

# Announced Care Inspection Report 26 May 2016



## Vita Dental Care

**Service Type: Dental Service**  
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**Inspectors: Emily Campbell and Loretto Fegan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Vita Dental Care took place on 26 May 2016 from 10.00 to 13.55.

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?**

Observations made, review of documentation and discussion with Ms Thomson, registered person, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made. Issues identified in relation to recruitment and selection, medical emergencies, safeguarding and cleaning protocols were addressed immediately following this inspection.

### **Is care effective?**

Observations made, review of documentation and discussion with Ms Thomson 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. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Ms Thomson and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that 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 person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Christine Thomson, registered person, as part of the inspection process and can be found in the main body of the report.

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

<b>Registered organisation/registered person:</b> Christine Thomson	<b>Registered manager:</b> Christine Thomson
<b>Person in charge of the service at the time of inspection:</b> Christine Thomson	<b>Date manager registered:</b> 09 December 2015
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 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 inspector met with Ms Thomson, registered manager, Ms Haire, practice manager, an associate dentist and two dental nurses. Ms Haire facilitated the inspection. 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 09 December 2015**

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were both undertaken on 9 December 2015 and registration of the practice was approved on the same day. No requirements or recommendations were made during the care pre-registration inspection. The completed QIP from the estates pre-registration inspection was returned and approved by the estates inspector.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 09 December 2015**

As above.

#### **4.3 Is care safe?**

##### **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. One staff member is currently undergoing induction training.

Procedures were in place for appraising staff performance. Appraisals have not yet taken place, however these have been scheduled to be held in two weeks' time which is six months from the date the practice was established. Ms Thomson plans to carry out appraisals on a yearly basis thereafter. 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 Ms Thomson confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that, in general, the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The following issues were identified:

- One file did not contain photographic identification; Ms Thomson advised that this had been sent off with the enhanced AccessNI check application and she had omitted to retain a copy. Random review of three other staff personnel files evidenced that photographic identification had been retained. Ms Thompson confirmed by email on the afternoon of the inspection that photographic identification in relation to the identified staff member had been obtained and had been placed in their personnel file.
- There was no criminal conviction declaration in either file. Ms Thomson emailed a Vita Dental Care criminal conviction declaration template to RQIA on the afternoon of the inspection and provided assurances that this would be implemented in respect of all future staff employed. Ms Thomson also confirmed that a criminal conviction declaration had been completed retrospectively in relation to all staff.
- One file contained only one written reference. Ms Thomson explained that she was unable to obtain a second written reference, however she did take up a verbal reference in this regard. There was no record retained of the verbal reference and Ms Thomson was advised that in the event of only being unable to obtain verbal references, a record should be retained.

### **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 when the practice was established and on induction for staff who commenced working in the practice following that. Ms Thomson confirmed that update training would be provided as outlined in the Minimum Standards for Dental Care and Treatment 2011.

A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was not available and Ms Thomson was advised to obtain a copy of this. The revised adult safeguarding gateway numbers, for referral in the event of a concern being identified, were provided to Ms Thomson during the inspection. Ms Thomson confirmed by email on the afternoon of the inspection that the new guidance had been obtained and will be discussed at the staff meeting planned for 31 May 2016. Ms Thomson also confirmed that the safeguarding policy had been amended to reflect the new regional guidance.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Glucagon medication is stored in the fridge and a daily record is retained to evidence that the medication was stored between the required 2–8 degrees centigrade. However, the specific temperature was not recorded and it was suggested that this should be recorded. A revised fridge temperature record sheet was emailed to RQIA on the afternoon of the inspection confirming that the actual fridge temperature is being recorded. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of paediatric automated external defibrillator (AED) pads. Documentary evidence from the supplier was provided by email to RQIA on the afternoon of the inspection confirming that these had been ordered. 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 it was confirmed that training will be 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.

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

### **Infection prevention control and decontamination procedures**

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

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

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfectant, a DAC Universal and a vacuum steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Compliance with HTM 01-05 was audited in December 2015 using the Infection Prevention Society (IPS) audit tool and it was confirmed that this would be completed on a six monthly basis.

## **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 when the practice was established and it was confirmed this would be completed every three years. Review of the report of the visit by the RPA demonstrated that the recommendations made have been addressed.

Ms Thomson confirmed that x-ray equipment will be 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. X-ray quality audits and x-ray justification and clinical recording audits have been undertaken.

## **Environment**

The environment was maintained to a high standard of maintenance and décor.

Cleaning schedules were in place. A colour coded cleaning system was in place, however, this was not reflective of the National Patient Safety Agency (NPSA) national colour coding. This was discussed and Ms Thomson provided confirmation by email on the afternoon of the inspection, including photographic evidence, that the NPSA colour coding had been adopted. A revised cleaning policy was also provided which reflected this. Mops heads had been changed to reflect the colour coding and brackets have been installed in the cleaning store so that mops could be hung inverted, after use, to dry.

Arrangements are in place for maintaining the environment. Records were reviewed in relation to emergency lighting, engineering certification, legionella risk assessment and health risk assessments.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed.

### Patient and staff views

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

- “Staff are very helpful and always pleasant. It helps when you are nervous, they always put me at ease.”
- “Very friendly staff – dentist always had a nurse present. Made to feel at ease. New surgery is very clean and kitted out.”

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.

### Areas for improvement

No areas for improvement were identified.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.4 Is care effective?

### Clinical records

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

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

Electronic 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) 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 various information leaflets on display in the waiting area promoting oral health and activity booklets were also provided for children which promote oral health in a child friendly and fun manner. The practice have provided oral health promotion sessions to a nursery school and schools in the local area and plans have been established to undertake these at the local Rainbows group and a mental health facility.

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
- review of complaints/accidents/incidents
- health and safety risk assessments
- patient satisfaction survey
- audit of how patients became aware of the new practice.

Ms Thomson confirmed that the quality assurance process will be further developed as the practice becomes more established and it was suggested that this could include clinical waste audits and clinical records audits.

## **Communication**

Arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings have been held on a two to three weekly basis since the practice was established to discuss clinical and practice management issues. It is anticipated this will be reduced to being held on a monthly or six weekly basis in the future as the practice becomes more established. Review of documentation demonstrated that minutes of staff meetings are retained and staff 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

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

- “No dentist has ever explained my treatment with me or given me different options before. They were very helpful explaining everything.”
- “Given 2 – 3 treatment options with sufficient detail to make my choice – haven’t ever had this before.”

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

#### Dignity, respect and involvement in decision making

Ms Thomson and 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 observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The practice can accommodate patients with a disability and a bariatric dental chair is available in the ground floor surgery to accommodate patients for whom a standard dental chair would not be suitable. Interpreter services are available, if required, for patients whose first language is not English.

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

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. As discussed previously, written treatment plans are provided to patients as appropriate. Staff demonstrated how consent would be obtained.

The practice is currently undertaking its first patient satisfaction survey and Ms Thomson confirmed this will be carried out on an annual basis thereafter. On collation of the results of the survey a summary report will be developed which will be made available to patients and other interested parties. Ms Thomson confirmed that 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. The following comment was provided:

- “Dentist very gentle and willing to go at my pace and stopped regularly to let me have a rest.

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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. There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference and were indexed and dated. Ms Thomson confirmed that she intends to review policies and procedures on an annual basis or more frequently as required. 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 returned questionnaire indicated that no complaints have been received since the practice was established 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.

Ms Thomson 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.

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

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

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

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- "The staff are all so lovely and couldn't have done any more to help me. They talked me through what would happen and made everything so easy."
- "Have recall appointment already made and have been assured if this changes they will contact me."
- "All the girls and dentists have been so lovely and dental treatment was all very painless."
- "Staff have all been lovely to me and my family. Best dentist we have ever been with."

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### **5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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