Announced Care Inspection Report
23 November 2017

A B Dental Surgeries Glengormley

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 20 Portland Avenue, Glengormley,
Newtownabbey, BT36 5EY
Tel No: 028 90 836693
Inspector: Mr Stephen O'Connor

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered dental practice with one registered place.

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 23 November 2017 from 13:50 to 15:00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Three areas for improvement against the standards have been made, one that the safeguarding lead should complete formal training in safeguarding adults, one in regards to the provision of Buccolam pre-filled syringes in the various doses and quantities needed and one in relation to the periodic testing regime in respect of the DAC Universal.

All patients who submitted questionnaire responses indicated that they were either very satisfied or satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Miss Elaine 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.

4.2 Action/enforcement taken following the most recent care inspection dated 27 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 June 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Miss Elaine Armstrong, registered person. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography

- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 June 2016

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

6.2 Review of areas for improvement from the last care inspection dated 27 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time	A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and the outcome shared with staff.	**Met**
	Action taken as confirmed during the inspection: The most recent occasion the Infection Prevention Society (IPS) Health Technical Memorandum (HTM) 01-05 audit was completed was during June 2017. Miss Armstrong confirmed that this audit will be completed every six months in keeping with Health Technical Memorandum (HTM) 01-05.	
Area for improvement 2 **Ref**: Standard 8.3 **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: Miss Armstrong confirmed that following the previous inspection the x-ray equipment was serviced by an engineer and that they would be serviced on an annual basis. However, documents confirming that the x-ray equipment had been serviced were not available for review. On 18 December 2017 a servicing certificates confirming that the x-ray machines had been serviced on 01 December 2017 was submitted to RQIA by email.	
Area for improvement 3 **Ref**: Standard 14.4 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of records evidenced that the pressure vessels in the practice had been inspected during November 2017.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

One dental surgery is in operation in this practice. Miss Armstrong confirmed, 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. Miss Armstrong confirmed that a part time dental nurse has recently been appointed and is due to commence work in the practice when all pre-employment checks have been completed.

There was a recruitment policy and procedure available.

Safeguarding

Staff 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. Miss Armstrong confirmed that the adult safeguarding lead had not completed formal training in safeguarding adults within the past two years. This has been identified as an area for improvement against the standards.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The 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. Miss Armstrong confirmed that the policies have been updated to ensure they fully reflect the regional guidance documents discussed below.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that Buccolam 10mg prefilled syringes were available in the practice. The safe administration of Buccolam pre-filled syringes in the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) was discussed with Miss Armstrong. An area for improvement against the standards has been made to review the provision of Buccolam pre-filled syringes.

A review of the medical emergency equipment evidenced 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. The most recent occasion staff completed medical emergency refresher training was during June 2017.

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 the 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 with responsibility for infection control and decontamination.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfector, a DAC Universal and a steam steriliser have been provided to meet the practice requirements. It was confirmed that a second steam steriliser is available for use in the event of the primary steam steriliser malfunctioning. A review of documentation evidenced that

equipment used in the decontamination process has been appropriately validated during November 2017. A review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. It was observed that a weekly protein residue test in respect of the DAC Universal is not undertaken. This has been identified as an area for improvement against the standards.

As discussed, it was confirmed that 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 June 2017.

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

Radiography

The practice has one surgery with 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 the 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 dated June 2016 demonstrated that the recommendations made have been addressed.

As discussed, Miss Armstrong confirmed that following the previous care inspection the x-ray equipment had been serviced by a service engineer. However, records to confirm this were not available for review. On 18 December 2017 the certificate to confirm that the x-ray equipment had been serviced on 01 December 2017 was submitted to RQIA by email.

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.

Miss Armstrong confirmed that the firefighting equipment is serviced on an annual basis and that arrangements are in place to ensure that portable appliance testing (PAT) of electrical equipment on an annual basis. Arrangements are also in place to ensure that fixed electrical wiring installations are inspected.

Miss Armstrong confirmed that the fire risk assessment was completed in house and is reviewed on an annual basis, that fire drills are undertaken and that staff undertake fire safety awareness training.

It was confirmed that the legionella risk assessment was completed in house, reviewed on an annual basis and that water temperatures are monitored and recorded as recommended.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Eleven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nine patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- "Staff very helpful."
- "My dentist will explain what treatment is required and the reasons for it. Premises are very well maintained."

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, radiology and the environment.

Areas for improvement

The adult safeguarding lead should complete formal training in adult safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016).

Review the supply of Buccolam pre-filled syringes available to ensure that there is sufficient supply to safely administer all four doses and a second dose, if required, as recommended by the Health and Social Care Board (HSCB).

A weekly protein residue test should be undertaken in respect of the DAC Universal and results recorded.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

Clinical records

Staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Miss Armstrong confirmed that 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 electronic patient records. 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. Miss Armstrong confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

A Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Miss Armstrong and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health promotion information leaflets were available in the reception and patient waiting areas. Samples of toothpaste are freely distributed to patients

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

Communication

Miss Armstrong 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 every six to eight weeks 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 11 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Nine patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- "Again, staff very caring."
- "Never had any issues re my treatment."

All three 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. Two staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Dignity, respect and involvement in decision making

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 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.

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 11 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Nine patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- "Very much so being treated with dignity and respect."
- "Miss Armstrong will listen to any concerns you have re treatment and will explain other treatments and services if required."

All three 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. Two staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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 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 for the period 1 April 2016 to 31 March 2017.

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.

Miss Armstrong 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.

Miss Armstrong 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 11 patients who submitted questionnaire responses indicated that they felt that the service is well led. Eight patients indicated they were very satisfied with this aspect of the service and three indicated they were satisfied. Comments provided included the following:

- "All staff are very friendly."
- "Very professional."
- "Could not be better."
- "Appointment changes and urgent treatment for me has never been an issue – very helpful."

All three submitted staff questionnaire responses indicated that they felt that the service is well led. Two staff indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Armstrong, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref: Standard 15.3** **Stated: First time** **To be completed by:** **23 January 2018**	The registered person should ensure that the adult safeguarding lead in the practice has completed formal training in adult safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership Training Strategy 2013 (revised 2016). Ref: 6.4
	Response by registered person detailing the actions taken: i have logged on to ISOPHARM site as suggested by inspector and completed 9 hours of Enhanced CPD for SMC Publishers which includes ADULT SAFEGUARDING
Area for improvement 2 **Ref: Standard 12.4** **Stated: First time** **To be completed by:** **23 December 2017**	The supply of Buccolam pre-filled syringes should be reviewed to ensure that there is sufficient supply available to safely administer the various doses and a second dose, if required, in keeping with the Health and Social Care Board (HSCB). Ref: 6.4
	Response by registered person detailing the actions taken: the appropriate additional Buccolam syringes are now in situ
Area for improvement 3 **Ref: Standard 13.4** **Stated: First time**	The registered person shall ensure that the periodic tests undertaken in respect of the DAC Universal include a weekly protein test. Results of the weekly protein test should be recorded in the machine logbook. Ref: 6.4

To be completed by: 23 December 2017	**Response by registered person detailing the actions taken:** testing of DAC is on going as advised and results are accordingly logged

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews