

Announced Care Inspection Report 2 June 2016



Magee Dental Care

Service Type: Dental Service
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Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Magee Dental Care took place on 02 June 2016 from 10:00 to 14:30.

The inspection sought to assess progress with any issues raised during and 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 Magee, registered person, Mrs Magee, practice manager 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. Three issues identified in relation to the checking of emergency medication, decontamination and decontamination records were addressed on the day of the inspection. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mr Magee, Mrs Magee, 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 Magee, Mrs Magee, 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 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Magee, registered person and Mrs Magee, practice manager 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Mr Nigel Magee	Registered manager: Mr Nigel Magee
Person in charge of the service at the time of inspection: Mr Nigel Magee	Date manager registered: 7 October 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 6

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 Magee, Mrs Magee, one associate dentist, one dental nurse, two trainee dental nurses and the administrator. 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 July 2015

The most recent inspection of the establishment 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 21 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person must ensure that enhanced AccessNI checks must be undertaken and received prior to new staff commencing employment.	Met
	Action taken as confirmed during the inspection: A review of documentation evidenced that enhanced AccessNI checks had been undertaken and received prior to new staff commencing employment.	

Last care inspection recommendations	Validation of compliance	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> Two written references, one of which should be from the current/most recent employer, and a criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files. Completed induction records should be retained in staff personnel files. <p>Action taken as confirmed during the inspection:</p> <p>A review of the personnel files for two newly recruited staff evidenced that two written references had been obtained and completed induction records were retained.</p> <p>Mrs Magee confirmed that criminal conviction declarations had been obtained for both staff members. A criminal conviction declaration had only been retained in one of the files reviewed. Mrs Magee could not locate the criminal conviction declaration for the second staff member. RQIA received a copy of the criminal conviction declaration by electronic mail on 05 June 2016.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 9.4</p> <p>Stated: First time</p>	<p>It is recommended that the findings of the annual patient satisfaction survey should be collated to provide a summary report, which is made available to patients.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the summary report evidenced that the findings of the most recent patient satisfaction survey had been collated and made available for patients.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>It is recommended that the periodic tests for a steriliser as outlined in HTM 01-05 should be undertaken and recorded in the DAC Universal logbook.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the log book for the DAC Universal evidenced that periodic tests have been undertaken and recorded.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Six dental surgeries are in operation in this practice. Discussion with Mrs Magee and 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 two 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 on a six monthly basis. The frequency of these appraisals exceeds best practice. 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

Three staff have been recruited since the previous inspection. A review of the personnel files for two of these staff 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 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.

Safeguarding training 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.

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 guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership" was available 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.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, a review of the records evidenced a gap in the frequency of checks carried out. The last recorded check of emergency medicines was 14 April 2016. This resulted in one of the medications exceeding its expiry date. This was discussed with Mrs Magee and the administrator and the expired medication was immediately replaced. Mrs Magee confirmed that the checking system would be more robust in the future. There was an identified individual with responsibility for checking emergency medicines and equipment.

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.

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 were observed to be adhering to best practice in terms of uniform and hand hygiene policy.

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 was available which was separate from patient treatment areas and dedicated to the decontamination process. Appropriate equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that the washer disinfectant and two sterilisers had been appropriately validated.

A review of equipment logbooks evidenced gaps in the periodic testing of the DAC Universal for approximately two weeks during May 2016. The dental nurse confirmed that the DAC Universal had been broken during that period and that a replacement DAC Universal had been supplied on 01 June 2016. The dental nurse confirmed that during this period dental handpieces were being manually cleaned.

Best practice outlines that all reusable dental instruments should be cleaned and sterilised using an automated process. As well as a DAC Universal, Magee Dental Care have an automated washer disinfectant which can be used to process handpieces. It was not used during the period of time that the DAC Universal was awaiting repair. The processing of dental handpieces was discussed at length with Mrs Magee and included the process to be followed when it is identified that the dental handpieces may not be compatible with the washer disinfectant. There was no evidence that this process had been followed.

Mrs Magee has agreed to review the procedure for the decontamination of dental handpieces in the event of the DAC Universal being out of action in the future to ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13.

The periodic tests for the replacement DAC Universal had been recorded in the log book of the practice's own DAC Universal. This is not in keeping with best practice outlined in Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices which indicates the need for separate log books for each piece of equipment in use. This was discussed with Mrs Magee who addressed the issue on the day of the inspection.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

Radiography

The practice has six surgeries, each of 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. 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.

The x-ray equipment has been serviced and maintained 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 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. Fire detection systems and fire-fighting equipment had been tested and the lift and boiler had been serviced during May 2016. Portable appliance testing (PAT) had been carried out during September 2015.

The legionella risk assessment was last reviewed in May 2016 and water temperatures have been monitored and recorded as recommended.

The fire risk assessment had been reviewed in May 2016 and 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.

A written scheme of examination of pressure vessels had been undertaken during 2015.

Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

“Care excellent.”

“One of the reasons I come to this practice is because of the staff.”

Eleven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm.

Comments provided included the following:

“Well run practice.”

“Modern building with all staff up to date with necessary training.”

Three issues identified in relation to the checking of emergency medication, decontamination and decontamination records were addressed on the day of the inspection.

Areas for improvement

No areas of improvement have been identified during the inspection.

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. 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 policy is in keeping with legislation and best practice guidance.

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. Oral health is actively promoted on an individual level with patients during their consultations. An extensive range of health promotion information leaflets was available in the reception area and throughout the practice. Information regarding oral health was displayed on the television screen for patients to view while waiting to be seen.

The practice has an excellent health promotion outreach programme involving local schools and the community. Mrs Magee discussed how the practice arranges visits from their dental nurses to day nurseries and schools on a regular basis.

The nurses use a range of information leaflets, booklets, toys, activities and models adaptable for a range of ages and abilities to help the children learn about oral health and hygiene and about the benefits of healthy snacks. The children receive information regarding health promotion to take home. Smoking cessation classes are held regularly within the practice and Mrs Magee demonstrated a commitment to help educate patients and the wider community on the dangers of smoking. These initiatives involving health promotion are to be commended.

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
- clinical waste management
- clinical records
- review of complaints/accidents/incidents
- oral cancer
- surgery cleanliness
- hand hygiene
- patient satisfaction survey

The range and frequency of audits being undertaken exceeds best practice.

Communication

Mrs Magee confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a fortnightly basis to discuss clinical and practice management issues. The frequency of these meetings exceeds best practice. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal/formal 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 thirteen 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:

“Care plan very helpful.”

“My dentist gives me all the time in the world, I never feel rushed and I am involved.”

Eleven 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. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

“Patient care is exemplary.”

“Good record keeping throughout the practice and patients best interests always in mind.

“Auditing present to keep effectiveness high.”

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 a six monthly basis. The frequency of these exceeds best practice. Review of the most recent patient satisfaction report carried out in October 2015 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 thirteen 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:

“All staff pleasant, all procedures explained.”

“Always high standard.”

“Dentist is patient and clearly takes time to explain all my options.”

“As an elderly lady I appreciate the dignity and respect I have been shown. I know I am being looked after by a very professional team.”

Eleven 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.

Comments provided included the following:

“A compassionate and professional team ensuring patients’ interests come first.”

“All members of staff are dignified in treatment of patients, good confidentiality policies in place. Comments welcome and surveys available.”

Number of requirements:	0	Number of recommendations:	0
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Areas for improvement

No areas for improvement were identified during the inspection.

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 Magee has 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. 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 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.

Mrs Magee confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. As previously discussed the range and frequency of audits carried out exceeds best practice. Mrs Magee ensures that action plans are 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.

Discussion with Mr Magee 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 thirteen patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

“Staff very well informed and trained. Service very well managed. No problems.”
 “There is a wealth of information in the practice and a good atmosphere anytime I have attended with staff knowing their jobs and roles.”

Eleven submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

“Highly motivated, well led management team. Keeping us updated.”
 “Good approachability throughout the practice.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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