

The Regulation and
Quality Improvement
Authority

Williamson Orthodontic Practice
RQIA ID: 11735
521 Antrim Road
Belfast
BT15 3BS

Inspector: Norma Munn
Inspection ID: IN023934

Tel: 028 9077 1766

**Announced Care and Variation to Registration Inspection
of
Williamson Orthodontic Practice**

4 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 04 March 2016 from 10.00 to 12.30. The purpose of this inspection was to carry out the scheduled announced inspection on the focused themes and standards. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for two additional dental chairs. The variation to the registration in regards to the increase in the number of registered chairs from two to four was approved following this inspection.

On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. One issue was also identified in relation to the fire risk assessment. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 23 January 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with Mr Bruce Williamson, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Bruce Williamson	Registered Manager: Mr Bruce Williamson
Person in Charge of the Practice at the Time of Inspection: Mr Bruce Williamson	Date Manager Registered: 30 August 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 2 increasing to 4 following inspection

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- medical and other emergencies; and
- recruitment and selection.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation report, complaints declaration and the submitted variation application.

During the inspection the inspector met with Mr Williamson, registered person, a dentist, a dental nurse and a receptionist.

The following records were examined during the inspection: relevant policies and procedures, training records, two staff personnel files, job descriptions, contracts of employment and the arrangements to review patient medical histories.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the practice was an announced care inspection dated 23 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection dated 23 January 2015

Last Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13(7) Stated: First time	The decontamination area must be separated from the clinical area with the provision of a solid door. Action taken as confirmed during the inspection: It was observed that a new door had been installed separating the decontamination area from the clinical area.	Met
Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	Foot operated clinical waste bins should be provided in clinical areas. Action taken as confirmed during the inspection: Foot operated clinical waste bins were observed in all clinical areas.	Met

5.3 Medical and Other Emergencies

Is Care Safe?

Review of training records and discussion with Mr Williamson and 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 the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr Williamson and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of a self-inflating bag with reservoir suitable for use with a child. RQIA received confirmation by electronic mail on 4 March 2016 that this equipment had been ordered.

A system is in place to ensure that emergency medicines do not exceed their expiry date. However, review of records evidenced that the frequency of checks had been carried out three monthly.

This was discussed with Mr Williamson who agreed to increase the frequency of checking emergency medicines to monthly. A system to ensure that emergency equipment does not exceed their expiry date was developed following the inspection. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Williamson and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be safe.

Is Care Effective?

A policy for the management of medical emergencies was available. The policy did not include the provision of emergency medications, equipment and checking procedures. Mr Williamson readily agreed to include these items in the policy in accordance with best practice. RQIA received confirmation by electronic mail on 4 March 2016 that the policy had been amended.

Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Williamson and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr Williamson and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr Williamson and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Recruitment and Selection

Is Care Safe?

Review of the recruitment policy available in the practice identified that further development was needed to ensure the policy was comprehensive and reflective of best practice guidance. RQIA received a copy of the revised recruitment policy by electronic mail on 4 March 2016 which was comprehensive and reflective of best practice guidance.

Two personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received
- two written references
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- criminal conviction declaration
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable.

The arrangements for enhanced AccessNI checks were reviewed. Evidence was retained in each file that an enhanced AccessNI check had been received. One file reviewed evidenced that the check had been received before the staff member commenced work. However, the second file reviewed evidenced that the check had been received after the staff member commenced work. This was discussed with Mr Williamson and a requirement has been made to ensure that enhanced AccessNI checks are undertaken and received prior to new staff commencing work in the practice.

A staff register was developed following the inspection containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr Williamson confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection recruitment and selection procedures were generally found to be safe.

Is Care Effective?

The dental service's recruitment and selection procedures generally comply with relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed, AccessNI checks should be obtained prior to the commencement of employment.

Two personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Williamson confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection recruitment and selection procedures were generally found to be effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated further development is needed to reflect good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed, these should be obtained prior to the commencement of employment.

Discussion with Mr Williamson and staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Williamson and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were generally found to be compassionate.

Areas for Improvement

Enhanced AccessNI checks must be undertaken and received prior to new staff commencing work in the practice.

Number of Requirements:	1	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mr Williamson, a dentist, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

5.5.2 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

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 January 2014 to 31 March 2015.

5.5.3 Patient Consultation

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

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.

5.5.4 Variation to Registration

An application was submitted to RQIA by the registered person, Mr Bruce Williamson, to vary the current registration of Williamson Orthodontic Practice. The practice was initially registered on 30 August 2011 and the application made was to increase the number of registered dental chairs from two to four. On the day of the inspection Mr Williamson confirmed that the two additional dental chairs to be registered were in use for National Health Service (NHS) patients.

5.5.5 Statement of Purpose

A statement of purpose submitted to RQIA prior to the inspection did not include the organisational structure of the practice, or provide the number, relevant qualification and experience of staff working in the practice as detailed in the staff register. The arrangements for dealing with complaints also needed further development. This was discussed with Mr Williamson on the day of the inspection and advice and guidance was provided. Mr Williamson agreed to review the statement of purpose to include the key areas and themes outlined in regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. RQIA received confirmation by electronic mails on 4 March 2016 and 14 March 2016 that the statement of purpose had been reviewed and amended.

5.5.6 Patient Guide

The patient guide reviewed did not include a summary of the complaints procedure, details of the address and telephone number of RQIA and information on how to obtain the most recent RQIA report. This was discussed with Mr Williamson following the inspection. Mr Williamson agreed to review the patient guide to include all of the key areas and themes specified in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. RQIA received confirmation by electronic mail on 14 March 2016 that the patient guide had been reviewed and amended.

5.5.7 Staffing

Review of the staff register demonstrated that since the previous inspection one new staff member had commenced work in the practice. Discussion with Mr Williamson confirmed that no new staff had been recruited in association with the additional dental chairs.

As discussed previously, one requirement has been made to ensure that enhanced AccessNI checks are undertaken and received prior to new staff commencing work in the practice.

5.5.8 Radiology

An intra-oral x-ray machine has been recently installed in the practice. Review of the radiation protection file evidenced that a critical examination of the x-ray unit had been undertaken by the appointed radiation protection advisor (RPA) on 22 October 2015 and any recommendations made have been addressed. The local rules were on display on the day of the inspection. Staff confirmed that the patient's medical history is checked and that consent is obtained prior to taking x-rays.

A radiation protection supervisor (RPS) for the practice has been identified. Review of documentation and discussion with Mr Williamson demonstrated that all x-rays are graded for quality and that audits of x-ray quality are undertaken.

5.5.9 Environment

The dental practice is presented in the form of a polyclinic with three chairs accommodated in one surgery and a separate surgery containing one chair. A tour of the premises was undertaken, including the additional two chairs located in both surgeries, which were maintained to a high standard of maintenance and décor. Discussion with Mr Williamson confirmed that a new fire door had recently been installed between the decontamination room and clinical area. The most recent fire risk assessment had been undertaken during 2013. A recommendation has been made to ensure that the fire risk assessment is reviewed and any significant finding should be addressed. A legionella risk assessment was completed in May 2016.

5.5.10 Infection Prevention and Control/Decontamination

The arrangements in regards to the additional chairs were reviewed. It was observed that the flooring in both surgeries was impervious and coved at the edges where it meets the walls. The surgeries were tidy and uncluttered and work surfaces were intact and easy to clean.

Sharps boxes were safely positioned to prevent unauthorised access.

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

Personal protective equipment (PPE) was readily available.

The clinical waste bins were pedal operated and appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste in keeping with HTM 07-01.

The Infection Prevention Society (IPS) audit tool had not been completed since November 2014. This was discussed with Mr Williamson during the inspection. RQIA received confirmation by electronic mail on 9 March 2016 that the IPS audit tool (2013 edition) had been completed. Discussion with Mr Williamson demonstrated that he is aware that this audit tool is to be undertaken six monthly and action generated from any deficits identified.

Mr Williamson confirmed that the practice has sufficient instruments to meet demands and that if additional instruments are required they will be purchased.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.

Appropriate equipment, including a washer disinfector and steam steriliser have been provided to meet the practice requirements.

Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Areas for Improvement

The fire risk assessment should be reviewed and any issues identified during the review should be addressed within timescales acceptable to the risk assessor.

Number of Requirements:	0	Number of Recommendations:	1
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Conclusion

The variation to the registration in regards to the increase in dental chairs from two to four was approved by the care inspector following this inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Williamson, registered person 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

6.2 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 person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to RQIA's office 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 weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 19 (2)
(d) Schedule 2

Stated: First time

To be Completed by:
4 March 2016

The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to new staff commencing work in the practice.

Response by Registered Person(s) Detailing the Actions Taken:

COMPLETED

Recommendations

Recommendation 2

Ref: Standard 14

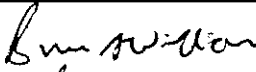

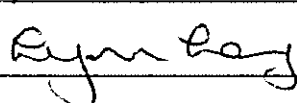
Stated: First time

To be Completed by:
4 April 2016

The fire risk assessment should be reviewed. Any issues identified during the review should be addressed within timescales acceptable to the risk assessor.

Response by Registered Person(s) Detailing the Actions Taken:

COMPLETED

Registered Manager Completing QIP		Date Completed	4/3/16
Registered Person Approving QIP		Date Approved	4/3/16
RQIA Inspector Assessing Response		Date Approved	9/5/16

**Please ensure this document is completed in full and returned to RQIA's office*