

# Announced Care Inspection Report 7 June 2017



## {my}dentist, Spencer Road

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 31 Spencer Road, Waterside, Londonderry, BT47 6AA**  
**Tel No: 028 7134 4177**  
**Inspector: Stephen O'Connor**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

{my}dentist, Spencer Road, is a specialist orthodontic practice and operates five dental chairs, providing both private and NHS dental care. Four of the dental chairs are presented in a polyclinic design; the fifth chair is in a separate surgery that also operates as an oral health education room when required.

{my}dentist, Spencer Road, is one of six dental practices registered with RQIA operated by IDH Acquisitions Limited. Mr Stephen Williams is the responsible person for IDH Acquisitions Limited.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> IDH Acquisitions Limited  <b>Responsible Individual:</b> Stephen Robert Williams	<b>Registered Manager:</b> Mrs Caroline Coyle
<b>Person in charge at the time of inspection:</b> Mrs Caroline Coyle	<b>Date manager registered:</b> 19 August 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 4.0 Inspection summary

An announced inspection took place on 7 June 2017 from 09:50 to 13:20.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to: induction; training; supervision and appraisal; infection prevention control and decontamination procedures; radiology; management of clinical records; the range and quality of audits; health promotion strategies and ensuring effective communication between patients and staff; maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld, and providing the relevant information to allow patients to make informed choices; governance arrangements; management of complaints and incidents; quality improvement; and maintaining good working relationships.

No areas requiring improvement were identified. However, suggestions were made in regards to staff recruitment, adult safeguarding arrangements, medical emergency medicines and the environment.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Caroline Coyle, registered 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 27 April 2016

No further actions were required to be taken following the most recent inspection on 27 April 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Caroline Coyle, registered manager, an orthodontist, and two dental nurses. A tour of the premises was also undertaken.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and section
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements

- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 April 2016

The most recent inspection of the practice was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 27 April 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

## 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

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. A review of a sample of two evidenced that appraisals had been completed on an annual basis.

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 Coyle confirmed that one new staff member has been recruited since the previous inspection. A review of the personnel file for the identified staff member evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. A discussion took place in regards to the development and implementation of a recruitment checklist based on Schedule 2 as a means of ensuring all appropriate documentation has been retained.

The {my}dentist group have an information management system called 'clarity'. Clarity 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 a Human Resources department who supports practice managers during the recruitment process.

There was a recruitment policy and procedure available. The recruitment policy was not reviewed during the inspection.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that Mrs Coyle, as the safeguarding lead, has completed Level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). A discussion took place in regards to the adult safeguarding arrangements within the organisation. It was suggested that IDH Acquisitions Limited should undertake a review of the adult safeguarding arrangements to determine if they require a nominated individual to act as the adult safeguarding champion for the organisation. An adult safeguarding champion should be trained to Level 3.

It was confirmed that copies of the regional policy and guidance documents entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were available for staff reference.

Two separate policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. Mrs Coyle confirmed that 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.

### **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 Adrenalin was retained in ampoule format. It was suggested that consideration be given to providing Adrenalin in pre-filled syringes 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.

It was confirmed that a back-up medical emergency bag containing additional supplies of equipment and oxygen was available.

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.

There was a management of medical emergencies policy available. The policy was not reviewed during this inspection. 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. Infection prevention and control refresher training is a {my}dentist group mandatory course that staff must complete annually using 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 2016.

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

## **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 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 in respect of the intra-oral x-ray machine.

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**

It was observed that two walls in the polyclinic and walls in the private dental surgery have been wallpapered. Mrs Coyle was advised that the use of wallpaper in clinical areas is not in keeping with best practice guidance and should be reviewed during the next planned refurbishment.

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. This department is responsible for ensuring that the air conditioning system, fire detection system and firefighting equipment and



intruder alarm are serviced annually and that relevant risk assessments, including the legionella and fire risk assessments are updated in keeping with best practice guidance.

A number of routine checks are undertaken in relation to the fire detection system to include 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.

It was confirmed that water temperatures are monitored and recorded in keeping with the legionella risk assessment.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

### **Patient and staff views**

Twenty one patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nineteen patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- “Staff very helpful.”
- “Everyone super nice.”
- “Staff very approachable.”
- “I feel very safe.”
- “Staff so welcoming, helpful and friendly.”

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care and five indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “We don’t get appraisals.”
- “We don’t have appraisals.”

As discussed previously, a sample of two appraisal records were reviewed. Mrs Coyle confirmed that the appraisals were completed during June 2017, after the staff questionnaires were submitted to RQIA. Mrs Coyle provided assurances that staff will have appraisals undertaken on an annual basis.

### **Areas of good practice**

There were examples of good practice found in relation to staff recruitment; induction; training; supervision and appraisal; management of medical emergencies; infection prevention control and decontamination procedures; radiology and the environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

**Clinical records**

Staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

The 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. It was 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. 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. Mrs Coyle confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner’s Office (ICO) and a Freedom of Information Publication Scheme has been established.

**Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. There was information available 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 private dental surgery also operates as an oral health education room. It was confirmed that the orthodontist and orthodontic therapist actively promote oral health on an individual basis with patients during their consultations. A range of oral health products were 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
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents
- hand hygiene

## **Communication**

It was confirmed that the {my}dentist group routinely issue various bulletins and newsletters to practices within the organisation. These bulletins and newsletters provide information in regards to clinical and practice management, governance issues, staff training and professional development as well as advances in clinical practice.

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

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

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

## **Patient and staff views**

All 21 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Sixteen patients indicated they were very satisfied with this aspect of care and five indicated they were satisfied. Comments provided included the following:

- “Felt really comfortable with XXXX he is really really nice.”
- “Everything is wonderful.”
- “My daughters braces were scratching her cheek and it was no trouble whenever I phoned up to ask for an appointment to have the brace fixed, in fact I got one the next day.”
- “In layman terms, sympathetic and straight forward queries and answers.”
- “Explain everything answer all questions and explain options. Great.”

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

## **Areas of good practice**

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

**Dignity, respect and involvement in decision making**

Staff 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. It was observed that a patient suggestion box was available in the reception area. It was also confirmed that the {my}dentist group have 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.

Mrs Coyle confirmed that a policy and procedure was in place in relation to confidentiality.

**Patient and staff views**

All 21 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Sixteen patients indicated they were very satisfied with this aspect of care and five indicated they were satisfied. Comments provided included the following:

- “Was kept in the loop at all times.”

- “XXXX and XXXX made me feel really happy.”
- “Always nice.”
- “All staff are very friendly.”
- “Yes definitely treated with dignity and respect and we have been kept informed about every aspect of my daughter’s orthodontic treatment.”
- “Good quality of care, thought and understanding.”
- “Always involved in decisions, only do what I want.”

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

**Areas of good practice**

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

**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. The registered person has nominated the area development manager to monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were not reviewed during the inspection.

In addition to hard copies, electronic copies of policies and procedures were available on the clarity 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 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 2016 to 31 March 2017.

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.

Mrs Coyle 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.

Mrs Coyle demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

### **Patient and staff views**

All 21 patients who submitted questionnaire responses indicated that they felt that the service is well led. Seventeen patients indicated they were very satisfied with this aspect of the service and four indicated they were satisfied. Comments provided included the following:

- "Feel it was a great service. Really happy with the end result."
- "Staff are very helpful with appointments, trying to fit times to suit everyone. Sending texts to remind people."
- "They are all really hard working and look after me with a cup of tea."
- "Very good staff."
- "The chairs are comfortable."
- "I feel that this orthodontic practice is extremely well managed."

All seven submitted staff questionnaire responses indicated that they felt that the service is well led. One staff member indicated they were very satisfied with this aspect of the service and six indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and  
Quality Improvement  
Authority

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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews