

Announced Care Inspection Report 8 March 2017



Murray Dental

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

Address: 1 Mountjoy Road, Omagh, BT79 7AA

Tel no: 02882 242389

Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Murray Dental took place on 08 March 2017 from 09:55 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 Emmet Murray, 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 Murray, 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. A recommendation was made to retain minutes of staff meetings.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Murray 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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Emmet Murray, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 November 2015.

2.0 Service details

Registered organisation/registered person: Mr Emmet Murray	Registered manager: Mr Emmet Murray
Person in charge of the practice at the time of inspection: Mr Emmet Murray	Date manager registered: 13 December 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 Emmet Murray, registered person, an associate dentist and two dental nurses. 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 19 November 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 19 November 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure enhanced AccessNI checks are received prior to any new staff commencing work in the practice.</p> <p>Action taken as confirmed during the inspection: Review of staffing information submitted to RQIA prior to the inspection and discussion with Mr Murray evidenced that two staff members have been recruited and commenced work since the previous care inspection. Review of the identified staff members personnel files evidenced that AccessNI enhanced disclosure checks had been undertaken and received prior to the staff members commencing work.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that Mr Murray consult with his medico-legal advisor in regards to the provision of an AED in the practice. Any recommendations made by the medico-legal advisor should be addressed.	Met
	Action taken as confirmed during the inspection: It was observed that an automated external defibrillator (AED) is available in the practice. Pads suitable for use with adults and children have been provided. Review of documentation and discussion with staff evidenced that staff have completed training in the use of the AED.	
Recommendation 2 Ref: Standard 12.4 Stated: First time	It is recommended that a pocket mask with oxygen port, portable suction, oropharyngeal airways in the various sizes, a self-inflating bag with reservoir and clear face masks suitable for use with children are available in the practice in keeping with the Resuscitation Council (UK) guidance.	Met
	Action taken as confirmed during the inspection: Review of medical emergency equipment evidenced that a pocket mask, portable suction, oropharyngeal airways in various sizes and self-inflating bags with reservoir's in various sizes are available in the practice. It was confirmed that arrangements are in place to check the expiry dates of all medical emergency equipment that have manufacturer's expiry dates.	
Recommendation 3 Ref: Standard 11.1 Stated: First time	It is recommended that AccessNI enhanced disclosure certificates are handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that templates have been developed to record all relevant information in respect of AccessNI enhanced disclosure certificates received. Review of two personnel files evidenced that AccessNI enhanced disclosure checks have been handled in keeping with the AccessNI Code of Practice.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with Mr Murray 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. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of one evidenced that appraisals had been completed an annual basis. 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

As discussed, review of the submitted staffing information and discussion with Mr Murray evidenced that two staff have been recruited since the previous inspection. A review of the personnel files for 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.

Mr Murray and staff confirmed that all staff received training in safeguarding children and adults during induction and that refresher training in keeping with The Minimum Standards for Dental Care and Treatment 2011 had been provided at a staff meeting during September 2016.

Mr Murray confirmed that one overarching safeguarding policy to include adults and children is in place. 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 discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mr Murray by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mr Murray readily agreed to update the practice safeguarding policy to ensure it fully reflects the regional guidance and to provide refresher training to all staff following the implementation of the updated policy.

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.

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

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that the most recent occasion the equipment used in the decontamination process had been validated was on 25 February 2016. The validation of this equipment has been scheduled for 13 March 2017. On the 23 March 2017 validation certificates for the equipment were submitted to RQIA confirming the equipment had been validated on 13 March 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 continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during September 2016. On the afternoon of the inspection information on how to access the electronic version of the IPS audit was forwarded to Mr Murray by email.

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

Radiography

The practice has two 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.

Mr Murray confirmed that all x-ray equipment is serviced annually. The annual servicing of x-ray equipment has been scheduled for 13 March 2017. On 23 March 2017 the servicing certificates for the intra-oral x-ray machines were submitted to RQIA by email. Review of these certificates evidenced that the machines had been serviced on 13 March 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 good 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 to include annual servicing of firefighting equipment and portable appliance testing (PAT) of electrical equipment. Mr Murray confirmed that the fixed electrical wiring installations are inspected every five years.

It was confirmed that the fire and legionella risk assessments have been completed in house and arrangements are in place to ensure both risk assessments are reviewed annually.

Review of inspection reports evidenced that the pressure vessels in the practice has been inspected in keeping with the written scheme of examination for pressure vessels.

Patient and staff views

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

- ‘Always feel safe and protected’
- ‘Never felt unsafe here, best care I ever experienced’
- ‘Staff communication and rapport excellent’
- ‘Environment always clean and also equipment’

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Clinical records

Mr Murray and staff spoken with confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

Both Mr Murray and an associate dentist 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 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. Mr Murray and the associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of resources to information leaflets, models and an electronic education programme are available for use during discussions about oral health and hygiene.

A dental therapist is available in the practice and where appropriate patients are referred to the dental therapist. A range of oral healthcare products are available for purchase in the practice and samples of toothpaste and mouthwash are freely distributed. Mr Murray confirmed that he has facilitated oral health awareness sessions in local schools and that the practice Facebook page includes information in regards to oral health and hygiene. It was also confirmed that a dental nurse in the practice holds a qualification in oral health education.

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

Communication

Mr Murray and the associate dentist 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 once a quarter, or more often if required, to discuss clinical and practice management issues. Minutes of staff meetings are not retained and a recommendation was made in this regard. It was confirmed that meetings also facilitated informal and formal 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 21 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:

- 'Excellent care'
- 'Very professional'
- 'Absolutely, I attend and my two children'
- 'Always so helpful'

All six 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. No comments were included in submitted questionnaire responses.

Areas for improvement

Minutes of staff meetings should be retained.

Number of requirements	0	Number of recommendations	1
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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 dated March 2017 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 21 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:

- 'Always feel very welcome'
- 'Fantastic, particularly with my children'
- 'Excellent. Everything so well explained'

All six 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 in submitted questionnaire responses.

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 Murray 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 on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 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 Murray 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 Murray registered person, 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 21 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- ‘Best service ever. I just love Murray Dental’
- ‘Very knowledgeable and helpful. Respectful and pleasant’
- ‘Excellent service’

All six 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 in submitted questionnaire responses.

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 the QIP were discussed with Mr Emmet Murray, registered person, 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

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

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

Minutes of staff meetings should be retained.

Ref: Standard 11.6

Stated: First time

To be completed by:
08 March 2017

Response by registered provider detailing the actions taken:

This has been reviewed and a file started to store the minutes of future meetings. Following a staff meeting on 23rd March, the minutes have been typed up along with any action required and this is now stored in the dedicated folder.

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address



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