Announced Care Inspection Report
15 September 2016

Orthoplus Orthodontic Centre

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 12 Ballymoney Road, Ballymena, BT43 5BY
Tel no: 028 2565 5500
Inspector: Norma Munn

1.0 Summary

An announced inspection of Orthoplus Orthodontic Centre took place on 15 September 2016 from 10.10 to 13.30.

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 Ms Todd, registered person, 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. Four recommendations have been made, relating to recording staff training and Continued Professional Development (CPD), the validation of the decontamination equipment, the ongoing audit of compliance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices and the service arrangements of x-ray units.

Is care effective?

Observations made, review of documentation and discussion with Ms Todd 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 Todd 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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Todd, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 July 2015.

2.0 Service details

Registered organisation/registered person: Ms Sally-Ann Todd	**Registered manager:** Ms Sally-Ann Todd
Person in charge of the practice at the time of inspection: Ms Sally-Ann Todd	**Date manager registered:** 23 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

3.0 Methods/processes

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

During the inspection the inspector met with Ms Todd, registered person and two dental nurses. 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
- returned completed staff and patient questionnaires

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 July 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 27 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19 (2) Schedule 2 **Stated:** First time	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff. AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Todd confirmed that no new staff had been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future enhanced AccessNI checks would be undertaken and received prior to commencement of employment. Ms Todd confirmed that AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice and a log is now kept.	

4.3 Is care safe?

Staffing

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

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within 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.

Ms Todd confirmed that all staff had received appropriate training to fulfil the duties of their role. Staff confirmed that they keep themselves updated with the General Dental Council (GDC) Continued Professional Development (CPD) requirements; however, training records were not available for inspection with the exception of training carried out in respect of medical emergencies and cardiopulmonary resuscitation (CPR) and radiology. Ms Todd should have systems in place to satisfy herself that staff are keeping themselves updated. A recommendation has been in this regard.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Todd confirmed that no new staff have been recruited since the previous inspection. 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. Ms Todd was advised to record the date of implementation and a review date on the policy.

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.

Ms Todd confirmed that staff had attended training during November 2014 in respect of safeguarding adults and children at risk of harm and that the practice have arranged further training in March 2017 with the Northern Ireland Specialist Orthodontic Group (NISOG). Ms Todd confirmed that in the interim, period in-house refresher training will be provided. Training records were not available to review. As discussed previously, a recommendation has been made.

One overarching policy and procedure was in place for the safeguarding and protection of adults and children at risk. 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 for children only. Ms Todd agreed to include the relevant contact details for the local Health and Social Care Trust for adults.

A copy of the new guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership" was available for staff reference and Ms Todd has agreed to review the policy in keeping with the new 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). The Glucagon medication was stored out of the fridge and a revised expiry date had been recorded on the monthly check list but not on the packaging. Ms Todd was advised that a revised expiry date should be marked on the medication packaging to reflect that the cold chain has been broken. On the day of the inspection this was actioned. The format of Buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Ms Todd was advised that Buccolam pre-filled syringes should be provided in doses suitable for children and adults. RQIA received confirmation by electronic mail the day after the inspection that Buccolam pre filled syringes had been ordered and delivered to the practice.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with children. RQIA received confirmation by electronic mail the day after the inspection that this item had been ordered.

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 updated on the day of the inspection and made 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 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. However, training records were not available to review. As discussed previously, a recommendation has been made.

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 disinfector and two steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that washer disinfector had been validated in November 2015, however, the most recent validation certificates for the sterilisers were dated 9 April 2015. This was discussed with Ms Todd who agreed to arrange a date for the equipment to be validated. A recommendation has been made to ensure that the decontamination equipment is validated in keeping with best practice. Ms Todd has agreed to forward a copy of the steam steriliser validation certificates to RQIA.

On the day of the inspection the washer disinfector was not in use and staff confirmed that dental instruments were being manually cleaned in keeping with best practice guidance. Ms Todd confirmed that the washer disinfector had been temporarily out of action for approximately one month due to a fault with the gas boiler. Ms Todd confirmed that a replacement boiler had been ordered. Following the inspection RQIA received confirmation by electronic mail on 23 September 2016 that the gas boiler had been replaced, the washer disinfector was back in use and dental instruments were being washed through an automated process. 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.

Ms Todd confirmed that the Infection Prevention Society (IPS) audit tool had not been completed. A recommendation has been made to complete the IPS audit 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 has a separate x-ray room containing an intra-oral x-ray machine and an orthopan tomogram machine (OPG).

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 and x-ray audits.

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.

There was no record to verify that x-ray equipment has been serviced and maintained in accordance with the manufacturer's instructions. Ms Todd was unsure of the servicing requirements of the x-ray equipment available in the practice. It was agreed that Ms Todd would consult the manufacturer's instructions and take appropriate action. A recommendation has been made to establish service arrangements for each x-ray machine in accordance with respective manufacturer's instructions, the arrangements should be confirmed to RQIA in the returned QIP.

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 were in place for maintaining the environment. This included the servicing of fire-fighting equipment and potable appliance testing (PAT). As discussed previously RQIA received confirmation by electronic mail on 23 September 2016 that the gas boiler had been replaced and a copy of the boiler installation certificate has been forwarded to RQIA.

A legionella risk assessment had been undertaken. Ms Todd confirmed that water temperatures had not been recorded while the boiler had been out of action, however, it was confirmed that water temperatures will be monitored and recorded as recommended following the installation of the new boiler.

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

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

Comments provided included the following:

- "The staff are extremely professional, care is excellent on all occasions."
- "Very friendly approachable staff and environment."
- "Never had any problems, xx is amazing at what she does."
- "Very safe."
- "Very friendly."

Three 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

A system should be implemented to monitor and ensure that GDC CPD requirements are met by clinical staff in the practice. Records should be maintained of staff training and Continued Professional Development (CPD).

The steam sterilisers should be validated in keeping with best practice. A copy of the validation certificates for the steam sterilisers should be submitted to RQIA.

A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.

Establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.

Number of requirements	0	Number of recommendations	4

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 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 health promotion information leaflets available in the reception area. Ms Todd 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
- attendance and non attendance
- patient retention of information
- review of complaints/accidents/incidents

As previously discussed the Infection Prevention Society (IPS) audit tool had not been completed and a recommendation has been made.

Communication

Ms Todd confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a three 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 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:

- “Care is well planned and explained at all times.”
- “Very much so - clear treatment plan and expected outcomes explained every visit.”
- “Brilliant care.”
- “Very comprehensive explanations.”
- “Excellent service - well informed every step.”

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

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 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 a six monthly basis and customer comment cards are available for patients to complete every visit. 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:

- "Treatment is compassionately administered; individual patient care is excellent."
- "Yes always, private informed conversations and choices explained well."
- "Very respectful girls all of the time."
- "Very friendly respectful service."

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

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 Todd 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 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 review of the compliments file demonstrated that the practice had received numerous cards and letters thanking them for the care and service they received.

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 Todd 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 Todd 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:

- ”Strong team…with exemplary management.”
- “Yes-very well led by principal dentist who is always around to be approached”
- “Very well.”
- “Exceptionally professional practice which is friendly and efficient-cannot recommend highly enough.”
- “Yes staff appear very happy-Top class service.”
- “xx and staff are very professional! I am very happy with the service!”

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.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Todd, 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.

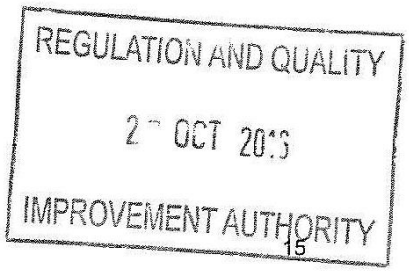
5.3 Actions to be taken by the registered provider

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 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	
Recommendation 1 **Ref:** Standard 11.4 **Stated:** First time **To be completed by:** 15 October 2016	A system should be implemented to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff. Records of training are to be retained.
	Response by registered provider detailing the actions taken: Dental nurses to provide CPD certificates from start of their current cycle - and will be available as will remian on site at practice in office
Recommendation 2 **Ref:** Standard 13.4 **Stated:** First time **To be completed by:** 15 November 2016	The steam sterilisers should be validated in keeping with best practice. A copy of the validation certificates for the steam sterilisers should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).
	Response by registered provider detailing the actions taken: Validadation and services completed on steam sterelizers and washer disinfector 3/10/16. Certificates submitted via e mail 5/10/16
Recommendation 3 **Ref:** Standard 13.2 **Stated:** First time **To be completed by:** 15 October 2016	A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.
	Response by registered provider detailing the actions taken: IPS audit completed and records and protocols updates for 6 monthly review and re-audit
Recommendation 4 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 15 November 2016	Review the x-ray equipment manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.
	Response by registered provider detailing the actions taken: Annual service for DPT and I/O machines Two year srvice for Vistascan machine. Completted 30/09/2016 - awaiting certificate form Henry Schein - will forward on.

Please ensure this document is completed in full and returned to** independent.healthcare@rqia.org.uk **from the authorised email address



Name of Registered Manager/Person Completing QIP:	Sally-Ann Todd		
Signature of Registered Manager/Person Completing QIP:	SA Todd	**Date completed:**	13/10/2016
Name of Registered Provider Approving QIP:			
Signature of Registered Provider Approving QIP:		**Date approved:**	
RQIA inspector Assessing Response		**Date:**	17.11.16

The Regulation and Quality Improvement Authority

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