



The Regulation and
Quality Improvement
Authority

carmel mckeegan

Announced Care Inspection Report 22 September 2016



O'Doherty Dental Care Limited

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

Address: 143 Longstone Street, Lisburn, BT28 1TY

Tel no: 028 9266 2518

Inspector: Carmel McKeegan and Liz Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of O'Doherty Dental Care Limited took place on 22 September 2016 from 10.30 to 13.00.

The inspection sought to assess progress with any issues raised during and since the last 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 John O'Doherty, registered person and Ms Angela Rice, registered manager, and staff demonstrated that further development is needed to ensure that care provided to patients is 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. Six recommendations have been made in the following areas; the completion of a criminal conviction declaration by any new staff member, review and update of the safeguarding policy, the provision of Buccolam pre-filled syringes for administration in the event of a medical emergency, the completion of the Infection Prevention Society (IPS) (2013 edition) audit tool, recording of periodic tests for the sterilisers and to ensure sharps containers are dated and signed on assembly.

Is care effective?

Observations made, review of documentation and discussion with Mr O'Doherty, Ms Rice 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 O'Doherty, Ms Rice 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 persons' 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	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with, Mr John O'Doherty, registered person, and Ms Angela Rice, registered manager, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: O Doherty Dental Care Ltd Mr John O'Doherty	Registered manager: Ms Angela Rice
Person in charge of the practice at the time of inspection: Mr John O'Doherty	Date manager registered: 30 May 2012
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 Mr John Doherty, registered person, Ms Angela Rice, registered manager, a dental nurse and two receptionists. Ms Rice facilitated the inspection. 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 7 September 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 7 September 2015

As above.

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 one evidenced that induction programmes had been completed when new staff joined the practice.

Ms Rice confirmed that procedures were in place for appraising staff performance on at least an annual basis however the annual appraisal arrangements did not include the associate dentists. This was discussed with Mr O'Doherty who confirmed that annual appraisals will be implemented for dentists. Staff spoken with confirmed that they felt supported and involved in discussions about their personal development.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A staff register was retained containing staff details including, name, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. The staff register was amended during the inspection to include dates of birth and dates of leaving. Ms Rice is aware that the staff register is a live document and should be kept up-to-date.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Rice confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member 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, with the exception of a criminal conviction declaration. A recommendation has been made in this regard.

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.

A policy was in place for the safeguarding and protection of adults and children. Review of the policy identified that further development is needed to include 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 should also be included. A recommendation was made in this regard.

The regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 should be consulted to ensure the revised policy and procedural guidance is reflective of best practice.

Management of medical emergencies

Review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The format of buccal Midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. A recommendation has been made that the buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance.

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. An air vent in the decontamination room was visibly dusty; Ms Rice confirmed this would be cleaned later that day when the decontamination process had completed and would be included in the practice's cleaning schedule. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of uniform and hand hygiene 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 equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and, in the main, recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices with the exception of the automatic control test (ACT) for the sterilisers. This was discussed with Ms Rice and a recommendation was made in this regard.

Observations made and discussion with staff evidenced that sharps are appropriately handled, sharps containers are safely positioned to prevent unauthorised access. Used sharps containers are locked with the integral lock and stored ready for collection away from public access. Sharps containers in a dental surgery and in the decontamination room had not been signed and dated on assembly, a recommendation was made in this regard.

Staff confirmed the Infection Prevention Society (IPS) audit tool had not been completed advice and guidance was provided in this regard and a copy of the IPS audit tool was provided to the practice by electronic mail following the practice. A recommendation has been made

that the practice audits compliance with HTM 01-05 using the IPS audit tool on a six monthly basis.

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. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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 good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. As discussed previously, the cleaning of the air vent in the decontamination room will be added to the cleaning schedule. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment.

A legionella risk assessment had been undertaken and sentinel water temperatures were monitored and recorded monthly. Ms Rice was aware that the legionella risk assessment was due for review and has arrangements in place to address this.

A fire risk assessment had been undertaken and staff confirmed fire safety training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken in April 2016.

Patient and staff views

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

- 'I have certain health issues and great care is always taken to take those matters into consideration.'
- 'A comfortable and relaxed environment.'

Seven 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

A criminal conviction declaration should be provided for any new staff member commencing work in the practice.

The safeguarding policies and procedures should be further developed in accordance with the new regional guidance documents.

The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance.

The practice should audit compliance with HTM 01-05 using the IPS audit tool on a six monthly basis.

The detail of the daily ACT for the sterilisers should be recorded in the associated logbooks.

Sharps containers should be signed and dated on assembly and final closure.

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 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. Clinical staff confirmed that oral health is actively promoted on an individual basis with patients during their consultations.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

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
- patient consultation
- review of complaints/accidents/incidents
- patient waiting times
- provision of emergency appointments

Communication

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

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with 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.

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

Patient and staff views

All of the nine 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:

- 'No issues what so ever, in all the 13 years we have been patients.'
- 'Any issues are always discussed at length with Mr O'Doherty and together we decide best course of action.'

All 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. 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 demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the 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:

- 'Everything A1.'
- 'Yes, referral by Mr O'Doherty to two outside agencies when it was necessary for best treatment.'
- 'I have been attending this practice since I was 14 and am now 66 and would never consider going anywhere else.'

All 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.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were 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 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.

Ms Rice 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 O'Doherty and Ms Rice demonstrated a clear understanding of their roles and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- 'Friendly and excellent.'
- 'A very smooth running professional service.'
- 'Staff always friendly and welcoming.'

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. Comments provided included the following:

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 John O'Doherty, registered person and Ms Angela Rice, registered manager, 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

<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 22 October 2016</p>	<p>A criminal conviction declaration should be provided for any new staff member commencing work in the practice.</p> <p>Response by registered provider detailing the actions taken:</p> <p>OK. Access NI already undertakes for new staff. We will additionally get conviction declaration signed</p>
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2016</p>	<p>The safeguarding policies and procedures should be further developed in accordance with the new regional guidance documents and should include 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 should also be included.</p> <p>Response by registered provider detailing the actions taken:</p> <p>Policy updated to include above</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2016</p>	<p>The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance issued to all dental practices during May 2013.</p> <p>Response by registered provider detailing the actions taken:</p> <p>Buccal midazolam replaced with Buccolam pre filled syringes</p>

Recommendation 4 Ref: Standard 13.4 Stated: First time To be completed by: 22 October 2016	The practice should audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) (2013 edition) audit tool on a six monthly basis. Response by registered provider detailing the actions taken: <i>Audit completed.</i>
Recommendation 5 Ref: Standard 13.4 Stated: First time To be completed by: 23 September 2016	The detail of the daily automatic control test (ACT) for the sterilisers should be recorded in the associated logbooks. Response by registered provider detailing the actions taken: <i>ACT recorded in logbook</i>
Recommendation 6 Ref: Standard 14.4 Stated: First time To be completed by: 23 September 2016	Sharps containers should be signed and dated on assembly and final closure. Response by registered provider detailing the actions taken: <i>Sharps containers signed & dated on assembly.</i>

Name of registered manager/person completing QIP	John O'Doherty		
Signature of registered manager/person completing QIP	<i>[Signature]</i>	Date completed	
Name of registered provider approving QIP	John O'Doherty		
Signature of registered provider approving QIP	<i>[Signature]</i>	Date approved	
Name of RQIA inspector assessing response	Carmel McKeegan		
Signature of RQIA inspector assessing response	<i>[Signature]</i>	Date approved	29.11.16



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
Twitter [@RQIANews](https://twitter.com/RQIANews)