

Announced Care Inspection Report 22 September 2016



J E McCartney Orthodontic Surgery

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

Address: 17 Stream Street, Downpatrick, BT30 6DD

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Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of J E McCartney Orthodontic Surgery took place on 22 September 2016 from 10:05 to 12:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental 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 Ms Janet McCartney, Registered Person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Issues identified in relation to the provision of emergency medication and the completion of the Infection Prevention Society (IPS) audit tool were addressed immediately following the inspection. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Ms McCartney 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 Ms McCartney 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 Ms Janet McCartney, Registered Person, 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

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

2.0 Service details

| | |
|---|---|
| Registered organisation/registered person: Ms Janet McCartney | Registered manager: Ms Janet McCartney |
| Person in charge of the home at the time of inspection: Ms Janet Mc Cartney | Date manager registered: 15 November 2011 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 1 |

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 and complaints declaration. During and following the inspection returned completed patient and staff questionnaires were also analysed.

During the inspection the inspector met with Ms Janet McCartney, 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:

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 September 2015

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

- 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

4.2 Review of requirements and recommendations from the last care inspection dated 29 September 2015

As above.

4.3 Is care safe?

Staffing

Ms McCartney is a single-handed Dental Practitioner and one dental surgery is 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.

No new staff have been recruited since registration with RQIA, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance on an informal basis and staff confirmed that appraisals had taken place. However, a record of staff appraisals had not been maintained. Ms McCartney has agreed to record annual staff appraisals in the future. 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.

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 McCartney confirmed that no new staff have been recruited since registration with RQIA. It was confirmed that should staff be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection. 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.

Discussion with staff demonstrated that they 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. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

The new regional guidance entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' issued in March 2016 had been provided for staff reference and Ms McCartney confirmed that this had been discussed at a recent staff meeting. Ms McCartney has agreed to provide the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' for staff reference and update the policy in keeping with the new regional guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Adrenaline in doses suitable for use for patients twelve years and over has been provided. It was advised that adrenaline in doses suitable for a children under the age of twelve should also be provided. It was observed that the format of Buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). Ms McCartney confirmed that the current format of Buccal Midazolam was due to expire at the end of September 2016. Following the inspection, Ms McCartney confirmed by telephone that the adrenaline medication suitable for children under the age of twelve and Buccolam prefilled syringes had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff demonstrated how they adhere 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. Training records were available for inspection.

The practice is not required to have a separate decontamination room as the decontamination of reusable dental instruments is not carried out on site. All reusable dental instruments are being collected, processed and returned to the practice by the Central Services Sterilisation Department (CSSD) at the Ulster Hospital, Dundonald.

A review of the arrangements in place and discussion with Miss McCartney and the dental nurse demonstrated that robust arrangements are in place to ensure that both new and reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. Systems are in place for the safe transportation of instruments between the dental practice and the Ulster Hospital.

Records pertaining to the decontamination of the dental instruments are retained at the practice and Miss McCartney is aware of the need to retain these records for at least two years.

Ms McCartney confirmed that the Infection Prevention Society (IPS) audit tool had not been completed. Following the inspection RQIA sent a copy of the audit tool to Ms McCartney for completion. Ms McCartney confirmed by telephone to RQIA that the IPS audit had been completed and has agreed to complete this tool six monthly in accordance with HTM 01-05.

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

Radiography

The practice does not have an intra-oral x-ray machine. There is an orthopan tomogram machine (OPG), which is located in a separate room. Ms McCartney confirmed that the OPG is rarely used.

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.

A copy of the local rules was on display near the OPG 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. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included the servicing of the firefighting equipment.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

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

Patient and staff views

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

Comments provided included the following:

- "Excellent service."
- "Absolutely."

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

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| Number of requirements | 0 | Number of recommendations | 0 |
|-------------------------------|---|----------------------------------|---|

4.4 Is care effective?

Clinical records

Ms McCartney 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.

Manual records are maintained. 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.

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 health promotion information leaflets available in the reception area. Ms McCartney 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
- patient attendance
- orthodontic referrals
- length of treatment for fixed appliances
- failure to complete functional appliance treatment

Communication

Ms McCartney confirmed that arrangements are in place for onward referral in respect of specialist treatments if needed.

Due to the small numbers of staff working in the practice formal staff meetings have not been held on a regular basis. However, staff meet on a weekly basis informally to discuss clinical and practice management issues. Mrs McCartney stated that the minutes of these staff meetings are not always recorded or retained. Ms McCartney agreed to record the minutes of any future staff meetings held.

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

Patient and staff views

All of the 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:

- “Attention to detail is excellent.”
- “Results are amazing.”

Both 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. Although there were no patients attending the practice on the day of the inspection, the dental nurse and receptionist demonstrated how they converse with patients, conduct telephone enquiries discreetly, and deal with sensitive issues in a very 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 that 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.

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:

- “Always kept well informed every step of the way.”
- “On every occasion.”

Both 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.

Ms McCartney has overall responsibility for the day-to-day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a 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. Ms McCartney 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 McCartney 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 policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms McCartney 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.

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:

- "Appointments outside school times would be helpful in the time planning of the family."
- "Some difficulty experienced in getting appointments times."
- "Yes from all staff."

Both 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.



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