
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

Registration of Mr Liam Diamond with RQIA as the responsible individual has been approved.

Cassidy Dental was required to appoint a registered manager. An application was received in respect of Ms Charlene Palmer. Following submission and review of the application, registration with RQIA has been approved.

6.6 Conclusion

Registration of this dental practice is granted from a care perspective.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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