

# Announced Care Inspection Report 13 May 2016



## {my}dentist, Tempo Road

**Service Type: Dental Practice**  
**Address: 89 Tempo Road, Enniskillen BT74 6HR**  
**Tel No: 028 6634 0004**  
**Inspector: Stephen O'Connor**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of {my}dentist, Tempo Road took place on 13 May 2016 from 09:50 to 12:20.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 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 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 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 in the main 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. A requirement has been made in regards to the management of incidents.

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>	1	0

Details of the QIP within this report were discussed with Mrs Anne Crawley, {my}dentist area development 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 pre-registration care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> IDH Acquisitions Ltd Mr Stephen Williams	<b>Registered manager:</b> Position vacant Mrs Anne Crawley – acting manager
<b>Person in charge of the service at the time of inspection:</b> Mrs Anne Crawley	<b>Date manager registered:</b> Application not yet submitted
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

## 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 Mrs Anne Crawley, an orthodontic therapist, a dental nurse and a receptionist. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical records
- 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 05 August 2015

The most recent inspection of the establishment was an announced pre-registration inspection involving both a care and an estates inspection. A care inspection report and an estates report were issued separately. One recommendation was made in the care inspection report. The completed QIP was returned and approved by the care inspector. Four requirements were made in the estates inspection report which were subsequently assessed as compliant by the estates inspector.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 05 August 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The details of the daily automatic control test (ACT) should be recorded in the logbooks for both sterilisers.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation demonstrated that the details of the daily ACT are recorded for both sterilisers.	

### 4.3 Is care safe?

#### Staffing

Five dental chairs are in operation in this practice, four of the dental chairs are presented in a polyclinic design and the fifth dental chair is in a separate surgery that operates as an oral health education room when required. Discussion with staff and review of completed staff and patient questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

On 05 April 2016 a notification of absence form was submitted to RQIA in respect of the registered manager, who was resigning from their position. Mrs Anne Crawley, {my}dentist area development manager is acting registered manager until a new practice manager is recruited. Mrs Crawley confirmed that robust arrangements are in place in regards to the day to day management of the practice. The process of recruiting a new practice manager has commenced. When a practice manager has been appointed and they have commenced work a registered manager application will be submitted to RQIA.

No new staff have been recruited since registration with RQIA, however, induction programme templates were in place relevant to specific roles within the practice. In addition to the in-house induction programme the {my}dentist group have an electronic induction programme on their learning module system (LMS) that new staff must complete.

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 is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. The {my}dentist group have a training academy based in Manchester and they also provide training to staff through an online training portal. The training portal includes all mandatory training which staff must complete within specified timeframes. A robust procedure is in place to identify when staff have not completed mandatory training within the specified timeframes.

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 Mrs Crawley confirmed that no new staff have commenced work in the practice since the previous inspection. As discussed previously the practice is in the process of recruiting a new practice manager. It was established that robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

The {my}dentist group have an information management system called 'cascade'. Cascade has a recruitment section which includes all policies/procedures and model templates to be used during the recruitment process as well as a Human Resources section to store recruitment documentation. It was also established that the {my}dentist group have an employment relations manager who supports practice managers during the recruitment process.

## **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. Safeguarding refresher training is a {my}dentist mandatory training course and staff complete this through the online training portal.

## **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. It was observed that the format of buccal Midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. It was also observed that the Adrenalin retained was in ampoule format. It was suggested that consideration is given to providing Adrenalin in a pre-filled syringe suitable for administration to a child or adult. Mrs Crawley was aware of these issues and had brought them to the attention of the {my}dentist Head of Compliance and Registration to ensure that the recommended format of buccal Midazolam and Adrenalin in a pre-filled syringes are sourced and provided. 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.

It was confirmed that a back-up medical emergency bag containing additional supplies of equipment and oxygen was available. The provision of additional equipment exceeds best practice guidance.

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 practical training provided by an external training organisation staff also complete online refresher training through the training portal. This frequency of 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.

## **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. Review of records confirmed that staff had completed infection prevention and control refresher training through the training portal.

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 two washer disinfectors 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 December 2015.

## **Radiography**

There is a separate x-ray room, which accommodates an intra-oral x-ray machine and a combined orthopan tomogram machine (OPG) and cephalostat.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information is 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 in respect of the intra-oral x-ray machine.

A copy of the local rules was on display in the x-ray room 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 high standard of maintenance and décor.

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. The {my}dentist group have a facilities management department to support practices. The facilities management department are responsible for ensuring that the air conditioning system, fire detection system and firefighting equipment are serviced annually and that relevant risk assessments, including the Legionella and fire risk assessments are updated in keeping with best practice guidance.

The legionella risk assessment was last undertaken during November 2015 and control measures have been implemented.

A fire risk assessment had been undertaken during March 2016 and review of documentation confirmed that fire training and fire drills had been completed. A number of routine checks are undertaken in relation to fire including weekly checks of fire extinguishers, means of escape and break glass points and monthly checks of emergency lighting. Staff demonstrated that they were aware of the action to take in the event of a fire.

### **Patient and staff views**

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- “Very caring staff, exceptional standards”

Five 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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

An orthodontic therapist confirmed that routine dental examinations include a review of medical history, that the orthodontist examination includes checks for gum disease and oral cancers and that treatment plans are developed in consultation with patients. Staff confirmed that patients are informed about the cost of treatments, choices and options.

Computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Discussion with staff and observations made evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.



## Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was information available in regards to oral health and hygiene in the waiting area of the practice. The waiting area also accommodates a patient notice board, a poster display and a TV which screens information in regards to the practice, treatments available and oral health and hygiene.

The {my}dentist group have a marketing department which distributes new poster displays every three months. As discussed previously the fifth dental surgery also operates as an oral health education room. Dental nurses are trained to provide oral health instruction and they use models to demonstrate brushing techniques. It was confirmed that the orthodontist and orthodontic therapist actively promote oral health on an individual basis with patients during their consultations. It was observed that a range of oral health products are available for purchase in the practice.

## 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 audit
- x-ray justification and clinical evaluation recording audit
- checks of x-ray equipment
- IPS HTM 01-05 audit
- clinical waste management audit
- records audit
- quarterly Health & Safety audit
- six monthly independent compliance checklist/audit by an external organisation
- independent annual audit of fire and legionella by an external organisation
- review of complaints/accidents/incidents
- surgery and decontamination room checklist
- area manager audit every six weeks
- audit of clinical records every six months by the clinical director

The range of audits undertaken is in excess of legislative requirements.

## Communication

Mrs Crawley and the orthodontic therapist confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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

## Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was provided:

- “Great care, great treatment and great results”

All five 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.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful.

The orthodontic therapist confirmed that treatment options including the risks and benefits were discussed with each patient. This ensures patients understand what treatment is available to them in order that they can make an informed choice. Discussion with staff demonstrated how consent would be obtained.

As discussed previously the {my}dentist group have a marketing department. The marketing department can produce information in large print or brail upon request. It was also established that a hearing loop has been installed in the practice.

The practice undertakes patient satisfaction surveys every six months. 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. It was observed that a patient suggestion box was available in the reception area. It was also confirmed that the {my}dentist group has a dedicated patient support telephone line that patients could use to provide feedback. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

## Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- “Staff go above and beyond explaining and making decisions with me”

All five submitted staff questionnaire responses indicated that they felt 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.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## Management and governance arrangements

As discussed previously the registered manager for this practice resigned from their position. Mrs Anne Crawley, {my}dentist area development manager is acting registered manager until a new practice manager is recruited. Mrs Crawley confirmed that robust arrangements are in place in regards to the day to day management of the practice. The process of recruiting a new practice manager has commenced. When a practice manager has been appointed and they have commenced work a registered manager application will be submitted to RQIA.

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. Mrs Crawley visits practices within the {my}dentist group, in her role as area development manager, at least every six weeks to undertake an audit. A report and action plan is generated following these visits. The report dated 16 November 2015 was reviewed. A clinical director of the {my}dentist group also visits each practice every quarter. Again a report and action plan is generated following these visits.

Policies and procedures were available for staff reference. In addition to hard copies being available electronic copies of policies and procedures are available on the cascade information management system. The {my}dentist group have a Head of Compliance and Registration who is responsible for ensuring that policies and procedures are 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 and available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. Review of documentation and discussion with Mrs Crawley demonstrated that complaints have been managed in accordance with best practice. As discussed previously the {my}dentist group have a dedicated patient support telephone line that patients could use to make a complaint.

A system was in place to ensure that notifiable events are investigated and reported to RQIA or other relevant bodies as appropriate. Mrs Crawley confirmed that all incidents must be reported to the {my}dentist support centre. The support centre offers advice and support to practice managers in regards to the management of incidents and if a particular incident should be reported to other relevant bodies. However, review of complaints records demonstrated that during January 2016 a patient received a chemical burn to their face during treatment. Although this complaint is being managed in keeping with legislative and best practice guidance, this incident was not recognised and recorded as an incident or reported to RQIA. This was discussed with Mrs Crawley and the appropriate RQIA incident notification documentation was completed during the inspection.

Discussion with staff demonstrated that following this incident, management did not conduct a root cause incident analysis investigation to review the treatment procedure that resulted in a patient receiving a chemical burn to their face and to take appropriate measures to prevent or reduce the risk of recurrence of a similar incident. It was of concern to RQIA that the clinical governance arrangements in place including audits of complaints, the reporting of this complaint to the {my}dentist support centre and visits to the practice by {my}dentist senior representatives did not result in the recognition that the complaint received should also have been managed as an incident. A requirement has been made in regards to incident management.

A system was 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.

Mrs Crawley 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.

Information requested by RQIA has been submitted within specified timeframes. The Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

## Patient and staff views

All 20 patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was provided:

- “I can point out no faults. Friendly, kind, caring professional team. I would go nowhere else”

All five submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

## Areas for improvement

Ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Crawley, {my}dentist area development manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 persons 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> <b>13 May 2016</b></p>	<p>The registered person must ensure that all incidents are recognised by staff, recorded, and reported in line with legislation, investigated and any learning disseminated to appropriate staff.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The incident reporting Process has been reviewed and discussed and all team are now aware of the correct reporting procedure. The Manager is aware of the regulatory reporting requirements and is supported by the Central Compliance team in this process</p>



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