

Announced Care Inspection Report 31 January 2017



Tumelty Dental Practice

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

Address: 22 Hightown Road, Glengormley, BT36 7UA

Tel no: 028 9083 2022

Inspector: Norma Munn

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Tumelty Dental Practice took place on 31 January 2017 from 15:00 to 17:05.

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 Dr Paul Tumelty, 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. Three requirements have been made in relation to obtaining AccessNI checks prior to commencement of employment, the recruitment and selection of staff and the validation of decontamination equipment. Two recommendations have been made in relation to safeguarding training, and the provision of fire safety awareness training and implementation of fire drills.

Is care effective?

Observations made, review of documentation and discussion with Dr Tumelty 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 Dr Tumelty 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?

Given the issues identified in relation to Access NI, recruitment and selection and the validation of decontamination equipment, further development is needed to ensure that effective leadership and governance arrangements are in place. 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. A recommendation has been made to review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

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	3	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Tumelty, registered person, and the practice 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 August 2015.

2.0 Service details

Registered organisation/registered person: Dr Paul Tumelty	Registered manager: Dr Paul Tumelty
Person in charge of the practice at the time of inspection: Dr Paul Tumelty	Date manager registered: 29 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 patient and staff questionnaires.

During the inspection the inspector met with Dr Paul Tumelty, the practice manager, and five 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 August 2015

The most recent inspection of the practice 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 28 August 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 12.4 Stated: First time</p>	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Dr Tumelty should seek advice and guidance from his medico-legal advisor in this regard. Any recommendations made by the medico-legal advisor should be actioned.</p>	Met
<p>Action taken as confirmed during the inspection: Dr Tumelty confirmed that an AED located in the nearby General Practitioner’s (GP) surgery is available for use within the practice if required. The details were added to the medical emergencies policy and procedure on the day of the inspection.</p>		

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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three 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. 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 the practice manager confirmed that three staff members have been recruited since the previous inspection. A review of the personnel files for these staff members demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

The following was noted in the personnel files reviewed:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check had been received
- two written references were only provided in one file and one written reference in another file
- details of full employment history, including an explanation of any gaps in employment in two files
- documentary evidence of qualifications
- evidence of current GDC registration
- completed induction

One file did not contain any written references or evidence that references had been obtained nor a full employment history, including an explanation of any gaps in employment. None of the files contained a criminal conviction declaration or confirmation that the person was physically and mentally fit to fulfil their duties. Dr Tumelty was advised that staff personnel files must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. A requirement has been made.

AccessNI checks had been received prior to two of the members of staff commencing work. However, the AccessNI check for one member of staff had been received after they had commenced work. This was discussed with Dr Tumelty and he was advised that enhanced AccessNI checks must be undertaken and received prior to staff commencing work in the practice. A requirement has been made.

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 the practice manager confirmed that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made.

A safeguarding children and adults policy and procedure was in place. 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 practice manager has agreed to make available regional guidance documents 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) for staff reference. The practice manager has also agreed to review the safeguarding children and adults policy to reflect 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). As previously discussed, Dr Tumelty confirmed that an AED located in the nearby General Practitioner's (GP) surgery is available for use within the practice if required.

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 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.

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, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that not all the equipment used in the decontamination process had been appropriately validated. The DAC Universal had been appropriately validated, however, the washer disinfectant had not been validated since June 2015 and there was no documentation to evidence that the two sterilisers had been validated. The practice manager has agreed to arrange a date for validation of the washer disinfectant and the two sterilisers. A requirement has been made to ensure that all decontamination equipment is validated in keeping with best practice. A copy of the validation certificates should be submitted to RQIA.

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 January 2017.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopantomogram machine (OPG), which is located in a separate room. Dr Tumelty confirmed that the OPG is not currently operational.

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. Dr Tumelty discussed plans to refurbish the surgeries in the future.

Detailed cleaning schedules and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included servicing of the fire detection system, firefighting equipment and portable appliance testing (PAT) of electrical equipment.

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

Staff demonstrated that they were aware of the action to take in the event of a fire. However, the practice manager confirmed that staff had not been provided with fire safety awareness training and fire drills have not been undertaken. A recommendation has been made in this regard.

Patient and staff views

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

One comment was provided as follows:

- "Considerate and careful approach to dental treatment options."

Six 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

Enhanced AccessNI checks must be received prior to any new staff commencing work in the practice.

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Staff training should be provided in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

All decontamination equipment must be revalidated in keeping with best practice guidance. A copy of the validation certificates should be submitted to RQIA.

Staff should be provided with fire safety awareness training and fire drills should be undertaken annually.

Number of requirements	3	Number of recommendations	2
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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 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. Oral health is actively promoted on an individual level with patients during their consultations. A dental hygienist service is available within the practice for patients to attend if required. A range of health promotion information leaflets are displayed in the reception area and throughout the practice.

Dr Tumelty discussed how the practice arranges health promotion outreach days where children and their parents can visit the practice and learn about oral health and hygiene and about the benefits of healthy snacks. This initiative involving health promotion is to be commended.

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 records
- review of complaints/accidents/incidents
- failure to attend

Communication

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

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

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

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

One comment was provided as follows:

- “Excellent level of quality care over 15 years.”

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff demonstrated how they 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 ensures patients understand 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 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 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.

Dr Tumelty has overall responsibility for the day to day management of the practice. The practice is a member of the British Dental Association(BDA) Good Practice Scheme.

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 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.

Dr Tumelty 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.

Dr Tumelty demonstrated a clear understanding of his 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.

Evidence gathered during the inspection has identified issues which could affect the delivery of safe care, all of which have an impact on quality assurance and good governance. Three requirements and two recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained. Therefore, an additional recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well managed.

One comment was provided as follows:

- “Clear guidance of tailored care treatments.”

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

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Number of requirements	0	Number of recommendations	1
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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 Dr Tumelty, registered person, and the practice manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (2) schedule 2 (as amended) Stated: First time To be completed by: 31 January 2017	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.</p> <hr/> <p>Response by registered provider detailing the actions taken: We have implemented a new recruitment checklist which included Access NI check.</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be completed by: 31 January 2017	<p>The registered person must ensure that personnel files for any new staff recruited include the information as detailed in Regulation 19 (2) Schedule 2 of The Independent Healthcare Regulations (Northern Ireland) 2005.</p> <hr/> <p>Response by registered provider detailing the actions taken: We have implemented a new recruitment checklist which includes application form or CV, proof of identity, Access NI, references, qualification, GDC&imdernity registration, induction programme, conviction declaration and confirmation of fitness to work, occupational health check.</p>
Requirement 3 Ref: Regulation 15 (2) Stated: First time To be completed by: 1 March 2017	<p>The registered provider must ensure that all decontamination equipment is revalidated in keeping with best practice guidance.</p> <p>A copy of the validation certificates should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p> <hr/> <p>Response by registered provider detailing the actions taken: Validation is booked for 1st March and I will forward the certificates to you when I receive them</p>
Recommendations	
Recommendation 1 Ref: Standard 15.3 Stated: First time To be completed by: 30 April 2017	<p>Training in safeguarding children and adults at risk of harm should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <hr/> <p>Response by registered provider detailing the actions taken: We are trying to arrange a time that suits all staff for Paul Tumelty to do in house training on safeguarding.</p>

<p>Recommendation 2</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>Staff should be provided with fire safety awareness training on an annual basis.</p> <p>Fire drills should be undertaken annually.</p> <p>Records should be retained.</p> <p>Response by registered provider detailing the actions taken: We are implementing fire safety and drills annually and will maintain records of these.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>Review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Response by registered provider detailing the actions taken: Monitoring systems reviewed and updated to ensure quality arrangements and governance are in operation.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews