

Announced Care Inspection Report 23 September 2016



Sliabh Mór Dental Care

Type of service: Independent Hospital (IH) - Dental Treatment
**Address: Unit 36, The Kennedy Centre, 564 - 568 Falls Road, Belfast,
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Inspector: Carmel McKeegan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Sliabh Mór Dental Care took place on 23 September 2016 from 10.30 to 13.00.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the practice 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 Mary-Claire Carroll, registered person, Mr Paul Kane, registered manager, 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. One recommendation was made in relation to recruitment records.

Is care effective?

Observations made, review of documentation and discussion with Ms Carroll, Mr Kane 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 Carroll, Mr Kane 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 persons understanding of their roles 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
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Mary-Claire Carroll, registered person, and Mr Paul Kane, registered 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.

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 person: Sliabh Mór Dental Care Limited Ms Mary-Claire Carroll	Registered manager: Mr Paul Kane
Person in charge of the practice at the time of inspection: Ms Mary-Claire Carroll	Date manager registered: 21 December 2015
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 inspector met with Ms Mary-Claire Carroll, Mr Paul Kane, an associate dentist and a 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 inspections dated 21 December 2015

The most recent inspections of the establishment were announced pre-registration care and estates inspections which were undertaken on 21 December 2015. There were no requirements or recommendations made during the care inspection. The completed QIP for the estates inspection was returned and approved by the estates inspector and registration of the practice was subsequently approved.

4.2 Review of requirements and recommendations from the last care inspection dated 21 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.

Two staff had commenced work in the practice since the previous inspection, an induction programme was in the process of being completed for both staff members. On 20 October 2016 RQIA received an electronic mail from Mr Kane stating that a structured induction programme had been completed for both new staff members.

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

As previously stated two new staff members have been recruited since the previous inspection. The personnel files for these staff were examined which were evidenced to include the following;

- positive proof of identity, including a recent photograph
- an enhanced AccessNI check was received prior to commencement of employment
- two written references were provided in only one of the staff files
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable

A criminal conviction declaration made by the applicants had not been provided; discussion with Ms Carroll and Mr Kane demonstrated that they had believed that the Access NI enhanced disclosure covered this area. Advice was provided in this regard. Advice was also given in relation to obtaining two written character references where an employee has not had an employment history.

Ms Carroll and Mr Kane were referred to The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which details the information required in respect of employees and were advised that this could be used as a checklist when appointing new staff members.

On 20 October 2016 RQIA received an electronic mail from Mr Kane confirming that the recruitment policy had been updated following the inspection, to include the areas identified discussed.

A recommendation has been made that a criminal conviction declaration and two written references, one of which should be from the current/most recent employer (as applicable), are obtained in respect of any new staff recruited including self-employed staff.

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 outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Ms Carroll and Mr Kane confirmed that the safeguarding policies would be reviewed and updated to ensure they fully reflect the new regional adult and child safeguarding policy and guidance documents issued during July 2015 and March 2016 respectively and that they would be discussed with staff at the next staff meeting. Following the inspection, details of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 were forwarded to the practice by electronic mail. On 20 October 2016 RQIA received an electronic mail response from Mr Kane confirming that the safeguarding policies had been updated in this regard.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). On 20 October 2016 RQIA received an electronic mail from Mr Kane confirming that an AED was located within close proximity to the dental practice and formal arrangements had been established to have timely access to the AED in the event of an emergency. It was confirmed that staff training in the use of the AED will be provided.

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 reflected best practice guidance. 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 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 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 and a steam steriliser have been provided to meet the practice requirements. 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. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated on installation and Ms Carroll confirmed that arrangements have been established for annual validation of this equipment.

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

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

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.

Ms Carroll confirmed the radiation protection advisor (RPA) will complete a quality assurance check every three years. Review of the report of the most recent visit by the RPA on 5 December 2015 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.

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. This included fire safety equipment checks and servicing, fixed electrical wiring testing, portable appliance testing, fire risk assessment and legionella risk assessment. Ms Carroll and Mr Kane have established ongoing servicing arrangements for all areas within the practice. Records in relation to maintenance were retained in a systematic and organised manner.

Patient and staff views

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

- ‘The colours in the surgery create a calming feeling.’
- ‘The environment itself makes me feel safe.’
- ‘This dentist is clean and bright and I always feel safe.’
- ‘The premises had a very calming atmosphere.’
- ‘The clean environment makes me feel safe.’
- ‘There is no doubt that I feel safe and protected.’
- ‘I am a nervous patient but I always feel safe in these surroundings.’
- ‘Risks were thoroughly discussed with myself before treatment. The dentist is spotless at reception through to surgery.’

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was included on a returned questionnaire.

- ‘Excellent standards maintained.’

Areas for improvement

A criminal conviction declaration and two written references, one of which should be from the current/most recent employer (as applicable), should be obtained in respect of any new staff recruited including self-employed staff.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Clinical records

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.

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 records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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. Ms Carroll confirmed that oral health is actively promoted on an individual basis with patients during their consultations. Mr Kane advised that the practice has contacted a number of schools to promote oral health in children and young adults.

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 waste management
- clinical records
- review of complaints/accidents/incidents

Communication

Ms Carroll confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

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.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All 12 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:

- 'I have attended for a lot of treatment and this is always explained to me.'
- 'My dentist always takes time to tell me what she's going to do.'
- 'I've always had an input to my treatment plan.'
- 'I had full confidence in the dentist, she was excellent.'
- 'I personally like to discuss what's happening.'
- 'I don't always understand the treatment but I know my dentist will do what's best for me.'
- 'Everything is always explained well.'
- 'I put my total trust in my dentist as I know she would do the best for me.'
- 'Treatment is thoroughly discussed.'
- 'The dentist took quite a long time explaining my treatment and listened carefully to what I wanted.'

All 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. The following comment was included on a returned questionnaire.

- 'Will review records and radiographs with audit soon. Informal checking shows good quality of care.'

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

Ms Carrol, Mr Kane and 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. Staff demonstrated how consent would be obtained.

Ms Carroll and Mr Kane confirmed that the practice will undertake patient satisfaction surveys on an annual basis and they were currently in the process of implementing their first patient consultation process. Advice was provided on how the consultation process should demonstrate that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided and also that patient feedback whether constructive or critical, would be used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All 12 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- 'The reception staff are very helpful.'
- 'I always feel at ease.'
- 'All staff are friendly and welcoming'.
- 'My treatment plan was discussed fully and I had the opportunity to ask questions.'
- 'I personally would not attend this dentist if I wasn't treated with dignity and respect.'
- 'This area of care is exceptional.'
- 'I can be forgetful about appointments and the staff always remind me in plenty of time about my appointment.'
- 'At my check-up I was told what I needed, the dentist made sure I was happy with this and had more than enough time to help with my anxiety going to the dentist. I didn't feel I was a burden, she was looking out for my best interests, I never got this care at any other dentist.'

All 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. The following comment was included on a returned questionnaire.

- 'Options always discussed.'

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.

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. 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 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 registration of the practice in December 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.

Ms Carroll and Mr Kane 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 Carroll and Mr Kane demonstrated a clear understanding of their roles 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.

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

Patient and staff views

All of the 12 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- 'The staff cut their lunch short on one occasion to help me out.'
- 'Staff are very friendly and I was informed that my dentist was going off to have a baby well in advance.'
- 'I have always been kept up to date with text messages and phone calls.'
- 'An absolutely fantastic dentist.'
- 'The staff always let you know what's happening.'
- 'Each time I come to the surgery I am made to feel welcome when I walk through the door, receptionist is very positive and reassuring.'

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

- 'Excellent communication channels open.'
- 'When I have had issues, management dealt with them excellently, ensuring I was happy with everything put in place- they went above and beyond for me.'

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 Ms Mary-Claire Carroll, registered person and Mr Paul Kane, registered manager, 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 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the 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

Recommendations

Recommendation 1

Ref: Standard 11.1

Stated: First time

To be Completed by:
23 September 2016

It is recommended that a criminal conviction declaration and two written references, one of which should be from the current/most recent employer (as applicable), are obtained in respect of any new staff recruited including self-employed staff.

Response by registered provider detailing the actions taken:

All new staff will be asked for a signed Criminal Conviction Declaration, as well as two written references from previous/current and or most recent employers.
The Staff induction process has been amended to reflect this policy.
All Staff details to updated in their personal files within 1 month of these requests.



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