

Announced Care Inspection Report 31 January 2017



J L McCaugherty

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 167 Moira Road, Lisburn, BT28 1RW
Tel no: 028 9267 2399
Inspector: Elizabeth Colgan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of J L McCaugherty took place on 31 January 2017 from 10.00 to 12.30.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Mr Leslie McCaugherty , registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was 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. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mr McCaugherty 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 McCaugherty 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 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 provider'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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Leslie McCaugherty, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 31 January 2017.

2.0 Service details

Registered organisation/registered person: Mr Leslie McCaugherty	Registered manager: Mr Leslie McCaugherty
Person in charge of the practice at the time of inspection: Mr Leslie McCaugherty	Date manager registered: 21 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

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 McCaugherty and the 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 23 February 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 23 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	Advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.	Met
	Action taken as confirmed during the inspection: Advice and guidance was sought from a medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Mr McCaugherty confirmed that an AED is available in the nursing home located beside the dental practice and formal arrangements have been established to ensure the dental practice will have timely access to the AED in the event of a cardiac emergency situation. Mr. McCaugherty also confirmed that in the future he may purchase an AED to have on site	

4.3 Is care safe?

Staffing

One dental surgery is in operation in this practice. No new staff have been recruited since the previous care inspection; however, induction programme templates were in place relevant to specific roles within the practice. Discussion with Mr McCaugherty confirmed that he is in the process of recruiting a dental nurse.

Informal procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Mr McCaugherty confirmed that a more formal system would be introduced for current and new staff. 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 McCaugherty confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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. Mr McCaugherty attended a course organised by Northern Ireland Medical Dental Training Agency (NIMDTA) in June 2016, a further session will be organised for June 2017.

Mr McCaugherty confirmed that an overarching policy and procedure is in place for the safeguarding and protection of adults and children at risk of harm. It was confirmed that 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.

Following the inspection the regional guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and Adult Safeguarding operational procedures issued during September 2016, and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 were forwarded to Mr McCaugherty by electronic mail. Mr McCaugherty confirmed by

electronic mail to RQIA on 3 February 2107 that the safeguarding policy and procedure had been reviewed and updated to fully reflect the new regional policy and guidance documents.

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. 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.

Mr McCaugherty confirmed that advice and guidance was sought from a medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Formal arrangements have been put in place to facilitate timely access the use of the AED from the nursing home beside the surgery.

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 Mr McCaugherty 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 McCaugherty confirmed that best practice was adhered to in terms of the uniform and hand hygiene policies.

Discussion with Mr McCaugherty demonstrated that he had an understanding of infection prevention and control policies and procedures and was aware of his role and responsibility. He confirmed that he had 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 one washer disinfector and one steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated on 20 January 2017. 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 has not been auditing compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. Mr McCaugherty forwarded a completed IPS audit tool by electronic mail on 6 February 2017 to RQIA and confirmed that this would be undertaken every six months.

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

Radiography

The practice has one surgery, which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure, including the use of rectangular collimation. Regular x-ray audits had not been undertaken. An audit undertaken by Mr McCaugherty on 3 February 2017 was forwarded by electronic mail to RQIA on 6 February 2017. Mr McCaugherty confirmed that x-ray audits would be undertaken every six months.

A copy of the local rules was not displayed near the x-ray machine; however this was subsequently displayed during the inspection. Mr McCaughey had signed to confirm that he had read and understood these. Mr McCaugherty 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 on 9 January 2015 demonstrated that the recommendations made have been addressed.

The x-ray equipment had not been serviced and maintained in accordance with manufacturer's instructions at the time of the inspection. On the 8 February 2017 Mr McCaugherty forwarded by electronic mail to RQIA a certificate of servicing of the x-ray equipment carried out on 8 February 2017.

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 high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment.

A legionella risk assessment was last undertaken 7 December 2016 and water temperature is monitored and recorded as recommended.

Mr McCaugherty confirmed that the fire risk assessment had been updated and that 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.

A written scheme of examination of pressure vessels was undertaken on 7 December 2016

Patient and staff views

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

- “All staff at the dental practice are very friendly and lovely to talk to.”
- “Always safe.”
- “Lovely dentist, great staff.”
- “Always friendly and helpful.”
- “I have to say very happy with the staff they are very helpful, welcoming.”

No members of staff submitted a questionnaire response.

Areas for improvement

Number of requirements	0	Number of recommendations	0
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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.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Manual records are maintained. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets were available in the reception area. Mr McCaugherty confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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:

- Patient satisfaction questionnaire

Mr McCaugherty confirmed that audits of x-ray quality grading ,x-ray justification and clinical evaluation recording and IPS HTM 01-05 compliance would be carried out every six months.

Communication

Mr McCaugherty confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Minutes of staff meetings are not retained Mr McCaugherty, confirmed that in the future records would be retained of staff minutes. 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.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All of the six 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:

- “Very good and effective dentist.”
- “Takes time to explain things you need done.”

No members of staff submitted a questionnaire response.

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 of February 2016 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 of the six 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:

- "Made to feel very welcome and relaxed from the receptionist to the dental nurse to the dentist."
- "Nice man, approachable, puts your fears at ease."
- "Yes all staff approachable and easy to speak to."

No members of staff submitted a questionnaire response.

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 Mr McCaugherty was able to describe his role and responsibility. The receptionist was 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.

There was a 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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were generally in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Mr McCaugherty 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 McCaugherty confirmed that arrangements would be put 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 McCaugherty 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 of the six patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Staff are knowledgeable and approachable.”
- “Very friendly receptionist.”
- “All information given as to what needs to be fixed, if anything.”

No members of staff submitted a questionnaire response.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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