

Announced Care Inspection Report 21 September 2017



Mulgrew Orthodontics

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 100 Strand Road, Timberquay, Derry, BT48 7NR

Tel No: 028 7136 7464

Inspector: Norma Munn

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

This is a registered dental practice with two registered places providing a specialised orthodontic service.

3.0 Service details

| | |
|--------------------------------------------------------------|------------------------------------------------|
| Organisation/Registered Provider: Mr Brian Mulgrew | Registered Manager: Mr Brian Mulgrew |
| Person in charge at the time of inspection: | Date manager registered: |

| | |
|----------------------------------------------------------------------------|------------------------------------------|
| Mr Brian Mulgrew | 30 April 2012 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 2 |

4.0 Inspection summary

An announced inspection took place on 21 September 2017 from 11.20 to 14.20.

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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Two areas of improvement under the standards have been identified. These relate to undertaking safeguarding training for all staff and the further development of the safeguarding policies.

Four out of six patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice. Two patients indicated that they were not satisfied. However both these patients indicated that the care was safe, effective, compassionate and the service was well led and did not leave any comments. This was discussed with the Mr Mulgrew and the practice manager.

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.

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.

4.1 Inspection outcome

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with the 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2017

No further actions were required to be taken following the most recent inspection on 20 March 2017.

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 Mr Mulgrew, registered person, the practice manager, one orthodontic therapist and four dental nurses. A tour of the premises was also undertaken.

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

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

The findings of the inspection were provided to the practice manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 March 2017

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 20 March 2017

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

Two dental surgeries are in operation in this practice. Discussion with staff 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 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. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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 the practice manager confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as

outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. A minor amendment was made to the policy on the day of the inspection. The revised policy was emailed to RQIA following the inspection and was found to be comprehensive and reflected best practice guidance.

Safeguarding

Staff 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 not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. An area for improvement under the standards has been made in this regard. The Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) was discussed and emailed to the practice following the inspection.

Policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. However, the policies did not fully reflect the regional policies and best practice guidance. The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. An area for improvement under the standards has been made in this regard.

The regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Area Child Protection Committees Regional Policy and Procedures' (2005) were in place and available for staff reference. Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), and the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection. The practice manager has agreed to ensure that these documents will be made available for staff reference.

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 discussion took place in relation to the procedure for the safe administration of Buccolam medication and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. Mr Mulgrew has advised that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the BNF.

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.

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.

The policy for the management of medical emergencies was in place. 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 aware of 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.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and two steam sterilisers has 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. Staff should ensure that the serial number, make, model and location for each piece of equipment is recorded in the separate logbooks provided.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool on a six monthly basis.

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

Radiography

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG), which are located in a separate room.

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 and x-ray audits.

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.

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. A large plant and an arrangement of dried flowers were observed in one of the surgeries. These were removed on the day of the inspection in keeping with best practice.

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. These included the servicing of the fire detection systems and fire-fighting equipment.

A legionella risk assessment had been undertaken and reviewed annually.

A fire risk assessment had been undertaken by an external organisation and staff confirmed 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.

A written scheme of examination of pressure vessels was not available to review. Following the inspection RQIA received confirmation that the pressure vessels would be inspected on 12 October 2017 in keeping with the written scheme of examination.

It was confirmed that arrangements are in place for the management of prescription pads/forms. However, a written security policy had not been developed to reduce the risk of prescription theft and misuse. Following the inspection a prescription pad policy was submitted to RQIA.

Patient and staff views

Six patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Three patients indicated they were very satisfied with this aspect of care and one indicated that they were satisfied. Two patients indicated that they were very unsatisfied however, both of these patients had indicated that they felt safe and protected from harm. One comment was provided that included the following:

- "All staff in Mulgrew are very friendly."

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated that they were very satisfied with this aspect of care and. 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 staff recruitment, induction, appraisal, the management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

All staff should attend training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

The safeguarding policies should be further developed to ensure they fully reflect regional and best practice guidance. The updated policies should be shared with staff.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

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.

Staff 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.

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.

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 were information leaflets available and products to purchase at reception in regards to oral health and hygiene. Staff 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
- clinical records
- review of complaints/accidents/incidents

Communication

Staff 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. Staff confirmed that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal 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

Five patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. One patient indicated that they did not get the right care, at the right time and with the best outcome for them. Three patients indicated they were very satisfied with this aspect of care, one indicated that they were satisfied and two patients indicated that they were very unsatisfied. However, five of the six patients had indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

All four submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. Three staff indicated they were very satisfied with this aspect of care and one indicated they were very unsatisfied. 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 |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 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 aware of how 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 ensures that patients understand what treatment is available to them and can make an informed choice.

The practice undertakes patient satisfaction surveys on a six monthly basis. The practice manager discussed the most recent patient satisfaction report and 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.

Patient and staff views

All six patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Four patients indicated they were very satisfied with this aspect of care and two indicated that they were very unsatisfied. However, all six patients had indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All four 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. Staff spoken with during the inspection concurred with this. Three staff indicated they were very satisfied with this aspect of care and one indicated they were very unsatisfied. 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 |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 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.

Mr Mulgrew, registered person is the nominated individual with overall responsibility for the day to day management of the practice and he is supported by a practice manager. .

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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.

The practice manager 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.

Mr Mulgrew demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 and information received following the inspection confirmed that current insurance policies were in place.

Patient and staff views

All six patients who submitted questionnaire responses indicated that they felt that the service is well led. Four patients indicated they were very satisfied with this aspect of the service and two indicated that they were very unsatisfied. However, all six patients had indicated that they felt that the service is well led. No comments were included in submitted questionnaire responses.

All four submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Three staff indicated they were very satisfied with this aspect of the service and one indicated they were very unsatisfied. 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 |
|----------------------------------------------|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | |
| <p>Area for improvement 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2017</p> | <p>The registered person shall ensure that all staff receive safeguarding adults and children training as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional policy and guidance should be included in the training provided.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: all staff have completed level 1 and management have completed level 2</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2017</p> | <p>The registered person shall ensure that the safeguarding policies for adults and children are reviewed and further developed to fully reflect the regional policies and best practice guidance.</p> <p>The policies should include the types and indicators of abuse, the distinct referral pathways in the event of a safeguarding issue arising and the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The name of the safeguarding lead should be included and the updated policies should be shared with staff.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: this has been completed</p> |

Please ensure this document is completed in full and returned via Web Portal



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