

Announced Care Inspection Report 27 April 2016



{my}dentist, Spencer Road

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Inspector: Stephen O'Connor

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of {my}dentist, Spencer Road took place on 27 April 2016 from 09:50 to 13:00.

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?

Information gathered during the inspection evidenced that good systems and processes were in place to ensure that care and treatment provided to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention and control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

Is care effective?

Information gathered during the inspection evidenced that good systems and processes were in place to ensure that patients receive the right care, at the right time in the right place with the best possible outcome. 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 Mrs Crawley 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. The registered manager position is currently vacant; however, robust arrangements are in place in regards to the day to day management of the practice. 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 person'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 Mrs Anne Crawley, {my}dentist area development manager, 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

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

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

This practice provides orthodontic dental care and treatment.

3.0 Methods/processes

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

During the inspection the inspector met with Mrs Anne Crawley, an orthodontist and two dental nurses. A tour of the premises was also undertaken.

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

- staffing
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- 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 17 August 2015

The most recent inspection of the establishment was a pre-registration estates inspection on 17 August 2015. The registered person returned the Quality Improvement Plan (QIP) on 15 September 2015 and confirmed that the issues listed on the QIP had been appropriately addressed. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 06 August 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The details of the daily automatic control test (ACT) should be recorded in the logbooks for both sterilisers.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that pre-printed logbooks are available to record the results of periodic tests for all equipment used to decontaminate reusable dental instruments. Review of the logbooks for the steam sterilisers demonstrated that the details of the daily ACT are recorded.</p>	<p>Met</p>

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. A new practice manager has been appointed and they are due to commence work during June 2016. A registered manager application will be submitted to RQIA following commencement of employment.

Induction programme templates were in place relevant to specific roles and responsibilities.

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 a new practice manager has been recruited and it was also confirmed that the practice is in the process of recruiting a part time dental nurse. 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.

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.

It was observed that the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise and a procedural flowchart were on display on a noticeboard in the staff room.

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. Mrs Crawley was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with 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. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. In addition to the practical training provided by an external training organisation staff also complete online refresher training through the training portal.

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. In the main fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. A small tear was observed in the covering of a dental chair in the polyclinic. The torn dental chair had been identified during the most recent Infection Prevention Society (IPS) audit and an action plan is in place to repair the chair. 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 September 2015 and review of documentation confirmed that fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

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

- “Premises are always spotless. Tools used are always sterile or new for each patient”

Three staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm.

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.

An orthodontist confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. 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 plays slideshows with 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. The orthodontist confirmed that they actively promote oral health on an individual basis with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading 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

Communication

Mrs Crawley and the orthodontist 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.

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

- “I feel patient care comes second to paper work, procedures etc. Staff should be employed to ensure the policies/procedures are adhered to, to allow dental nurses to do the job they want to do”

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, 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 orthodontist 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.

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. 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 comments were provided:

- “Both my young teenagers are receiving treatment and both are treated with respect and dignity and are consulted about their care. Everything is explained in great detail”
- “Very professional and friendly”

All three staff who submitted questionnaire responses indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their 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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4.6 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. A new practice manager has been appointed and they are due to commence work during June 2016. A registered manager application will be submitted to RQIA following commencement of employment.

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 most recent report dated 10 March 2016 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. 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. 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. An accident reporting procedure was observed to be on display on the staff notice board. 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 also 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 feel that the service is well managed. The following comment was provided:

- “Great customer care – 5*”

Two staff who submitted questionnaire responses indicated that they feel that the service is well led and one questionnaire indicated that they felt the service was not well lead. The following comment was provided:

- “Our line manager is leaving the practice. We have no knowledge of who to speak to once this happens”

This comment was shared with Mrs Crawley. All staff spoken were aware of the interim management arrangements in place and confirmed that they were managing well and had no concerns in regards to the day to day management of the practice. It should be noted that the staff questionnaires were submitted to RQIA prior to the registered manager leaving and the current management arrangements being established.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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.



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