

# Announced Care Inspection Report 1 February 2017



## The Molesworth Place Dental Practice

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

Address: 1<sup>st</sup> Floor, Molesworth Place, Molesworth Street,  
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Tel no: 028 86765914

Inspector: Stephen O'Connor

## 1.0 Summary

An announced inspection of The Molesworth Place Dental Practice took place on 1 February 2017 from 09:50 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 practice was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Miss Leanne Kerrigan, acting registered manager and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made to submit the written scheme of examination inspection reports for the pressure vessels in the practice.

### **Is care effective?**

Observations made, review of documentation and discussion with Miss Kerrigan and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

### **Is care compassionate?**

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

### **Is the service well led?**

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

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

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Miss Kerrigan, acting 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

<b>Registered organisation/registered person:</b> Oasis Dental Care Mr Andrew Relf	<b>Registered manager:</b> Miss Leanne Kerrigan (Acting)
<b>Person in charge of the practice at the time of inspection:</b> Miss Leanne Kerrigan	<b>Date manager registered:</b> Acting
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 3.0 Methods/processes

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

During the inspection the inspector met with Miss Leanne Kerrigan, acting registered manager, an associate dentist, the lead dental nurse and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies

- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

#### 4.0 The inspection

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

As above.

#### 4.3 Is care safe?

##### Staffing

Two 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. It was confirmed that newly appointed associate dentists undertake part of their induction in the Oasis training academy in England.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

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 Miss Kerrigan confirmed that one staff member has been recruited since the previous inspection. A review of the identified personnel file evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance. It was confirmed that the Oasis Dental Care group have a Human Resources (HR) department. During the recruitment process registered managers are supported by the HR department.

### **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. It was confirmed that staff must complete safeguarding adults and children's training annually using the training hub. The frequency of this training exceeds best practice guidance.

One overarching policy and procedure was 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.

It was confirmed that the regional safeguarding guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were both available for staff reference.

On the afternoon of the inspection the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) was forwarded to the practice by email.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. In addition to the annual Cardio Pulmonary Resuscitation (CPR) training staff must complete mandatory medical emergency training using the training hub annually. The frequency of this training exceeds 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.

It was confirmed that 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 were observed to be adhering to best practice in terms of the 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. Infection prevention and control training is an Oasis annual mandatory course that must be completed by all staff using the training hub.

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 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 during November 2016.

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

### **Radiography**

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The environment was maintained to a good standard of maintenance and décor. It was confirmed that the Oasis Dental Care group have a dedicated estates facilities department.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include twice yearly servicing of the intruder alarm and fire detection system. The firefighting equipment, emergency lighting and air conditioning systems are serviced annually. It was confirmed that the landlord is responsible for the servicing and maintenance of the passenger lift and that they provide the practice with copies of servicing and maintenance certificates.

Arrangements are in place to ensure that portable appliance testing (PAT) of electrical equipment is completed every two years and that the fixed electrical wiring installations are inspected every five years.

It was confirmed that the fire risk assessment was completed in house and review of documents demonstrated that routine checks of the fire detection system to include emergency lighting and break glass points are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire. In addition to the routine fire safety awareness training a number of staff have completed fire warden training.

The legionella risk assessment was undertaken by an external organisation; water temperatures are monitored and recorded as recommended.

Miss Kerrigan confirmed that arrangements are in place to ensure the fire and legionella risk assessments are reviewed annually.

Review of documents confirmed that the air compressor had been inspected in keeping with the written scheme of examination of pressure vessels during December 2016. However the most recent inspection reports available in respect of the steam sterilisers were dated June 2015. Steam sterilisers should be inspected every 14 months. On 06 February 2017 Miss Kerrigan confirmed in an email that the written scheme of examination of pressure vessels inspection reports for the steam sterilisers reviewed during the inspection were the most recent reports and that she had made arrangements for the steam sterilisers to be inspected during February 2017. A recommendation has been made that a copy of the inspection reports should be forwarded to RQIA on submission of the Quality Improvement Plan (QIP).

### **Patient and staff views**

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

- “Large turnover of dentists but otherwise happy”
- “Reception is always helpful and easy to speak to. Dentist is always nice”

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 copy of the written scheme of examination inspection reports in respect of the steam sterilisers should be forwarded to RQIA on submission of the QIP.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

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

A range of oral health products are available to purchase in the practice and samples of oral health products are freely distributed to patients.

It was also confirmed that models and an educational programme are used when promoting oral health.

### **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
- clinical records
- review of complaints/accidents/incidents
- hand hygiene

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

### **Communication**

Miss Kerrigan and an associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

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

**Patient and staff views**

All seven 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:

- “Still awaiting a decision on two front bottom teeth for crowns”
- “Before any procedure time, process and cost are always explained”

All seven submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 a routine basis. A report detailing the findings of the patient satisfaction surveys is generated on a monthly basis and the most recent report was observed to be on display in the main reception area of the practice. Oasis Dental Care group also have a website on which patients can leave feedback in regards to the quality of care and treatment received.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate. It was suggested that the report should include comments submitted by patients using the surveys and website.

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

All seven submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Miss Kerrigan has overall responsibility for the day to day management of the practice. Mr Andrew Relf, registered person, monitors the quality of services and undertakes visits to the practice routinely in accordance with legislation and produces a report on the conduct of the practice.

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

A range of corporate departments within the Oasis Dental Care group support registered managers. Corporate departments include the following:

- compliance
- estates facilities
- human resources
- complaints
- finance
- information technology (IT)
- learning and development
- health and safety
- marketing

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 evidence provided in the returned questionnaire, review of documentation and discussion with Miss Kerrigan indicated that complaints have been managed in accordance with best practice.

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

Miss Kerrigan confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Miss Kerrigan, acting registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately. Miss Kerrigan confirmed that there is potential for a third dental surgery to be established. Miss Kerrigan is aware that should an additional surgery be established that a variation to registration application should be submitted to RQIA and that any new surgery must be approved and registered by RQIA prior to it becoming operational.

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

### **Patient and staff views**

All seven patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

All seven submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 Miss Leanne Kerrigan, acting 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](mailto: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 14.4

**Stated:** First time

**To be completed by:**  
29 March 2017

A copy of the written scheme of examination of pressure vessels inspection reports in respect of the steam sterilisers should be forwarded to RQIA upon submission of this QIP. Robust arrangements must be established to ensure that all pressure vessels are inspected in keeping with the written scheme of examination.

**Response by registered provider detailing the actions taken:**  
I have contacted our service engineer and arranged a date for an inspection of the pressure vessels and for a certificate of inspection to be provided - this is taking place on 16<sup>th</sup> March 2017

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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