

Announced Care Inspection and Variation to Registration Inspection Report 24 November 2016



Turk Dental Care

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

Address: 114 Castlereagh Road, Belfast, BT5 5FR

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Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Turk Dental Care took place on 24 November 2016 from 10.30 to 12.45

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.

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. Registration of the fifth dental chair was approved during this inspection from both a care and estates perspective. Mr Gavin Doherty, estates inspector, undertook a premises inspection at the same time. The report and findings of the premises inspection will be issued under separate cover.

Is care safe?

Observations made, review of documentation and discussion with Mr Derek Maguire, registered person, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

Is care effective?

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

Is care compassionate?

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

Is the service well led?

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

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

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Derek Maguire, registered person, and management staff as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: D J Maguire and Associates/ Mr Derek Maguire	Registered manager: Miss Cara McAuley
Person in charge of the practice at the time of inspection: Mr Derek Maguire	Date manager registered: 20 November 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4 increasing to 5 following inspection

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. The application of variation and associated submitted documentation to increase the number of registered dental chairs from four to five was also reviewed.

During the inspection the inspector met with Mr Derek Maguire, registered person, Mrs Julie Mullan, registered manager of Catherine Street Dental Care, Mrs Deborah Irwin, registered manager of D J Maguire and Associates Ltd, Ms Heidi Geddis the operations director for D J Maguire & Associates Ltd, and two dental nurses. Mrs Mullan took the lead in facilitating the inspection. 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 20 November 2015

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 20 November 2015. No requirements or recommendations were made during the pre-registration care inspection. The completed QIP for the pre-registration estates inspection was returned and approved by the estates inspector. Following this, on receipt of outstanding information required in relation to estates issues, registration was approved.

4.2 Review of requirements and recommendations from the last care inspection dated 20 November 2015

As above.

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. As discussed, a fifth dental surgery has been recently established. 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. D J Maguire & Associates Ltd organises four training events throughout the year for all employees of the organisation. These training events include Continuing Professional Development (CPD) core topics.

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 operations director for the organisation, confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. It was confirmed that the operations director oversees the recruitment of staff for the organisation.

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.

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.

Two distinct policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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.

A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available for staff reference. It was confirmed that the organisation are fully aware of the content of the new adult safeguarding guidance document and that arrangements are in place to ensure full implementation by the end of March 2017 as outlined in the 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. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. An email was received by RQIA on 29 November 2016 confirming that pre-filled syringes were in place in keeping with HSCB guidance. 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 disinfector, a DAC Universal 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 October 2016.

The arrangements in regards to the newly established fifth dental surgery on the first floor of the practice were reviewed. It was observed that the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of cabinetry. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated/wipe-clean posters promoting hand hygiene were on display.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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

Radiography

As previously stated four dental surgeries were in operation in this practice and a fifth dental surgery has been recently established. Each of the surgeries has an intra-oral x-ray machine. It was noted that a new intra-oral x-ray machine has been installed in the fifth surgery. Mrs Mullan confirmed that, as this machine is new, it is under manufacturer's warranty and it will be serviced and maintained in keeping with the manufacturer's instructions.

A critical examination of the new intra-oral x-ray machine had been undertaken by the appointed radiation protection advisor (RPA) on 30 August 2016 and the four existing intra-oral x-ray machines had been examined on 28 October 2015. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

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.

Records confirmed that 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. The patient waiting area and reception area has been completely refurbished since the previous inspection.

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

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As discussed previously a premises inspection was also undertaken during this inspection. The report and findings of the premises inspection will be issued under separate cover.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. Sixteen patients indicated that they felt safe and protected from harm, two patients did not complete this section of the questionnaire. The following comment was included:

- ‘From what I see, staff always professional’

Ten 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. Comments provided included the following:

- ‘All staff receive an induction to the practice. All staff keep CPD up to date including core topics’
- ‘We have a good staff team who work together to provide a high standard of patient care. We receive regular training from management.’
- ‘Robust induction programme in place. Ongoing training included.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 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. The marketing and advertising manager for D J Maguire and Associates Ltd, including Turk Dental Care, is a registered dental nurse who is a qualified oral health educator and coordinates the oral health outreach programme for the organisation.

It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. The practice has two intra-oral cameras and these are used when discussing oral hygiene. The provision of intra-oral cameras is considered to exceed best practice guidance. Oral health and hygiene information leaflets are available and a range of products are available for purchase in the practice.

The practice Facebook page and website promotes oral health and hygiene through the use of educational videos. The practice is to be commended in regards to the extensive health promotion programme.

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
- access to the premises
- failure to attend
- medical histories
- pain control
- treatment options
- waiting times
- governance

The range of audits undertaken exceeds legislative and best practice requirements. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Communication

Mr Maguire and staff 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 routine basis to discuss clinical and practice management issues. In addition to the routine staff meetings, senior management within D J Maguire and Associates Ltd meet monthly and the operations director for the organisation meets with practice/registered managers on a weekly basis. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal/formal 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

Eighteen patients submitted questionnaire responses to RQIA. Sixteen patients indicated that indicated that they get the right care, at the right time and with the best outcome for them. Two patients did not complete this section of the questionnaire. The following comment was included:

- 'My dentist always talks me through everything before and during my treatment'.

All ten of the 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. Comments provided included the following:

- 'We always respond to needs of patients and record treatment correctly on charts. Our practice is strict about confidentiality'
- 'Clinical records maintained in keeping with requirements. Internal audit by company ensures monitoring of care.'

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 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 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. In addition the organisation produces a patient newsletter twice a year. The newsletters are localised to each practice.

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

Eighteen patients submitted questionnaire responses to RQIA. Sixteen patients indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Two patients did not complete this section of the questionnaire. The following comment was included:

- 'Have never had to be referred on for any treatment.'

All submitted staff questionnaire responses indicated that they feel 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. Comments provided included the following:

- 'Our dentists communicate with patients about their care'
- 'Patients comments and feedback is welcomed. We operate strict confidentiality policy'

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.

There was a nominated individual with overall responsibility for the day to day management of the practice. The operations director undertakes unannounced visits to each practice within the D J Maguire and Associates Ltd group on a monthly basis and produces a report. The findings of these visits are discussed with the registered manager, Mr Maguire and the senior management team within the organisation.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual 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 evidence provided in the returned questionnaire, review of documentation and discussion with staff evidenced 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.

Mr Maguire 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. Also, as discussed previously the range of audits undertaken exceeds legislative and best practice requirements.

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

Mr Maguire, registered person, 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. An application of variation was submitted to RQIA on 13 October 2016 to increase the number of registered chairs from four to five. The application of variation was approved from a care perspective

during this inspection. A revised certificate of registration will be issued to the practice in due course.

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

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. Seventeen patients indicated that they feel that the service is well managed. The following comment was provided:

- ‘Yes –Now that I have a dentist with whom I have confidence’

One submitted patient questionnaire included negative comments regarding the practice, the content of the comments made were not substantiated during the inspection and in the interest of openness and transparency were shared with Mr Maguire and the management team.

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- ‘I speak to the practice manager/acting manager if I have any concerns’.
- ‘I know to speak to our manager who is always willing to listen and provide guidance. We discuss feedback of surveys and audit results at practice meetings.’
- ‘There is clear organisational structure in place. Policies and procedures are available to all staff.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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