

Announced Care Inspection Report 15 June 2016



Northwest Orthodontics

Type of Service: Dental Practice
Address: 25 Clarendon Street, Londonderry BT48 7EP
Tel No: 028 7136 9050
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Northwest Orthodontics took place on 15 June 2016 from 09:50 to 12:30.

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 McCusker, registered person, demonstrated that in the main systems and processes were in place to ensure that care to patients was safe and avoid and prevent harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Two recommendations have been made in relation to the validation of decontamination equipment and decontamination records.

Is care effective?

Observations made, review of documentation and discussion with Mr McCusker 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 McCusker 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. As discussed above two recommendations have been made within the domain of is care safe, these relate to quality assurance and good governance.

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	2

Details of the Quality Improvement Plan (QIP) within were discussed with Mr Paul McCusker, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Mr Paul McCusker	Registered manager: Mr Paul McCusker
Person in charge of the service at the time of inspection: Mr Paul McCusker	Date manager registered: 16 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Paul McCusker, registered person, a dental nurse and a receptionist. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 02 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 2 July 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	It is recommended that staff personnel files for newly recruited staff, including self-employed staff, should include the information as outlined in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: It was established that two new staff members have commenced employment in Northwest Orthodontics since the previous inspection. Review of the identified staff members personnel files evidenced that all information as outlined in regulation 19 (2) Schedule 2 had been retained.	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of 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. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The practice subscribes to an online service that offers verifiable Continuing Professional Development (CPD) for clinical staff, covering core subjects such as medical emergencies, radiology and cross infection. Mr McCusker has access to the online training portal and can monitor CPD courses completed. The practice has also paid the fees for staff to attend the Northern Ireland Specialist Orthodontic Group (NISOG) annual conference. The emphasis placed on the staff development in this practice is to be commended.

It was confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff. The practice pays the GDC registration fee for the therapist and dental nurses.

Recruitment and selection

The submitted staffing information and discussion with Mr McCusker confirmed 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.

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 on 9 June 2016. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policies 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.

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.

Medical emergency 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 steriliser have been provided to meet the practice requirements. Validation certificates evidenced that the most recent occasion the equipment used in the decontamination process had been validated was on 19 September 2014. The decontamination equipment in this practice should be validated annually in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The validation of equipment was discussed with Mr McCusker who prior to the conclusion of the inspection scheduled the validation of the equipment for the 17 June 2016. RQIA received validation certificates by electronic mail on 17 June 2016 confirming that the equipment had been validated. A recommendation has been made to establishment arrangements to ensure that decontamination equipment is validated in keeping with best practice guidance as outlined in HTM 01-05.

It was observed that separate pre-printed logbooks were available for each piece of equipment used in the decontamination process. Review of the washer disinfectant and one of the steriliser logbooks demonstrated that periodic tests are undertaken and recorded in keeping with HTM 01-05. However, review of the logbook for the Statim steriliser demonstrated that an inconsistent approach is taken to recording the details of the daily automatic control test (ACT) and daily steam penetration test. This was discussed with Mr McCusker and a recommendation has been made to address this.

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 June 2016.

It was confirmed that a range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has a dedicated x-ray room, which has a combined orthopan tomogram machine (OPG) and cephalostat and an intra-oral x-ray machine. The room has a door with a viewing pane which allows x rays to be taken of the patient while still in full view of the operator. Mr McCusker confirmed that the intra-oral x-ray machine has been decommissioned.

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 x-ray audits and direct digital x-ray processing.

A copy of the local rules was on display near the 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 on 16 August 2013 demonstrated that the recommendations made have been addressed.

A servicing certificate for the combined OPG and cephalostat machine demonstrated that the most recent occasion the machine was serviced was on 22 August 2012. This was discussed with Mr McCusker who confirmed that he discussed the frequency of servicing with an engineer who advised that the manufacturer's instructions for the machine do not specify servicing frequencies. Mr McCusker confirmed that the service engineer is currently reviewing best practice guidance and is to report back with a suggestion in regards to the frequency of servicing. Mr McCusker confirmed that at a minimum the machine will be serviced every three years to coincide with the RPA critical examination which is due during August 2016.

Quality assurance systems and processes were in place to ensure that matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a high standard of maintenance and décor. Areas of the practice to include the reception and waiting room, dental surgeries and hall, stairs and landings have been redecorated since the previous inspection.

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

Arrangements are in place for maintaining the environment to include biannual servicing of the fire detection system and intruder alarm, annual servicing of the oil heating burner and firefighting equipment. Portable appliance testing (PAT) of electrical equipment has been undertaken every 18 months and fixed electrical installations checked every three years.

A legionella risk assessment has been undertaken by Mr McCusker, this is reviewed annually and water temperature are monitored and recorded as recommended.

The initial fire risk assessment had been undertaken by an external company and this is reviewed annually in-house by Mr McCusker. It was confirmed that fire training and fire drills had been completed and routine checks of the fire detection system to include emergency lighting and break glass points are retained. 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 in place and the most recent occasion pressure vessels had been inspected in keeping with the scheme was on 02 September 2014.

Patient and staff views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included under this domain.

Five 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 under this domain.

Areas for improvement

Arrangements should be established to ensure that equipment used during the decontamination process is validated in keeping with HTM 01-05.

Details of periodic tests undertaken should be consistently recorded in machine logbooks in keeping with HTM 01-05.

Number of requirements	0	Number of recommendations:	2
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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.

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. It was confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Oral health and hygiene information leaflets and care of orthodontic appliances information leaflets are distributed to patients. Models are used to demonstrate brushing techniques and how to care for braces. It was confirmed that if required, patients are referred back to their dentist for treatment. A range of orthodontic specific oral health products are available for purchase in the practice. It was observed that a television in the waiting room plays a slideshow with information in regards to the practice and oral health and hygiene.

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
- review of complaints/accidents/incidents, when applicable
- review of failure to attend appointments

If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. As a result of the failure to attend audit, the practice has reviewed its strategy and methods used in regards to issuing appointment reminders to patients.

The audits undertaken in the practice exceeds mandatory and legislative requirements. A high emphasis is placed on audits and evidence was available to demonstrate that audits are used to improve the quality of care delivered.

Communication

Mr McCusker 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.

Discussion with staff confirmed that 'staff huddles' take place to discuss clinical and practice management issues as and when they arise. Mr McCusker confirmed that formal staff meetings that include informal training have been held annually. Mr McCusker also confirmed that the frequency of staff meeting has been reviewed and that going forward formal staff meetings will be scheduled every three months.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All four patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were provided under this domain.

All five 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 provided under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures 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. The most recent patient satisfaction report dated May 2016 was on display in the main waiting area. This report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. The practice also has a Facebook page which facilitates patients to leave comments and rate the service.

A policy and procedure was in place in relation to confidentiality.

Patient and staff views

All four patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- "Staff extremely friendly and helpful"

All five staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. No comments were provided under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice. Mr McCusker is in day to day management of the practice.

Policies and procedures were available for staff reference. Policies, procedures and staff reference documents are held electronically on the practice computer system. It was confirmed that each staff member is given a universal serial bus (USB) pen drive containing the practice policies, procedures and additional reference documents. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. 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 McCusker 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 McCusker 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 four patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “I was always kept in check with my treatment and how it will continue to the end”
- “Excellent practice, fantastic staff, could not be happier with the service provided”

All five submitted staff questionnaire responses indicated that they felt that the service is well led. No comments were provided under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person 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 your premises. 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 independant.healthcare@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2016</p>	<p>Arrangements should be established to ensure that decontamination equipment is validated in keeping with best practice guidance as outlined in HTM 01-05.</p>
	<p>Response by registered person detailing the actions taken: I can confirm that all the decontamination equipment has now been validated and that from now on they will be validated in keeping with best practice as outlined in HTM01-05.</p>
<p>Recommendation 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2016</p>	<p>In respect of the Statim steriliser all details of periodic tests undertaken should be consistently recorded in the machine logbook in keeping with HTM 01-05.</p>
	<p>Response by registered person detailing the actions taken: I can confirm that that we now have procedures in place to confirm that all details of periodic testing for the Statim steriliser will be consistently recorded in the machine logbook in keeping with HTM01-05.</p>

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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