

Announced Pre-registration Care Inspection Report 14 December 2016



K P Cassidy Dental Practice

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

Address: 8 Clarendon Street, Londonderry, BT48 7ET

Tel No: 028 71 264451

Inspector: Stephen O'Connor

1.0 Summary

An application was submitted to the Regulation and Quality Improvement Authority (RQIA) by Ms Catherine Kelly in respect of K P Cassidy Dental Practice for registration as an independent hospital providing dental treatment. The practice was initially registered on 13 March 2012. The practice was purchased by Ms Catherine Kelly, who took ownership on the 10 October 2016. Ms Kelly intends to continue operating the practice under the name of K P Cassidy Dental Practice with a view to changing the name of the practice in the future. Ms Kelly is aware that should the name of the practice change, RQIA must be formally notified of the new name.

The application submitted was for the registration of Ms Catherine Kelly as registered person and manager and for the registration of three dental chairs.

A pre-registration self-assessment submitted at the time of application was reviewed as part of the inspection process.

The inspection was carried out by Stephen O'Connor on 14 December 2016 between the hours of 09:55 and 13:00. Phil Cunningham, senior estates inspector undertook a premises inspection of the establishment at the same time. The report and findings of the premises inspection will be issued under separate cover.

Ms Kelly was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A statement of purpose, patient guide and complaints procedure were in place which reflected legislative and best practice guidance.

A range of policies and procedures were in place. Policies and procedures were localised to the practice and retained in a manner making them accessible to staff.

Staff have been provided with training in safeguarding children and adults at risk of harm in keeping with the Minimum Standards for Dental Care and Treatment (2011). Staff spoken with demonstrated good awareness of safeguarding issues.

Discussion and observations made during the inspection evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Quality assurance systems and processes were in place, which included x-ray audits, monthly staff meetings, annual patient satisfaction surveys, in house training and on-going audits of compliance in keeping with best practice guidance as outlined in the Health Technical Memorandum (HTM) 01-05.

Dental practices in Northern Ireland have been directed by the Department of Health, Social Services and Public Safety (DHSSPS) 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.

K P Cassidy Dental Practice has a dedicated decontamination room that adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. The layout of and equipment contained in the decontamination room is in keeping with best practice as outlined in HTM 01-05.

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. Review of the records demonstrated that the equipment has been validated, and that the results of periodic tests are recorded in equipment logbooks, with the exception of the details of the daily automatic control test (ACT) in respect of the DAC Universal and both steam sterilisers. A recommendation has been made to address this. Policies and procedures were in place in relation to decontamination and infection prevention and control.

The inspector undertook a tour of the premises, which were maintained to a good standard of maintenance and décor. The estates inspector reviewed the environmental aspects of the establishment and the associated risk assessments as part of his inspection. As discussed, the estates inspection report will be issued under separate cover.

Review of the arrangements for the management of medical emergencies evidenced that medical emergency and resuscitation procedures were in place. Emergency medication in keeping with the British National Formulary (BNF) was retained and equipment as outlined in the Resuscitation Council (UK) guidance was readily available. Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

The practice has three surgeries, each of which has an intra-oral x-ray machine. Discussion with Ms Kelly and review of documentation evidenced that appropriate systems were in place for the arrangements for taking x-rays and the maintenance and validation of equipment.

The inspector discussed the regulatory obligations of a registered provider with Ms Kelly in respect of the relevant legislation and minimum standards. Ms Kelly evidenced a clear understanding of her role in this regard and registration as registered person/manager is recommended.

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

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 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

Information has been gathered throughout the registration process. Scrutiny of this information means that registration of this dental practice is recommended from a care perspective. No requirements relating to the matters set out above have been made in the inspection report. Findings of the inspection were discussed with Ms Kelly, applicant registered person, as part of the inspection process and can be found in the main body of the report.

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

2.0 Service details

Registered organisation/registered provider: Ms Catherine Kelly	Registered manager: Ms Catherine Kelly (applicant)
Person in charge of the establishment at the time of inspection: Ms Catherine Kelly	Date manager registered: Ms Catherine Kelly - application received - "registration pending".
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted application forms and supporting documentation
- discussion with Ms Catherine Kelly, applicant registered person/manager
- discussion with two dental nurses
- assessment of the environment
- review of documentation required by legislation and good practice
- evaluation and feedback

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 July 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made as a result of the previous care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 July 2015

As above.

4.3 Inspection findings

4.3.1 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.

4.3.2 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.

4.3.3 Complaints

The establishment operates a complaints policy and procedure in accordance with the DHSSPS 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.

4.3.4 Administration

(a) Policies and procedures

A range of policies and procedures were in place. Ms Kelly has updated policies and procedures to ensure that they reflect the new arrangements. Policies and procedures were compiled in policy manuals which were centrally indexed; policies provided the date of issuing and the planned date for review. The following policies and procedures were reviewed:

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

One overarching policy and procedure for the safeguarding of children and adults at risk of harm was in place. The policy outlined the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with a child or adult at risk of harm. The relevant contact details for onward referral should a safeguarding issue arise were included.

Ms Kelly confirmed that the safeguarding policy would be reviewed to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016.

Staff spoken with demonstrated good awareness of safeguarding issues. Staff confirmed that safeguarding training was covered during their induction, and that they were provided with refresher training in keeping with the Minimum Standards for Dental Care and Treatment (2011).

(b) Records

Discussion with staff and observations made during the inspection evidenced that 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. Review of documentation demonstrated that the practice is registered with the Information Commissioner's Office (ICO) and that a Freedom of Information Publication Scheme has been established.

A computer system was in place for records management and some other relevant documents were held in hard copy. Electronic records have different levels of access afforded to staff dependent on their roles and responsibilities. Ms Kelly confirmed that she is giving consideration to installing a new computer system. Discussion with staff and observations made during the inspection demonstrated that appropriate systems and processes were in place for the management of electronic and manual records and maintaining patient confidentiality.

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

4.3.5 Qualitative treatment and other service provision

Quality assurance systems and processes were in place. These included: x-ray quality audits, monthly staff meetings, annual patient satisfaction surveys, in house training and on-going audits of compliance in keeping with best practice guidance as outlined in HTM 01-05.

4.3.6 Infection prevention and control/decontamination

Dental practices in Northern Ireland have been directed by the DHSSPS, 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. Ms Kelly confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool which had been 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 disinfecter, a DAC Universal and two steam sterilisers have 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 Decontamination in primary care dental practices, with the exception of the details of the daily automatic control test (ACT) in respect of the DAC Universal and the two steam sterilisers. One of the steam sterilisers has a printer installed and staff are signing to confirm that they reviewed the cycle parameters as detailed on the printout and that the machine has passed the daily ACT. However, in respect of the second steriliser and the DAC Universal the cycle parameters are recorded on USB pens. The recording of the details of the daily ACT was discussed with the dental nurses and a recommendation has been made in this regard.

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. The dental unit water lines were managed in keeping with good practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

4.3.7 Environment

The inspector undertook a tour of the premises, which were maintained to a good standard of maintenance and décor. Ms Kelly confirmed that since taking over operation of the practice the toilet facilities have been refurbished and the practice has been decorated.

Ms Kelly confirmed that she intends to install a fourth dental surgery within the next 18 months. Ms Kelly was advised that once registered a variation to registration application must be submitted to RQIA to increase the number of registered dental chairs from three to four.

Phil Cunningham, senior estates inspector, reviewed the environment aspects of the establishment and the associated risk assessments as part of his inspection. The premises inspection report will be issued under separate cover.

Review of documentation evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

4.3.8 Emergency arrangements/management of medicines

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.

Review of training records and discussion with staff confirmed that the management of medical emergencies was included in the induction programme and training has been updated on an annual basis in keeping with best practice guidance.

Review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF) and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained in the practice.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

4.3.9 Radiology

The practice has three surgeries, each of which has an intra-oral x-ray machine.

The practice had a dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information. Records retained in the radiation protection 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. Review of the radiation protection file and discussion with staff evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits. Ms Kelly confirmed that she is intending to install a new computer system, following which she will give consideration to installing a digital x-ray system.

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.

A review of the radiation protection file evidenced that 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 recommendations made have been addressed. A review of documentation demonstrated that the x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

It was demonstrated during the inspection that quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Areas for improvement

Details of the daily automatic control test (ACT) should be recorded in the machine logbooks for the DAC Universal and both steam sterilisers.

Number of requirements:	0	Number of recommendations:	1
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4.4 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.

Ms Catherine Kelly submitted an application to RQIA to become the registered person/manager of K P Cassidy Dental Practice. The relevant information, supporting documentation and appropriate fees accompanied the application.

Discussion with Ms Kelly evidenced that she had a clear understanding of her 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
- 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 Ionising Radiations Regulations 1999 (IRR) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) regulations
- staff selection and recruitment procedures

Registration of Ms Catherine Kelly as registered person/manager is recommended.

5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Ms Catherine Kelly as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 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.

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 provider 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 RQIA's office for review 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

Recommendation 1

Ref: Standard 13.4

Stated: First time

To be completed by:
14 January 2017

The details of the daily automatic control test (ACT) should be recorded in the machine logbooks in respect of the DAC Universal and both steam sterilisers.

Response by registered provider detailing the actions taken:

THE ABOVE IS NOW IMPLEMENTED INTO THE PRACTICE DELON. ROOM ROUTINE.

REGULATION AND QUALITY
12 JAN 2017
IMPROVEMENT AUTHORITY



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