

Announced Care Inspection Report 21 July 2016



Loughry Dental Practice

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

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Inspectors: Emily Campbell and Elaine Connolly

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Loughry Dental Practice took place on 21 July 2016 from 09:50 to 12:25.

The inspection sought to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Some issues identified in relation to an enhanced AccessNI check and the professional indemnity for an identified staff member and the inspection of pressure vessels were addressed following the inspection. One requirement was made in relation to undertaking enhanced AccessNI checks for self-employed staff and three recommendations were made regarding recruitment checks, professional indemnity monitoring and the validation of decontamination equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr Jeffers and staff 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. Ways in which the audit programme could be further developed were discussed. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Jeffers and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Written treatment plans including approximate costs are provided to patients as appropriate. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that in general there was effective leadership and governance arrangements in place which creates 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 provider's understanding of their role and responsibility in accordance with legislation. A number of quality assurance processes were in place. No requirements or recommendations have been made. However, issues were identified in relation to recruitment and selection, professional indemnity monitoring, validation of decontamination equipment and pressure vessel inspection under the Is Care Safe domain which all relate to quality assurance and good governance.

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	1	3

Details of the QIP within this report were discussed with Mr Adam Jeffers, registered person, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/ registered provider: Mr Adam Jeffers	Registered manager: Mr Adam Jeffers
Person in charge of the service at the time of inspection: Mr Adam Jeffers	Date manager registered: 17 November 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 inspectors met with Mr Adam Jeffers, registered person, a dentist undertaking foundation training in general practice, a dental nurse and a trainee dental nurse. 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 28 August 2015

The most recent inspection of the establishment was an announced variation to registration care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 28 August 2015

As above.

4.3 Is care safe?

Staffing

Loughry Dental Practice was established in November 2014 and two dental surgeries are in operation. 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.

The practice was approved as a training practice by the Northern Ireland Medical and Dental Training Agency (NIMDTA) in 2015. A dental foundation year one (DF1) trainee is undergoing a current placement in the practice, which is due to end on 31 July 2016, when a new DF1 will commence work in the practice. As part of his preparation to fulfil his role as mentor for the F1 Mr Jeffers undertook a post graduate certificate in training at Queens University Belfast.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of two evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

Records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status of all clinical staff. Professional indemnity records were also retained with the exception of a self-employed practitioner who provides services on a sessional basis. Evidence of the self-employed practitioner's indemnity was emailed to RQIA on 1 August 2016. A recommendation was made to establish a system to ensure that the professional indemnity of any self-employed staff is reviewed on their anniversary.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Jeffers confirmed that one directly employed staff member has 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. However, there were no recruitment checks undertaken in respect of the self-employed practitioner who provides services on a sessional basis. Mr Jeffers advised that he had not realised self-employed practitioners needed to have these checks carried out. Documentary evidence was provided to RQIA confirming that an enhanced AccessNI check had been applied for in respect of the identified staff member on 26 July 2016. A requirement was made that an enhanced AccessNI check is undertaken and received in respect of any new self-employed staff prior to commencing work in the practice. A recommendation was also made that all the relevant recruitment information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained in respect of any new self-employed practitioners prior to them commencing work in the practice.

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as part of their induction and the new regional guidance Adult Safeguarding Prevention Protection in Partnership (July 2015) was available and had been shared with staff. Mr Jeffers confirmed that safeguarding training would be provided every two years as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Mr Jeffers was advised that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. 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.

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 uniform policy and hand hygiene.

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. 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 was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements. Review of documentation evidenced that the washer disinfectant and steriliser had been validated on commissioning in October 2014. Mr Jeffers advised that the equipment had been validated in February 2016, however, the service reports in this respect did not confirm that the equipment had been validated to Health Technical Memorandum (HTM) 01-05. Confirmation was provided by email from the service engineer on 3 August 2016 that equipment had been validated to HTM 01-05. A recommendation was made to establish a system to ensure that decontamination equipment is validated on an annual basis in keeping with HTM 01-05.

A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.

The x-ray scanner and a teeth whitening mould machine were observed to be in sit in the decontamination room, which should be dedicated to the decontamination process only. These items were removed from the decontamination room during the inspection.

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 May 2016.

Radiography

The practice has two 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) completed a quality assurance check on installation of the x-ray units and arrangements have been established for this to be undertaken every three years. Review of the reports by the RPA demonstrated that the recommendations made have been addressed.

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.

Cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included servicing of fire safety equipment and emergency lighting, portable appliance testing and electrical wiring installation certification.

The legionella risk assessment was last reviewed in August 2015 and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and 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 had not yet been established. However, documentary evidence was received by RQIA confirming that a written scheme was established on the afternoon of the inspection. Arrangements have been made for the pressure vessels to be inspected in accordance with the written scheme of examination.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “Staff are friendly and helpful.”
- “Very high standards.”

Four staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patient protection is at the top of our priority.”

Areas for improvement

Enhanced AccessNI checks should be undertaken and received in respect of any new self-employed staff prior to commencing work in the practice.

A system established to ensure that the professional indemnity of any self-employed staff is reviewed on their anniversary.

The relevant recruitment information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new self-employed practitioners prior to them commencing work in the practice.

Establish a system to ensure that decontamination equipment is validated on an annual basis in keeping with HTM 01-05.

Number of requirements	1	Number of recommendations:	3
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4.4 Is care effective?

Clinical records

Mr Jeffers and staff spoken with 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 that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Electronic care records are maintained and different levels of access are 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.

The practice is registered with the Information Commissioner's Office (ICO).

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Oral health promotion leaflets and information regarding the availability of a hygienist service were on display in the waiting area. Mr Jeffers and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Educational videos, available on computer, are used to demonstrate techniques to patients in the promotion of good oral health.

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 in respect of the DF1
- review of complaints/accidents/incidents
- review of risk assessments

Ways in which the audit programme could be further developed were discussed, for example, clinical record audits in respect of all practitioners providing treatment and clinical waste audits.

Communication

Mr Jeffers and the DF1 confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was provided:

- "Good plan, staff helpful."

All submitted staff questionnaire responses indicated that they feel 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. The following comment was provided:

- “We try and make each patient’s visit as effective for them as possible.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Written treatment plans including approximate costs are provided to patients as appropriate. Staff demonstrated how consent would be obtained.

The practice is accessible for patients with a disability and an interpreter service is available for patients who do not speak English.

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.

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. No comments were provided.

All submitted staff questionnaire responses indicated that they feel 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. The following comment was provided:

- “We all try to make patients feel welcome in our practice. I ensure my patients feel comfortable throughout and are also able to ask me any questions about their treatment.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

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 Jeffers has overall responsibility for the day to day management of the practice. As discussed previously, the practice was approved as a training practice by NIMDTA in 2015.

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. 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 displayed in the practice. Mr Jeffers readily agreed to make minor amendments to the complaints procedure as discussed during the inspection. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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.

Mr Jeffers 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. However, as discussed, issues were identified under the Is Care Safe domain regarding recruitment and selection, professional indemnity monitoring, validation of decontamination equipment and inspection of pressure vessels which all relate to quality assurance and good governance. Some issues identified were addressed following the inspection.

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 Jeffers demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The statement of purpose was available and was observed to be up to date. Mr Jeffers confirmed that the patient guide is 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 feel that the service is well managed. The following comment was provided:

- “Excellent dentist, staff are all friendly. 100% great practice and have recommended friends and family.”

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “We have policies that we follow and also a good team leader of the practice.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Adam Jeffers, registered person, 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 the 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 may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return 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	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>The registered provider must ensure that an enhanced AccessNI check is undertaken and received in respect of any new self-employed staff prior to commencing work in the practice.</p> <p>Response by registered provider detailing the actions taken:</p> <p>The self-employed member of staff was contacted on the day of the inspection, and has submitted an application for an enhanced AccessNI check. The policy for employing self-employed staff has been reviewed to ensure that in future this check is completed prior to commencement of employment. All existing employed staff have had enhanced AccessNI checks completed prior to commencement of employment, and at all times would provide chairside assistance to the current self-employed member of staff.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>A system should be established to ensure that the professional indemnity of any self-employed staff is reviewed on their anniversary.</p> <p>Response by registered provider detailing the actions taken:</p> <p>There is a personnel folder which contains records, including professional indemnity, for employed staff. This folder is checked on a regular basis. This has now been amended to include self-employed staff details. The professional indemnity for the current self-employed staff member was checked and proved to be valid.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2016</p>	<p>The relevant recruitment information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of any new self-employed practitioners prior to them commencing work in the practice.</p> <p>Response by registered provider detailing the actions taken</p> <p>The current policy for employed staff has been amended to include details for self-employed staff members. Recruitment information as detailed in schedule 2 will be available for all staff including self-employed staff members in the future, prior to commencement of work.</p>
<p>Recommendation 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2016</p>	<p>Establish a system to ensure that decontamination equipment is validated on an annual basis in keeping with Health Technical Memorandum (HTM) 01-05.</p> <p>Response by registered provider detailing the actions taken:</p> <p>The engineer verified that the equipment had been serviced and validated to HTM 01-05 within the last 12 months, and is working effectively. The policy on validation will be reviewed annually to ensure that validation continues to be carried out in the correct time frame. An engineer has been scheduled to complete a periodic inspection of the two pressure vessels.</p>

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