



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Finaghy Dental Practice
Establishment ID No: 11502
Date of Inspection: 18 December 2014
Inspector's Name: Emily Campbell
Inspection No: 21060

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Finaghy Dental Practice
Address:	12 Finaghy Road South Belfast BT10 0DR
Telephone number:	028 9062 3559
Registered organisation / registered provider:	Mr Joseph Scullion
Registered manager:	Mr Joseph Scullion
Person in charge of the establishment at the time of inspection:	Mr Joseph Scullion
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	3
Date and type of previous inspection:	Enforcement Compliance Inspection 6 May 2014
Date and time of inspection:	18 December 2014 9.15am – 10.20am
Name of inspector:	Emily Campbell

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of dental care, and to determine the provider's compliance with the following:

- The HPSS (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;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

- Discussion with Mr Joseph Scullion, registered provider;
- Examination of relevant records;
- Consultation with relevant staff; and
- Evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Inspection Focus

An announced inspection was undertaken to Finaghy Dental Practice to review the management of complaints in the practice, as a result of information which was received by RQIA.

This inspection sought to establish if the management of complaints was in keeping with good practice.

6.0 Profile of Service

Finaghy Dental Practice is located within a former residential building which has been converted and adapted to accommodate a dental practice. The practice is located in Finaghy, on the outskirts of Belfast.

Both private and on street car parking is available for patients.

The establishment is not accessible for patients with a disability. However, arrangements are in place to accommodate patients with a disability who cannot access the surgery.

Finaghy Dental Practice operates three dental chairs, providing both private and NHS dental care. A waiting area and toilet facilities are available for patient use. A decontamination room, office/x-ray room, office, staff and storage facilities are also available. Refurbishment work is currently being undertaken in the practice.

Mr Scullion is supported by associate dentists, a dental hygienist, a practice manager, administration and nursing staff.

Mr Scullion has been the registered provider/manager since registration with RQIA in March 2012.

The establishment's statement of purpose outlines the range of services provided.

This practice is registered as an independent hospital (IH) providing dental treatment (DT).

7.0 Summary of Inspection

This announced inspection of Finaghy Dental Practice was undertaken by Emily Campbell on 18 December 2014 between the hours of 9.15am and 10.20am. Mr Philip Colgan, inspector, accompanied Ms Campbell on the inspection. Mr Joseph Scullion, registered provider, was available during part of the inspection and was provided with some verbal feedback at that time. The inspection was facilitated by Ms Briege McKeown, practice manager, who was available during the inspection and for verbal feedback at the conclusion of the inspection.

The focus of the inspection was to review the management of complaints in the practice, following information received by RQIA.

During the course of the inspection the inspector met with staff, discussed operational issues and examined a selection of records.

The practice has a complaints policy in place. A recommendation was made that this should be further developed to in accordance with the Department of Health, Social Services and Public Safety (DHSSPS) guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005.

Discussion with Mr Scullion and staff demonstrated that they had good awareness of the process of managing a complaint. However, although templates are available for use in the various stages of a complaints investigation, there is no formal process for recording complaints, other than in the individual patient's electronic record. A requirement was made that a system is developed to ensure that a written record is retained of all complaints.

Mr Scullion has completed six hours of verifiable continual professional development; three hours in 'complaints and litigation' and three hours in 'education and risk management' in November 2013 and September 2014, respectively. Ms McKeown advised that staff training in complaints has been provided in-house and this was confirmed by staff spoken with. A recommendation was made that further staff training should be provided on establishment of the new system for complaints management and recording.

One requirement and two recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr Scullion, Ms McKeown and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

8.0 Inspection Findings

8.1 Complaints Policy

The practice has a complaints policy in place. Following review, a recommendation was made that the complaints policy should be further developed to address the following in accordance with the Department of Health, Social Services and Public Safety (DHSSPS) guidance on complaints handling in regulated establishments and agencies (April 2009) and the Independent Health Care Regulations (Northern Ireland) 2005:

- Complaints should be acknowledged within three working days and responded to within 20 working days, not five and 25 days respectively as currently reflected;
- The Health and Social Care Board (HSCB), the General Dental Council (GDC), Ombudsman and Dental Complaints Service, are all listed as routes of dissatisfaction. The HSCB and GDC should be identified as agencies which may be utilised within the complaints investigation at local level;
- Reference to the Ombudsman and the Dental Complaints Service, in the event of dissatisfaction, should specify that this is in relation to NHS dental care and treatment and private dental care and treatment respectively.

Mr Scullion is the complaints manager for the practice and staff spoken with demonstrated awareness of this.

8.2 Complaints Management

The inspector spoke with Mr Scullion, Ms McKeown, a dental nurse, and a receptionist. All demonstrated good awareness of the process of managing a complaint. However, although templates are available for use in the various stages of a complaints investigation, there is no formal process for recording complaints, other than in the individual patient's electronic record. A requirement was made that a system is developed to ensure that a written record is retained of all complaints. 'This record should be separate from the patient records so that patients are not discouraged from making a complaint', in keeping with the General Dental Council Standards for the Dental Team (September 2013).

The complaints record should include the following:

- Details of the complainant;
- Issues raised;
- Details of the investigation findings- including any actions taken to resolve the complaint if applicable;
- Outcome of the complaint investigation;
- Whether the service user was satisfied with the outcome; and
- Learning taken from the complaints investigation and actions taken to improve the service if appropriate.

The inspector reviewed the record retained in respect of the most recent complaint submitted to the practice, which was prior to registration with RQIA in March 2012.

8.3 Training

Mr Scullion has completed six hours of verifiable continual professional development; three hours in 'complaints and litigation' and three hours in 'education and risk management' in November 2013 and September 2014, respectively. Ms McKeown confirmed that staff training in complaints has been provided in-house and this was confirmed by staff spoken with. A recommendation was made that further staff training should be provided on establishment of the new system for complaints management and recording.

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Joseph Scullion and Ms Briege McKeown as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Emily Campbell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Emily Campbell
Inspector/Quality Reviewer

Date



Quality Improvement Plan

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Joseph Scullion and Ms Briega McKeown either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2005, and the regulations amended.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	23 (7)	<p>A system should be developed to ensure that a written record is retained of all complaints. This record should be separate from the patient records. The complaints record should include the following:</p> <ul style="list-style-type: none"> • Details of the complainant; • Issues raised; • Details of the investigation findings- including any actions taken to resolve the complaint if applicable; • Outcome of the complaint investigation; • Whether the complainant was satisfied with the outcome; and • Learning taken from the complaints investigation and actions taken to improve the service if appropriate. <p>Ref: 8.2</p>	One	<p><i>A SEPARATE book has been purchased in order to record complaints in writing</i></p>	Immediate and ongoing

RECOMMENDATIONS

These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	9	<p>The complaints policy should be further developed to reflect the following:</p> <ul style="list-style-type: none"> • Complaints should be acknowledged within three working days and responded to within 20 working days; • The Health and Social Care Board (HSCB) and the General Dental Council (GDC) should be identified as agencies which may be utilised within the complaints investigation at local level; not routes for dissatisfaction; and • Reference to the Ombudsman and the Dental Complaints Service in the event of dissatisfaction should specify that this is in relation to NHS dental care and treatment and private dental care and treatment respectively. <p>Ref: 8.1</p>	One	<p><i>THIS HAS BEEN AMENDED IN THE COMPLAINTS POLICY</i></p> <p><i>THIS HAS BEEN AMENDED IN THE COMPLAINTS POLICY</i></p> <p><i> </i></p> <p><i>A COPY OF AMENDED COMPLAINTS POLICY INCLUDED FOR INSPECTIONS BY EMME</i></p>	One month
	9	<p>Staff training should be provided on establishment of the new system for complaints management and recording.</p> <p>Ref: 8.3</p>	One	<p><i>STAFF TRAINING COMPLETED</i></p> <p><i>13/11/15.</i></p>	Two months