



RQIA Provider Guidance 2017-2018

Independent Hospital Dental Treatment

What We Do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The Four Domains



How We Will Inspect

We will inspect every Independent Hospital – Dental Practice at least annually. Our inspectors are most likely to carry out an announced inspection, however from time to time we may carry out an unannounced inspection.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect a dental practice, we aim to:

- Seek the views of the people who use the service, or their representatives
- Talk to the management and other staff on the day of the inspection
- Examine a range of records including care records, incidents, complaints and policies
- Provide feedback on the day of the inspection to the manager on the outcome of the inspection; and
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are 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
- The DHSSPS Minimum Standards for Dental Care and Treatment (2011)

While we assess the quality of services provided against regulations and associated Department of Health, Social Services and Public Safety (DHSSPS) care standards, we do not assess the quality of dentistry provided by individual dentists.

What We Look For When We Inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is Care Safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of Evidence

Staffing

- There are sufficient numbers of staff in various roles to fulfil the needs of the practice and patients
- There is an induction programme in place appropriate to the role
- A system is in place to ensure staff receive annual appraisals and records are retained
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role (including GDC CPD for clinical staff), records should be available for inspection
- There are arrangements for monitoring the GDC registration status of all clinical staff, records should be retained for inspection
- There are arrangements in place for monitoring the professional indemnity of all staff who require individual indemnity cover, records should be retained for inspection

Recruitment and Selection

- Staff have been recruited in line with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended
- There is a written policy and procedure for staff recruitment. Policy should include: open recruitment process, advertising, application process, shortlisting, interview & selection process, issuing of job description & contract of employment, employment checks, references, employment history, AccessNI, health, professional qualifications
- Staff personnel files are in keeping with 19 (2) Schedule 2, as amended
- Enhanced AccessNI checks are received prior to new staff commencing work
- Recruitment and selection records should be retained in keeping with Regulation 21 (3) Schedule 3 Part II
- A staff register should be maintained up-to-date and retained for inspection in keeping with Regulation 21 (3) Schedule 3 Part II

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of Evidence**Safeguarding**

- Policies and procedures are in line with the regional 'Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015) and Adult Safeguarding Operational Procedures (2016), Co-operating to Safeguard Children and Young People in Northern Ireland, (2016) and Area Child Protection Committees' Regional Policy and Procedures, (2005)
- There are arrangements in place to identify the Adult Safeguarding Champion/Safeguarding Lead (delete as appropriate)
- There are arrangements in place to embed the new regional operational safeguarding procedures
- Staff are knowledgeable about safeguarding and are aware of their obligations in relation to raising concerns
- Safeguarding training is provided during induction and updated as necessary
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings are highlighted as a result of an investigation, additional identified safeguards are put in place
- Staff are aware of their obligations in relation to raising concerns about poor practice

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of Evidence**Management of Medical Emergencies**

- Emergency medicines and equipment are available in accordance with British National Formulary (BNF) and Resuscitation Council (UK) guidance
- A robust system is in place for checking expiry dates of medicines and equipment by an identified individual
- A policy in relation to the management of medical emergencies is in place (to include training arrangements, provision of equipment, emergency medication, checking procedures, how to summon help, incident documentation and staff debriefing)
- Procedures in relation to the management of medical emergencies are in place (to include the following conditions anaphylaxis, asthma, cardiac emergencies, epileptic seizures, hypoglycaemia, syncope)
- Management of a medical emergency is included in staff induction and update training is provided annually
- Staff have knowledge and understanding of managing a medical emergency

Infection Prevention Control and Decontamination Procedures

- The environment is clean and clutter free
- Infection prevention and control (IPC) and decontamination policies and procedures are in place in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary dental care practices and HTM 07-01 Safe management of healthcare waste
- Records of staff training, are retained for inspection
- IPC and decontamination leads are identified
- Staff have knowledge and understanding of IPC procedures in line with best practice
- Staff have knowledge and understanding of the decontamination process including periodic testing of decontamination equipment and storage of instruments in accordance with HTM 01-05
- Decontamination equipment is validated in accordance with HTM 01-05
- The decontamination room is laid out and is operational in keeping with HTM 01-05
- The Infection Prevention Society (IPS) HTM 01-05 audit is completed every six months and an action plan for compliance is devised if applicable

Radiography and Radiation Safety

- Radiation protection file is available and includes all relevant documentation (e.g. local rules, employers procedures, audits, quality assurance)
- Appointment of a radiation protection advisor (RPA)
- A critical examination is undertaken on installation of new or repositioned x-ray equipment and a report provided by the RPA
- A quality assurance test is undertaken by the appointed RPA every three years
- Most recent RPA report (within the last 3 years) is available and evidence is retained that any recommendations made have been addressed
- There is an identified radiation protection supervisor (RPS)
- Local rules are displayed on or near each x-ray unit
- All relevant staff have signed to confirm they have read and understood the radiation protection file including local rules and employer's procedures
- Servicing and maintenance of radiology equipment is in keeping with manufacturer's instructions
- Six monthly x-ray quality audits have been undertaken
- Annual justification and clinical evaluation recording audits have been undertaken
- Rectangular collimation is in use
- Records of training which meet GDC CPD recommendations are retained in respect of all authorised users appropriate to their role

Indicator S4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence

Environment

- The practice is clean, clutter free, warm and pleasant
- There are no obvious hazards to the health and safety of patients and staff
- There are arrangements in place in relation to maintaining the environment (e.g. servicing of lift/gas/boiler/fire detection systems/fire-fighting equipment, fixed electrical wiring installation, legionella risk assessment)
- Arrangements are in place to ensure that environmental risk assessments are reviewed on an annual basis by a competent person
- Written security policies are in place to reduce the risk of prescription theft and misuse
- Procedures and systems are implemented to reduce the risk of prescription theft and misuse

Is Care Effective?

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

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

Clinical Records

- Arrangements are in place for maintaining and updating clinical records
- Arrangements are in place to review and update patients medical histories
- Routine dental examinations include a process to check for gum disease and oral cancers
- The treatment plan is developed in consultation with the patient and includes information about the costs of treatment, options and choices
- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection
- Records are securely stored – electronic/hard copy
- A freedom of information publication scheme is in place
- The practice is registered with the Information Commissioners Office (ICO)

Health Promotion

- The practice has a strategy for promoting oral health and hygiene
- There is evidence of the arrangements for promoting oral health

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of Evidence

- A range of audits, including clinical audits, are undertaken routinely and any actions identified for improvement are implemented into practice

Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of Evidence

- Arrangements are in place for onward referral in respect of specialist treatments e.g. sedation, orthodontics, oral surgery and oral cancers
- A system is in place for breaking bad news to patients in the context of dentistry
- There is an open and transparent culture that facilitates the sharing of information
- Patients are aware of who to contact if they want advice or have any issues/concerns
- Staff meetings are held on a regular basis and minutes are retained
- Staff can communicate effectively
- Learning from complaints/incidents/near misses is effectively disseminated to staff

Is Care Compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of Evidence

- Staff can demonstrate how confidentiality is maintained
- Staff can demonstrate how consent is obtained
- Discussion with staff and observation of interactions demonstrate patients are treated with dignity and respect
- There is a suitable location for private consultation
- There are arrangements in place to assist patients with a disability or who require extra support
- There is a policy and procedure on confidentiality

Indicator C2

Service users are listened to, valued and communicated with, in an appropriate manner.

Examples of Evidence

- There are arrangements in place for involving patients to make informed decisions
- There are arrangements for providing information in alternative formats/interpreter services, if applicable

Indicator C3

There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence

- Patient consultation (patient satisfaction survey) about the standard and quality of care and environment is carried out at least on an annual basis
- The results of the consultation are collated to provide a summary report
- The summary report is made available to patients
- An action plan is developed to inform and improve services provided, if appropriate
- RQIA staff/patient questionnaire responses support the outcome that compassionate care is in place

Is the Service Well Led?

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

Indicator L1

There are management and governance systems in place to meet the needs of service users.

Examples of Evidence

Governance Arrangements

- The registered person/nominated representative monitors the quality of services and undertakes an unannounced visit to the premises at least six monthly and produces a report of their findings (where appropriate)
- There are arrangements in place for policies and procedures to be reviewed at least every three years
- Policies are centrally indexed, a date of implementation and planned review is recorded and they are retained in a manner which is easily accessible by staff
- Arrangements are in place to review risk assessments e.g. legionella, fire, HTM 01-05 IPS audit, Control of Substances Hazardous to Health (COSHH)

Complaints

- The practice has a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling
- There are clear arrangements for the management of complaints from NHS and private patients
- Records are kept of all complaints and these include details of all communications with complainants, investigation records, the result of the investigation, the outcome and the action taken
- Information from complaints is used to improve the quality of services
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision

Incidents

- The practice has an incident policy and procedure in place which includes reporting arrangements to RQIA
- Incidents are effectively documented and investigated in line with legislation
- All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and procedures

Indicator L2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

Quality Improvement

- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and patients

Quality Assurance

- Arrangements are in place for managing relevant alerts
- Arrangements are in place for staff supervision and appraisal
- There is collaborative working with external stakeholders e.g. Investors In People (IIP), British Dental Association (BDA) Good practice scheme
- There are procedures to facilitate audit, including clinical audit (e.g. IPS, x-ray, records, incidents, accidents, complaints)
- Results of audits are analysed and actions identified for improvement are embedded into practice

Indicator L3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all areas of the practice
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s have understanding of their role and responsibilities as outlined in legislation
- Patients are aware of the roles of staff and who to speak with if they need advice or have issues/concerns
- The registered person is kept informed regarding the day to day running of the practice

Indicator L4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The statement of purpose and patient guide are kept under review, revised when necessary and updated
- Insurance arrangements are in place - public and employers liability
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- Any changes in the registration status of the service are notified to RQIA
- RQIA certificate of registration is on display and reflective of service provision

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There is a raising concerns/whistleblowing policy and procedural guidance for staff
- Arrangements are in place for staff to access their line manager
- There are arrangements in place to support staff (e.g. staff meetings, appraisal and supervision)
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements in place to effectively address staff suggestions/concerns

Inspection Reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where no areas for improvement are identified from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.



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