The Regulation and Quality Improvement Authority

Announced Care Inspection Report
25 May 2017

Alexander Dental

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 40 Northland Row, Dungannon BT71 6AP
Tel no: 028 87722605
Inspector: Winnie Maguire

1.0 Summary

An announced inspection of Alexander Dental took place on 25 May 2017 from 10.00 to 13.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Susanne Graham, practice manager, and briefly with Mr Eamonn O'Brien, registered person, demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing; recruitment and selection; safeguarding; management of medical emergencies; infection prevention control and decontamination; radiology; and the general environment. Two requirements have been made in relation to fire training and addressing issues identified in an electrical installation report. Two recommendations have been made in relation to amending the recruitment policy, and updating the safeguarding policy and undertaking refresher safeguarding training.

Is care effective?

Observations made, review of documentation and discussion with Ms Graham and briefly with Mr O'Brien, 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. A recommendation has been made in relation to further developing the record management policy.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Graham 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements; the arrangements for policy and risk assessment reviews; the arrangements for dealing with complaints, incidents and alerts; insurance arrangements; and the registered person's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. However, issues were identified as outlined in the 'Is care safe' and 'Is care effective' domains. Implementation of the requirements and recommendations made under the 'Is care safe' and 'Is care effective' domains will further enhance the governance arrangements in the practice. A further recommendation was made to develop a complaints register and ensure all documentation relating to the management of a complaint is retained and available for inspection.

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	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Graham, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 June 2016.

2.0 Service details

Registered organisation/registered persons: Alexander Dental Mr Eamonn O'Brien Mr David Gordon Mr Patrick McGeary	**Registered manager:** Mr Eamonn O'Brien
Person in charge of the practice at the time of inspection: Mr Eamonn O'Brien	**Date manager registered:** 8 June 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 6

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 Ms Susanne Graham, practice manager, and briefly with Mr Eamonn O'Brien, registered person. The inspector was informed due to unexpected staff absences, the remaining staff on duty would not have the availability to speak with the inspector. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 June 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 8 **Stated:** First time	Develop a formal audit programme for the practice.	**Met**
	Action taken as confirmed during the inspection: The practice undertakes a range of audits including: x-ray quality grading; justification and clinical evaluation recording; infection prevention society (IPS); health and safety; and patient satisfaction survey.	

4.3 Is care safe?

Staffing

Six dental surgeries are in operation in this practice. Discussion with Ms Graham and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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

Procedures were in place for appraising staff performance and it was confirmed that appraisals had taken place. Ms Graham confirmed that staff are supported and involved in discussions about their personal development. A review of a sample of four evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive some training to fulfil the duties of their role. It was noted that whilst fire drills had taken place in the last year; staff did not have formal fire safety training in the last year. A requirement was made on this matter.

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 Ms Graham confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that most of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. Information relating to the physical and mental assessment and a good quality photographic identity was forwarded to RQIA immediately following inspection.

There was a recruitment policy and procedure available. Not areas as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was reflected in the recruitment policy. A recommendation was made to amend the recruitment policy to fully reflect legislation and best practice guidance.

Safeguarding

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

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. It was recommended the adult safeguarding policy and procedures are updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake refresher training on adult safeguarding. Following inspection an electronic copy the regional guidance for safeguarding children and young people, 2016 was forwarded to the practice for information.

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. 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 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.

Ms Graham demonstrated that she has a good understanding of the actions to be taken in the event of a medical emergency, and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Ms Graham demonstrated that she had an understanding of infection prevention and control policies and procedures and were aware of the various roles and responsibilities. It was confirmed that staff had received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment; including two washer disinfectors, two steam sterilisers and a DAC Universal 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 April 2017.

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

Radiography

The practice has six surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a fair 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. A legionella risk assessment has been undertaken and water temperatures are monitored and recorded as recommended. A fire risk assessment had been undertaken and it was confirmed that fire drills had been completed. A written scheme of examination of pressure vessels was in place dated 22 May 2017.

Review of the electrical installation condition report dated July 2016 noted that there were 10 issues to be addressed. It was confirmed not all of these issues had been addressed. The matter was discussed with Mr Eamonn O'Brien, registered person, and it was emphasised that remedial action must be taken on this matter as a priority. A requirement was made to address the 10 issues highlighted in the report and provide a written electrician's report confirming remedial action has been taken for each of the 10 issues. A timescale of two weeks was agreed to address this requirement. Mr O'Brien was also informed the RQIA's estate team would be informed of the situation and may wish to conduct a further premises inspection. Subsequently, a premises inspection has been arranged for 19 June 2017.

Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Seven indicated that they were very satisfied with this aspect of care

and four that they were satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Twelve staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eleven indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas for improvement

All staff must have fire safety training and a record should be retained of this training.

Amend the recruitment policy to ensure it is reflective of legislation and best practice guidance.

The adult safeguarding policy and procedures should be updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake refresher training on adult safeguarding.

The 10 issues highlighted in the electrical installation condition report dated July 2016 must be addressed and a written electrician's report must be provided to RQIA confirming that remedial action has been carried for each of the 10 issues.

Number of requirements	2	Number of recommendations	2

4.4 Is care effective?

Clinical records

It was confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. A recommendation was made to further develop the records management policy to include 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. A range of health promotion information leaflets were available in the reception area. It was confirmed that oral health is actively promoted on an individual level 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
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- health and safety

Communication

Ms Graham 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 huddles are held on daily basis to discuss clinical and practice management issues. Ms Graham confirmed memos are issued to staff to inform them of any changes, updates or important information that they then sign as having been read and understood.

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

Breaking bad news in respect of dentistry was discussed and advice was given on devising a policy to reflect the arrangements.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Seven indicated that they were very satisfied with this aspect of care and four indicated that they were satisfied with aspect of care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Eleven indicated that they were very satisfied with aspect of care and one indicated that they were satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas for improvement

Further develop the records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

Number of requirements	0	Number of recommendations	1

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Ms Graham demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. It was confirmed that if staff 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. It was demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eight indicated that they were very satisfied with aspect of care and three indicated that they were satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Eleven indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice. It was confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Ms Graham has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Ms Graham demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have mostly been managed in accordance with best practice. A recommendation was made to develop a complaint's register and ensure all documentation relating to the management of a complaint is retained and available for inspection.

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.

It was 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 number of quality assurance processes were in place. However, as previously outlined, issues were identified under 'Is it safe' and 'Is it effective' which all relate to quality assurance and good governance. It is hoped that the addressing of these matters will strengthen the overall governance arrangements.

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

Mr O'Brien demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well managed. Seven indicated that they were very satisfied with this aspect of the service and four indicated that they were satisfied with aspect of the service. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Eleven indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

Areas for improvement

Develop a complaint's register and ensure all documentation relating to the management of a complaint is retained and available for inspection.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Susanne Graham, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 25. 4(c) **Stated:** First time **To be completed by:** 25 June 2017	The registered provider must ensure that all staff undertake fire safety training and a record is retained of this training. **Response by registered provider detailing the actions taken:** This has been completed. Certificates are available
Requirement 2 **Ref:** Regulation 25.2(a) **Stated:** First time **To be completed by:** 8 June 2017	The registered provider must ensure the 10 issues highlighted in the electrical installation condition report dated July 2016 are addressed and provide a written electrician's report to RQIA confirming remedial action has been taken for each of the 10 issues. **Response by registered provider detailing the actions taken:** Completed. Emailed Winnie of paper documentation
Recommendations	
Recommendation 1 **Ref:** Standard 11.1 **Stated:** First time **To be completed by:** 25 July 2017	Amend the recruitment policy to ensure it is reflective of legislation and best practice guidance. **Response by registered provider detailing the actions taken:** Has been ammended to reflect above Guideline.
Recommendation 2 **Ref:** Standard 15.3 **Stated:** First time **To be completed by:** 25 July 2017	The adult safeguarding policy and procedures should be updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake refresher training on adult safeguarding. **Response by registered provider detailing the actions taken:** Ammended in line with above & staff all to get refresher training before deadline
Recommendation 3 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** 25 July 2017	Further develop the records management policy to include the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. **Response by registered provider detailing the actions taken:** Has been further developed
Recommendation 4	Develop a complaint's register and ensure all documentation relating to

Ref: Standard 8.5 **Stated:** First time **To be completed by:** 25 June 2017	the management of a complaint is retained and available for inspection. **Response by registered provider detailing the actions taken:** There is a complaints register adapted for the practice completed.

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