

Announced Pre-registration Care Inspection Report 10 May 2018



Deacon Hanna Thompson also trading as Victoria Dental Care

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 51 Victoria Road, Carrickfergus BT38 7JJ
Tel No: 028 9335 1825
Inspector: Philip Colgan

www.rqia.org.uk

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 dental practice with two dental surgeries.

3.0 Service details

Applicant Responsible Individual: Mr Stephen Hendry	Applicant Registered Manager: Mr Stephen Hendry
Person in charge of the establishment at the time of inspection: Mr Stephen Hendry	Date manager registered: Pending
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced pre-registration care inspection of Deacon Hanna Thompson, also trading as Victoria Dental Care, took place on 10 May 2018 from 08.00 to 09.20.

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 (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 Deacon Hanna Thompson also trading as Victoria Dental Care as an Independent Hospital providing dental treatment.

An application was also submitted for the registration of Mr Stephen Hendry as the responsible individual and registered manager.

The practice was initially registered on 07 February 2012. The practice was purchased by Mr Stephen Hendry, who took ownership on 01 March 2018.

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, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and 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 Stephen Hendry, applicant responsible individual, as part of the inspection process and can be found in the main body of the report.

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 staff, a dental nurse and a receptionist. A tour 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 June 2017

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

6.2 Review of areas for improvement from the last care inspection dated 5 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15 Stated: First time	Mr Hanna and Mr Thompson should complete level 2 safeguarding children and adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).	Met
	Action taken as confirmed during the inspection: The returned QIP from the previous inspection confirmed the previous registered provider's intent to complete Level 2 training at the first opportunity. This could not be confirmed. The applicant responsible person confirmed that he had completed the training and review of documentation confirmed this.	
Area for improvement 2 Ref: Standard 13 Stated: First time	The Health Technical Memorandum (HTM) 01-05 Infection Prevention Society audit tool (2013 edition) should be completed six monthly.	Met
	Action taken as confirmed during the inspection: This could not be confirmed at the inspection. However, the applicant responsible person confirmed his intention to complete the audit every six months.	

6.3 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.

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.

Complaints

The establishment operates a complaints policy and procedure in accordance with the DOH Guidance on Complaints Handling in Regulated Establishments and Agencies (April 2009) and The Independent Health Care Regulations (Northern Ireland) 2005. Staff spoken with demonstrated an understanding of complaints management.

Policies and procedures

A range of policies and procedures was 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 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. 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 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 (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 will be 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.

Records

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

Mr Hendry 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.

Manual records are maintained and 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.

Qualitative treatment and other service provision

Quality assurance systems and processes were in place. These included: x-ray quality grading audits, x-ray justification and clinical evaluation audits, and monthly staff meetings. It is proposed to provide annual patient satisfaction surveys, in house training, corporate Continuing Professional Development (CPD) training events .

Mr Hendry 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.

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. Mr Hendry confirmed that the practice will audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The IPS audit will be completed on a six monthly basis.

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 a steam steriliser, 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 fair 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 has been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire safety awareness 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 has been established.

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. 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.

Radiology

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 demonstrated that the recommendations made have been addressed. The Health and Safety Executive have been notified of the change of ownership.

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, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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.

Mr Stephen Hendry submitted an application to RQIA to become the responsible individual of Deacon Hanna Thompson also trading as Victoria Dental Care. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview was undertaken on 10 May 2018 as part of the pre-registration inspection. Discussion with Mr Hendry evidenced that he had a clear understanding of his role and responsibilities as a registered person 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, The 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 Stephen Hendry with RQIA as a responsible individual is granted.

Deacon Hanna Thompson also trading as Victoria Dental Care was required to appoint a registered manager. An application was received in respect of Mr Stephen Hendry. Following submission and review of the application, registration with RQIA is granted.

6.5 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 QIP is not required nor included as part of this inspection report.



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