

# Announced Care Inspection Report

## 27 June 2016



## A B Dental Surgeries Glengormley

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

**Address: 20 Portland Avenue, Glengormley, Newtownabbey,  
BT36 5EY**

**Tel No: 028 9083 6693**

**Inspector: Carmel McKeegan**

## 1.0 Summary

An announced inspection of AB Dental Surgeries Glengormley took place on 27 June 2016 from 14:00 to 16:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and 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 Miss Lillian Armstrong, Registered Person and staff demonstrated that, in the main, 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. Three recommendations have been made, one in relation to ongoing audit of compliance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices; one relating to the service arrangements of x-ray units and one in relation to the inspection of pressure vessels.

### Is care effective?

Observations made, review of documentation and discussion with Miss Armstrong 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 Miss Armstrong 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 provider'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	3

Details of the Quality Improvement Plan (QIP) within were discussed with Miss Lillian Armstrong, 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/registered provider:</b> Miss Lillian Armstrong	<b>Registered manager:</b> Mr James Byrne
<b>Person in charge of the service at the time of inspection:</b> Miss Lillian Armstrong	<b>Date manager registered:</b> 11 July 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

### 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 Miss Armstrong, Registered Person and two dental nurses who also undertake receptionist duties. 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 3 September 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 3 September 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	It is recommended that, in keeping with the Resuscitation Council (UK) Guidance, a self-inflating bag with reservoir suitable for a child should be provided and oropharyngeal airways that have exceeded expiry dates should be replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Emergency equipment as recommended by the Resuscitation Council (UK) guidelines including a self-inflating bag with reservoir suitable for a child and oropharyngeal airways in sizes 0,1,2,3 and 4 were available in the practice.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	<p>It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An AED was provided in the practice, Miss Armstrong and staff confirmed training has been provided in this regard.</p>	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> <li>the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The recruitment policy had been reviewed following the previous inspection and a copy provided to RQIA.</p>	

#### 4.3 Is care safe?

##### Staffing

One dental surgery was 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Miss Armstrong confirmed that no new staff have been recruited since the previous inspection. It was confirmed that should staff be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

### **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. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference and staff confirmed this new guidance document had been included in a recent practice meeting.

Policies and procedures were in place for the safeguarding and protection of adults and children. The adult safeguarding policy had been updated to reflect the new regional adult safeguarding guidance. Policies 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.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A 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, a DAC Universal and a 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 HTM 01-05.

Staff confirmed that the Infection Prevention Society (IPS) audit tool had not been completed. Advice and guidance was provided in this regard and a copy of the IPS audit tool was provided to the practice by electronic mail following the inspection. A recommendation has been made to complete the IPS audit tool six monthly in accordance with HTM 01-05.

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

### **Radiography**

The practice has one surgery 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 and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

There was no record to verify that x-ray equipment has been serviced and maintained in accordance with the manufacturer's instructions. Miss Armstrong was unsure of the servicing requirements of the x-ray equipment provided in the practice. It was agreed that Miss Armstrong would consult the manufacturer's instructions and take appropriate action. A recommendation has been made to establish service arrangements for each x-ray machine in accordance with respective manufacturer's instructions, the arrangements should be confirmed to RQIA in the returned QIP.

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 good 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 were in place for maintaining the environment.

A legionella risk assessment had been undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

The compressor and steriliser in the practice are pressure vessels and are subject to the Pressure Systems Safety Regulations 2000 (PSSR) and other relevant guidance issued by the Health and Safety Executive (HSE). Documentation was not available to verify that the pressure vessels had been inspected in keeping with the written scheme of examination. A recommendation had been made in this regard.

## **Patient and staff views**

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- "Staff excellent"

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

- "Strictly adhered to"

## **Areas for improvement**

A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and the outcome shared with staff.



Establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.

The most recent inspection report for the pressure vessels in keeping with the written scheme of examination should be provided to RQIA.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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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.

Manual records are maintained, the practice does not hold any patient detail electronically. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

A Freedom of Information Publication Scheme has been established.

##### **Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists and the dental therapist.

A range of oral health promotion leaflets was available at reception and the patients' waiting area. There was also a range of oral healthcare products available to purchase.

## Audits

There were robust 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
- clinical records
- review of complaints/accidents/incidents
- expiry dates on bagged dental instruments are checked weekly
- patient satisfaction consultation

## Communication

Miss Armstrong and staff 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.

Review of submitted questionnaires from patients demonstrated a high level of satisfaction with the systems of communication operating in the dental practice, comments provided by patients complimented the dental service provided in the practice.

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 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 seven 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:

- “Extremely satisfied.”
- “Staff always letting us know and keeping us informed if times are running behind.”
- “Care very good.”
- “Always. I never have any complaints with the practice.”

Both 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. No comments were provided in the submitted questionnaires.

## 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

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. Comments provided on submitted patient questionnaires confirmed that patients felt respected and valued, discussions with staff during the inspection also demonstrated that staff members have worked in the dental practice for many years and have established an insight into patients' individual needs which is taken into account when planning and providing treatment, e.g.; specific days and time of day for appointment.

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.

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.

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 seven 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:

- "Above and beyond the care is excellent."

Both 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 provided:

- "Patients individually are treated with the most dignity and respect"

## 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. Miss Armstrong is the 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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The 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.

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.

Miss Armstrong demonstrated a clear understanding of her role and responsibility in accordance with legislation. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

## Patient and staff views

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

- “Always efficient and helpful.”
- “Good atmosphere in surgery. All staff confident, efficient and caring.”
- “The principal dentist and staff are very nice and make you feel welcome and at ease.”
- “Excellent.”

Both submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided in the submitted questionnaires.

<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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Lillian Armstrong, 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 service. 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 person 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person 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 person should confirm that these actions have been completed and return completed QIP to RQIA's office.

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	
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time <b>To be completed by:</b> 27 July 2016	<p>A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and the outcome shared with staff.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>COMPLETED</p> <p>REGULATION AND QUALITY 10 AUG 2016 IMPROVEMENT AUTHORITY</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time <b>To be completed by:</b> 27 July 2016	<p>The registered person should review the x-ray manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>ARRANGED Z HENRY SCHEIN</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 14.4 <b>Stated:</b> First time <b>To be completed by:</b> 27 August 2016	<p>The most recent inspection report for the pressure vessels in keeping with the written scheme of examination should be provided to RQIA on completion of this QIP.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>ARRANGED Z LLOYD + WHYTE - SEE ELC.</p>



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