

Announced Care Inspection Report 13 June 2016



Irvine Dental Care

Type of Service: Dental Service
Address: 95 Saintfield Road, Belfast BT8 7HN
Tel No: 028 9070 3215
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Irvine Dental Care took place on 13 June 2016 from 09:55 to 12:40.

The inspection sought to assess progress with any issues since the previous inspection and to determine if the service 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 Alan Irvine, registered person and staff demonstrated that in the main care provided to patients is 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. Three recommendations have been made in relation to the documents to be retained in staff personnel files, the validation of decontamination equipment and the servicing of x-ray machines.

Is care effective?

Observations made, review of documentation and discussion with Mr Irvine 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 Irvine 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 in the main 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 person'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
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Mr Alan Irvine	Registered manager: Mr Alan Irvine
Person in charge of the service 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

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 Alan Irvine, registered person, an associate dentist, two dental nurses 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 21 September 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 September 2015

As above.

4.3 Is care safe?

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. It was confirmed that the practice pays for the GDC registration of dental nurses.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Irvine confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that the following information had been retained:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- details of full employment history, including an explanation of any gaps in employment
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties
- evidence of professional indemnity insurance, where applicable

It was noted that neither of the files reviewed included a criminal conviction declaration or documentary evidence of qualifications. One file included one written reference and one file did not include any written references. Mr Irvine confirmed that he sought verbal references for the two staff members. Mr Irvine was advised that staff personnel files should include all 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. A recommendation has been made in this regard.

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

Safeguarding

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 had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011 during a practice meeting held during November 2015. In addition, some staff have completed further online safeguarding training and Mr Irvine has presented a safeguarding awareness session to his peers as part of his peer review during December 2015.

Policies and procedures were in place for the safeguarding and protection of adults and children. 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. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference.

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. It was observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). When the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. 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.

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 confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice. Laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries and the decontamination room.

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 have been provided to meet the practice requirements. It was confirmed that the steam steriliser was validated on 10 September 2015. However, the washer disinfectant was validated on 16 October 2014. The validation of the washer disinfectant was overdue; this machine should be validated at least on an annual basis. Mr Irvine confirmed that the validation of both machines has been scheduled for the 7 July 2016 and records were available to confirm this. A recommendation has been made that a copy of the validation certificates for the equipment used in the decontamination process should be forwarded to RQIA on submission of the QIP and that arrangements should be established to ensure the equipment is validated in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with 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 2016.

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 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 demonstrated that the recommendations made have been addressed.

It was confirmed that the most recent occasion the intra-oral x-ray machines had been serviced was during January 2012. This was discussed with Mr Irvine who confirmed that he was advised by a servicing engineer that the intra-oral x-ray machines did not require routine servicing. Mr Irvine confirmed that he had not reviewed the manufacturer's instructions to confirm this for himself. A recommendation was made in this regard.

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.

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

Arrangements are in place for maintaining the environment. It was confirmed that portable appliance testing of electrical equipment is undertaken every five years.

A legionella risk assessment was undertaken by an external organisation during April 2013. It was confirmed that recommendations made within the report have been actioned and that this risk assessment is reviewed annually by Mr Irvine. Water temperature are monitored and recorded as recommended.

A fire risk assessment had been completed by Mr Irvine and this is reviewed annually. The firefighting equipment is serviced annually and routine monthly checks of firefighting equipment and smoke detectors are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

Review of documents demonstrated that the pressure vessels in the practice had been inspected in keeping with the written scheme of examination during July 2015.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “Explanations are given before treatment which is reassuring”
- “Staff are efficient and friendly. Excellent premises”
- “An excellent and well run clinic with pleasant and efficient staff”
- “Clean well maintained premises”

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. No comments were included under this domain. Staff spoken with during the inspection concurred with this.

Areas for improvement

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.

A copy of the validation certificates for the equipment used in the decontamination process should be forwarded to RQIA on submission of the QIP and arrangements established to ensure the equipment is validated on an annual basis.

Review the manufacturer’s instruction for the intra-oral x-ray machines and establish if they outline the servicing arrangements. Any recommendations made in the manufacturer’s instructions should be actioned.

Number of requirements	0	Number of recommendations:	3
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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.

It was 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 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 in an individual basis with patients during their consultations. The practice has an intra-oral camera and this is used when discussing oral hygiene. The provision of an intra-oral camera is considered to exceed best practice guidance. A range of resources are available within the practice when promoting oral health to include a pictures for patients book produced by The British Dental Foundation, models and information leaflets. A range of oral health products are available for purchase in the practice and samples of oral health products are freely distributed to patients. A hygienist works in the practice and patients are referred to the hygienist 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

It was confirmed that an overarching environmental risk assessment to include clinical waste management and Control of Substances Hazard to Health (COSHH) is completed annually.

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 20 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “Always highly efficient, flexible, accommodating and professional”
- “My youngest children were quite nervous when first attending but now love coming. Sharon is fantastic with them”

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. No comments were included under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	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 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.

It was established that the practice has a website and Facebook page. The website is currently being redesigned. Patients are able to comment and rate the quality of care on the practice Facebook page.

Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “Excellent care especially with my 3 children, great communication with children and adults”
- “I used to have a phobia about dental treatment due to treatment at another practice when I was younger. Alan Irvine is an excellent dentist, who due to his professionalism and manner has removed this phobia. Absolutely brilliant dentist and staff”
- “All staff courteous, considerate, pleasant, helpful above and beyond the call of duty and highly professional”
- “My children and I always feel very welcome and looked after. My dental concerns are listened to and dealt with”

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. Staff spoken with during the inspection concurred with this. No comments were included under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	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 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 displayed 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 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.

As discussed previously issues in relation to the delivery of care were identified under the "Is care safe?" domain which have an impact on quality assurance and good governance. Three recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained.

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 20 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- "Everyone seems happy and motivated to work so I can only assume this stems from a well lead service"
- "I have been attending this practice for well over 30 years wouldn't go anywhere else, brilliant dentist"
- "Every visit is a pleasant experience with charming staff and efficient and gentle treatment"
- "I have always had the upmost professional, efficient, excellent quality of service and care and Sharon Carroll is a fabulous professional with a lovely manner and way"

All nine submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included under this domain.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

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

The registered person 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 service. 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 person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to independant.healthcare@rqia.org.uk 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.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: Necessary steps now taken to obtain and keep written references. Staff completed criminal record declarations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 09 August 2016</p>	<p>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. ✓</p> <p>Response by registered person detailing the actions taken: Validation certificates to be forwarded to RQIA as soon as available.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 13 August 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: Manuals checked and discussed with service engineer. No action necessary.</p>



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