

Announced Care Inspection Report 10 February 2017



O'Hagan and Murray Ltd Dental Surgery

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 10 Trevor Hill, Newry, BT34 1DN
Tel no: 028 3026 2057
Inspector: Loretto Fegan

1.0 Summary

An announced inspection of O'Hagan and Murray Ltd Dental Practice took place on 10 February 2017 from 10:00 to 14:10 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Seamus O'Hagan, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm with the exception of having all relevant documentation in staff personnel files. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made in relation to the provision of staff recruitment records.

Is care effective?

Observations made, review of documentation and discussion with Mr O'Hagan 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'Hagan and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Seamus O'Hagan, 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

There were no further actions required to be taken following the most recent inspection on 17 February 2016.

2.0 Service details

| | |
|---|---|
| Registered organisation/registered person: Mr Seamus O'Hagan | Registered manager: Mr Seamus O'Hagan |
| Person in charge of the practice at the time of inspection: Mr Seamus O'Hagan | Date manager registered: 8 January 2013 |
| 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 O'Hagan, registered person, two dental nurses, one dentist and the practice manager. 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 17 February 2016

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 17 February 2016

As above.

4.3 Is care safe?

Staffing

There are four dental surgeries in the practice, however, Mr O'Hagan confirmed that only three surgeries are operational at present. 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 records evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of two records evidenced that appraisals had been completed on an annual basis. It was agreed with Mr O'Hagan that appraisals would be signed by both the person facilitating the appraisal and the staff member being appraised. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Mr O'Hagan confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that most of the information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was available, however, the following information was not available in the personnel files:

- criminal conviction declaration on application
- two written references and
- confirmation that the person is physically and mentally fit to fulfil their duties (as only immunisation records were available)

Discussion took place with Mr O'Hagan regarding the recruitment and selection procedure. Mr O'Hagan advised that he had accepted the rationale provided by one staff member for the absence of references and that he had contacted both referees in relation to the other staff member's references, however a record was not made of the contact. A recommendation was made that new staff personnel files should include all relevant documentation.

There was a recruitment policy and procedure available. However, reference to health checks, written references, criminal conviction declaration and exploring employment gaps or reasons for leaving previous employment was not included in the policy. Mr O'Hagan advised RQIA on 20 February 2017 that the most up to date recruitment policy had been located. It has been confirmed by RQIA on 1 March 2017 that this policy reflects best practice.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. These included the types and indicators of abuse and referral pathways. However, it was agreed with Mr O'Hagan that reference to revised regional safeguarding policies would be included, together with the correct contact details for the local HSC Trust Adult Protection Gateway Service as provided during the inspection. Further to e-mail correspondence received by RQIA on 16 February 2017 from Mr O'Hagan and confirmation on 1 March 2017 by RQIA, the issues identified have been addressed.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained and portable suction. Mr O'Hagan confirmed that an AED was available in close proximity to the dental practice and could be accessed in the event of an emergency. Mr O'Hagan also provided e-mail confirmation that portable suction was ordered on 10 February 2017. 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.

Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of uniform.

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 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 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 5 October 2016.

Radiography

An intra-oral x-ray machine is provided in each of the three surgeries in operation.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. 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.

The radiation protection advisor (RPA) completes a quality assurance check every three years. The most recent visit by the RPA took place on 9 February 2017 and the report was not available to review at the time of the inspection. Mr O'Hagan agreed to address any recommendations made by the radiation protection supervisor.

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. Arrangements are in place for maintaining the environment.

Review of records confirmed that servicing of the boiler took place on 24 February 2016 and Mr O'Hagan confirmed that a legionella risk assessment had recently been completed.

Fire equipment was checked on 12 March 2016 the fire risk assessment had been reviewed in January 2017. Staff confirmed fire training and fire drills had been completed.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 13 April 2016.

Patient and staff views

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

Comments provided included the following:

- "Every single member of staff is outstanding."
- "Very helpful staff – explain everything and talk you through any possible future treatments required."
- "Staff, receptionists – so welcoming – smiling – always neat and tidy. Strong ethos of caring."

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 in submitted questionnaire responses.

Areas for improvement

New staff personnel files should include all relevant documentation as specified in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005.

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| Number of requirements | 0 | Number of recommendations | 1 |
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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.

Electronic records are in use and 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. Mr O'Hagan 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. There was a range of information available in the reception area promoting oral health. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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

Mr O'Hagan also advised that a system of peer review was operational with other dental practices in the local area in relation to best practice.

Communication

Mr O'Hagan confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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 in house training sessions.

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

Mr O'Hagan confirmed that a breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All ten 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:

- "All procedures explained and discussed, also follow up appointments sorted quickly and after care excellent."
- "provided the likely outcomes and treatment that may in future be required."
- "All are very compassionate, reassuring and excellent at their job."

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 included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| 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.

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. Mr O'Hagan confirmed that patient feedback is used by the practice to improve, as appropriate.

Mr O'Hagan confirmed that 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. Staff demonstrated how confidentiality was maintained.

Patient and staff views

All 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:

- "An excellent service."
- "All staff easy to talk to and are very open to discussion and ideas."

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.

Policies and procedures were available for staff reference. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr O'Hagan 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.

The registered provider demonstrated a clear understanding of their role and responsibility in accordance with legislation. 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 felt that the service is well managed.

Comments provided included the following:

- "Very good practice. I have been attending for years. Always shown respect and politeness by receptionist, nurses and dentist."
- "Coming to practice for years, always shown respect."
- "Staff are very helpful and friendly and appear to work well together."
- "Overall very good service."
- "Kept in touch with any new procedures and encouraged to give input. Used to dread the dentist but enjoy my visits when necessary now."

All 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.

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|-------------------------------|---|----------------------------------|---|
| 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 Seamus O'Hagan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal 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: 10 February 2017</p> | <p>New staff personnel files should include all relevant documentation as specified in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>I have implemented all recommendations discussed with Lorretta Fegan on 10/02/2017 regarding new staff personnel files . Regards S'Ohagan</p> |

Please ensure this document is completed in full and returned via web portal



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