

Announced Care Inspection Report 17 August 2016



Timberquay Dental Practice

Type of Service: Independent Hospital – Dental Treatment
Address: Unit 1-2 Timberquay, Strand Road, Derry, BT48 7NR
Tel No: 028 7136 8448
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Timberquay Dental Practice took place on 17 August 2016 from 09:55 to 13:25.

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 Miss Leanne Kerrigan, acting registered 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. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Miss Kerrigan 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 Miss Kerrigan 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 Miss Kerrigan, acting registered 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 provider: Oasis Dental Care Mr Andy Relf	Registered manager: Miss Leanne Kerrigan “acting”
Person in charge of the service at the time of inspection: Miss Leanne Kerrigan	Date manager registered: 11 April 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

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 Miss Kerrigan, acting registered manager, an associate dentist and two dental nurses one of whom is acting lead dental nurse. A tour of some areas 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 14 May 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 14 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.1 Stated: First time	It is recommended that protocols outlining the local procedure to be followed for dealing with asthma, hypoglycaemia and syncope should be established in keeping with best practice guidance. Once established these protocols should be shared with staff.	Met
	Action taken as confirmed during the inspection: Review of documentation demonstrated that protocols outlining the local procedures to be followed in relation to the management of the various medical conditions as outlined in the British National Formulary were in place.	

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that written references, one of which should be from the person's most recent employer are retained in staff personnel files.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of submitted staffing information and discussion with Miss Kerrigan evidenced that 10 new staff have commenced work in this practice since the previous inspection. A random sample of four files reviewed demonstrated that all records as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 14 June 2015</p>	<p>It is recommended that a staff register containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable is established.</p> <hr/> <p>Action taken as confirmed during the inspection: Miss Kerrigan confirmed that following the previous inspection a staff register had been developed. Review of this register demonstrated that it did not include all information as outlined within this recommendation. The staff register was further developed during the inspection to include all information. Miss Kerrigan is aware that the staff register is a live document and should be kept up-to-date.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Four 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 four 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.

It was confirmed that the Oasis Dental Care group have an online training hub which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC). All staff have access to this training hub and the courses undertaken are reviewed and discussed during staff appraisals. In addition to the training hub a second elearning training portal is available for staff. The second elearning training portal includes a variety of courses to include fire awareness and fire warden training, manual handling, stress management and driving awareness. Staff are encouraged to complete courses on the elearning portal relevant to their role and responsibilities.

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 Miss Kerrigan confirmed that 10 staff have been recruited since the previous inspection. A review of a random sample of four files evidenced 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.

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. Safeguarding refresher training is an annual mandatory course that must be completed using the online training hub. The frequency of safeguarding refresher training exceeds best practice guidance. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and the new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' published during March 2016 were both available for staff reference.

One overarching safeguarding policy and procedure was 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 also included in the policy. Miss Kerrigan confirmed that the Oasis Dental Care Group clinical compliance auditor is in the process of reviewing the safeguarding policy and procedure following the publication of the new regional guidance and 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. As discussed, protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

It was confirmed that there has been one medical emergency in the practice since the previous inspection. Discussion with staff evidenced that the medical emergency was managed in keeping with best practice guidance and appropriately recorded.

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 policy and hand hygiene.

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. Infection prevention and control and decontamination refresher training is an annual mandatory course that relevant staff must complete using the online training hub.

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

Decontamination rooms separate from patient treatment areas and dedicated to the decontamination process were available. Appropriate equipment, including two washer disinfectors and two steam sterilisers have been provided to meet the practice requirements. It was confirmed that one of the washer disinfectors was not operational and that a new washer disinfectant was scheduled to be installed on the day following the inspection. The acting lead dental nurse confirmed that due to the practice's supply of instruments and the planned leave of associate dentists that one washer disinfectant was sufficient to meet the practice demands. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with 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 June 2016.

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

Radiography

The practice has four 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. It was confirmed that the Oasis Dental Care group have a dedicated estates department.

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 the air conditioning system, intruder alarm, firefighting equipment and six monthly servicing of the fire detection system. Portable appliance testing (PAT) of electrical equipment is undertaken every two years and fixed electrical installations checks are undertaken every five years.

A legionella risk assessment was last undertaken by an external organisation during May 2016 and documents reviewed confirmed that action points within the risk assessment have been addressed. Water temperatures are monitored and recorded as recommended.

The fire risk assessment had been reviewed during September 2015 and staff confirmed fire training and fire drills had been completed. Review of documents demonstrated that routine checks of the fire detection system to include emergency lighting and break glass points are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

Review of documents confirmed that the pressure vessels in the practice were inspected in keeping with the written scheme of examination during April 2015 and August 2016.

Patient and staff views

Three patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

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

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 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. There was a range of information leaflets available in regards to oral health and hygiene. Oasis Dental Care group have a marketing department which distributes posters to practices, a range of posters were observed to be on display. An associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations and that if appropriate patients are referred to the hygienist.

A range of oral health products are available to purchase in the practice and samples of oral health products are freely distributed to patients. The practice has scheduled two oral health awareness information sessions in local pre-schools in the coming months and Miss Kerrigan confirmed that they intend to second a dental nurse to undertake a qualification in oral health education.

It was also confirmed that models are used when promoting oral health and that two intra-oral cameras are available. Each of the four dental chairs have a monitor attached and patients can see images from the intra-oral cameras on the monitors. The provision of intra-oral cameras exceeds best practice guidance.

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
- six monthly hand hygiene
- environmental cleanliness
- review of complaints/accidents/incidents

It was also confirmed that the Oasis Dental Care group have a named clinical compliance and health and safety auditor. This named individual has visited Timberquay Dental Practice within the previous 12 calendar months and completed an audit. Oasis Dental Care group have also developed a specific audit to be routinely completed by practice managers. This audit includes all aspects of the operation of the practice.

There was evidence to confirm that Timberquay Dental Practice exceeds legislative and best practice guidance in regards to audits. The emphasis on audits and quality improvement is to be commended.

Communication

Miss Kerrigan and staff 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 monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. 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.

Patient and staff views

All three 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 included in submitted questionnaire responses.

All seven 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

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. These 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 routine basis. A report detailing the findings of the patient satisfaction surveys is generated on a monthly basis and the most recent report was observed to be on display in the main reception area of the practice. Miss Kerrigan confirmed that a summary report is generated annually to include the findings of the previous 12 calendar month patient satisfaction surveys. Oasis Dental Care group also have a website on which patients can leave feedback in regards to the quality of care and treatment received and the practice has a Facebook page.

Review of the most recent patient satisfaction 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. It was suggested that the report should identify the number of completed patient satisfaction surveys used to generate the report and include comments submitted by patients using the website and Facebook.

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 three patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All seven 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. Miss Kerrigan has overall responsibility for the day to day management of the practice. Mr Andrew Relf, registered person, monitors the quality of services and undertakes visits to the practice routinely in accordance with legislation. A report of the most recent unannounced monitoring visit dated 10 August 2016 was available for review.

It was also confirmed that other senior staff within Oasis Dental Care group to include the regional clinical lead for associate dentists and the operations director visit the practice routinely.

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 displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire, review of documentation and discussion with Miss Kerrigan indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. It was confirmed that Oasis Dental Care group have a health and safety department and that accidents/incidents are recorded in the accident/incident book and the records are then forwarded to the Oasis health and safety department. It was suggested that a record of accidents/incidents are also retained in the practice.

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.

Miss Kerrigan 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.

Miss Kerrigan demonstrated a clear understanding of her 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. Miss Kerrigan confirmed that the Oasis Dental Care group are giving consideration to establishing a fifth dental surgery. Miss Kerrigan is aware that should an additional surgery be established that a variation to registration application should be submitted to RQIA and that any new surgery must be approved and registered by RQIA prior to it becoming operational.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All three patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was included in a questionnaire response:

- "My appointment was cancelled and I wasn't told"

All seven 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

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews