

Announced Care Inspection Report 22 June 2017



Irvine Dental Care

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

Address: 95 Saintfield Road, Belfast, BT8 7HN

Tel No: 028 9070 3215

Inspector: Norma Munn

www.rgia.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 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 three registered places providing both private and NHS dental care.

3.0 Service details

Organisation/Registered Provider: Mr Alan Irvine	Registered Manager: Mr Alan Irvine
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Person in charge at the time of inspection: Mr Alan Irvine	Date manager registered: 12 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An announced inspection took place on 22 June 2017 from 09:50 to 12:55.

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, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff recruitment, induction, training, appraisal, infection prevention control and decontamination procedures, radiology, the management of clinical records, the range and quality of audits, health promotion strategies, ensuring effective communication between patients and staff, maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld, providing the relevant information to allow patients to make informed choices, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One area requiring improvement was identified in relation to updating the information in regards to adult safeguarding in the overarching safeguarding policy in line with regional guidance (July 2015).

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.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Alan Irvine, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 13 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 June 2016.

5.0 How we inspect

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

- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Irvine, registered person, three dental nurses 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
- 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.

The findings of the inspection were provided to Mr Irvine, registered person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 June 2016

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 13 June 2016

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 11.1 Stated: First time	Staff personnel files should include all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 in respect of any new staff employed in the future.	Met
	Action taken as confirmed during the inspection: Mr Irvine confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member 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.	
Area for improvement 2 Ref: Standard 13 Stated: First time	A copy of the validation certificates for the equipment used in the decontamination process should be forwarded to RQIA on submission of the QIP. Arrangements should be established to ensure the equipment is validated in keeping with HTM 01-05 Decontamination in primary care dental practices.	Met
	Action taken as confirmed during the inspection: A copy of the validation certificate for the equipment used in the decontamination	

	process was forwarded to RQIA following the previous inspection. Mr Irvine confirmed that the equipment will be validated in keeping with HTM 01-05 Decontamination in primary care dental practices.	
Area for improvement 3 Ref: Standard 14.4 Stated: First time	Review the manufacturer's instruction for the intra-oral x-ray machines and establish the servicing arrangements. Any recommendations made in the manufacturer's instructions should be actioned.	Met
	Action taken as confirmed during the inspection: Mr Irvine had arranged for the x-ray equipment to be serviced on 4 July 2017. Following the inspection RQIA received confirmation by email that the x-ray equipment had been serviced on 4 July 2017. On completion a copy of the service certificate was forwarded to RQIA. Mr Irvine has agreed to service and maintained the x-ray equipment in the future in accordance with manufacturer's instructions.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Three 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one 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 Mr Irvine confirmed that one member of staff had been recruited since the previous inspection. As discussed a review of the personnel file for this staff member 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 not reviewed during this inspection.

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. It was confirmed that the safeguarding lead has completed training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was 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. However, the information in regards to adult safeguarding did not fully reflect the regional guidance document and an area of improvement against the minimum standards has been identified to address this.

The most recent regional policy and guidance documents in regards to safeguarding were available in the practice for staff reference with the exception of the 'Adult Safeguarding Operational Procedures' (September 2016). Following the inspection this was forwarded to the practice by email along with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Management of medical emergencies

A review of medical emergency arrangements evidenced that in general, emergency medicines were provided in keeping with the British National Formulary (BNF). It was not clear if the oxygen cylinder had exceeded the date of expiry. Mr Irvine agreed to replace the oxygen cylinder with immediate effect and following the inspection RQIA received confirmation that the oxygen cylinder had been replaced. Buccolam had not been provided in sufficient dosage and quantity as recommended by the Health and Social Care Board (HSCB). Mr Irvine agreed to increase the stock of Buccolam accordingly and following the inspection RQIA received confirmation that sufficient Buccolam had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A 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.

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. Mr Irvine agreed to replace the pull cords on the light switches in the decontamination room and the toilet with a wipeable pull cord which can be easily cleaned. 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.

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 a steam steriliser had 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.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during May 2017.

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

Radiography

The practice has three surgeries, two of which have 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, 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 demonstrated that the recommendations made have been addressed.

As discussed the x-ray equipment was serviced following the inspection on 4 July 2017. Mr Irvine has agreed to service and maintain the x-ray equipment in the future 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.

Environment

The environment was maintained to a good standard of maintenance and décor. Cleaning products were stored in an unlocked cupboard in a room next to the toilet where patients have access to. These items were removed on the day of the inspection and stored safely away from patient access. The risk to the health and safety of patients was discussed and Mr Irvine agreed to provide a lock for this cupboard and will ensure that any cleaning products will be stored safely in keeping with Control of Substances Hazardous to Health (COSHH) Regulations 2002.

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment.

A legionella risk assessment undertaken during 2013 has been reviewed annually. Water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and reviewed annually. 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 evidenced that the pressure vessels have been inspected in keeping with the written scheme of examination.

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.

Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Eleven patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. The following comment was included in a questionnaire response:

- “I could not speak highly enough about Irvine Dental Care and Alan’s care is excellent.”

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

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, infection prevention control and decontamination procedures and radiology.

Areas for improvement

The safeguarding policy should be updated to ensure it fully reflects the regional guidance document entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015).

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

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

Staff 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 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. It was confirmed that oral health is actively promoted on an individual basis with patients during their consultations. A range of health promotion information leaflets were provided and oral health products were either freely distributed to patients or available to purchase. A hygienist service is also available in the practice.

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
- review of complaints/accidents/incidents

Communication

Mr Irvine and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis 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 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 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eleven patients indicated they were very satisfied with this aspect of care and four indicated they were satisfied. The following comment was included in a questionnaire response:

- "I recommend Mr Irvine at every opportunity to friends and colleagues."

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

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff 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 ensures that patients understand 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 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Thirteen patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. The following comment was included in a questionnaire response:

- “From receptionist through to dental nurse and dentist, all staff are highly professional, helpful, caring, approachable and considerate. Very accommodating and simply couldn’t praise this practice enough to do it justice.”

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. All eight staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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 Irvine is the 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 an annual 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. 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 2016 to 31 March 2017.

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 Irvine 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 Irvine 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 15 patients who submitted questionnaire responses indicated that they felt that the service is well led. Eleven patients indicated they were very satisfied with this aspect of the service and four indicated they were satisfied. The following comment was included in a questionnaire response:

- “Excellent dental practice. Well organised, friendly and helpful staff, superb dentists.”

Eight submitted staff questionnaire responses indicated that they felt that the service is well led. All eight staff indicated they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Irvine, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p>Area for improvement 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2017</p>	<p>The registered person shall ensure that the safeguarding policy is updated to fully reflect the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Once updated the policy should be shared with staff.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I can confirm that our safeguarding policy has now been updated and this has now replaced the previously existing copy.</p>

Please ensure this document is completed in full and returned via Web Portal/to Independent.Healthcare@rqia.org.uk from the authorised email address

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The Regulation and
Quality Improvement
Authority

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

Web www.rqia.org.uk

 @RQIANews