

Announced Care Inspection Report 7 June 2016



Abercorn Dental Care Limited

Type of service: Dental Service

Address: 16 Newry Road, Banbridge, BT32 3HN

Tel No: 028 4062 4881

Inspector: Winnie Maguire

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Abercorn Dental Care Ltd took place on 7 June 2016 from 10:00 to 13:00.

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 Ms Joan Lockhart, Registered Person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

Is care effective?

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

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

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

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Abercorn Dental Care Ltd Ms Joan Lockhart	Registered manager: Ms Joan Lockhart
Person in charge of the service at the time of inspection: Ms Joan Lockhart	Date manager registered: 10 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 Ms Lockhart registered person and principal dentist, a patient and three dental nurses. 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 19 June 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 19 June 2016

As above

4.3 Is care safe?

Staffing

One dental surgery is 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. A review of a sample of three evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. All the dental nurses have undertaken and completed a course in dental sedation nursing and have went on to pass their examination first time to obtain a certificate in dental sedation nursing from the National Examining Board for Dental Nurses (NEBDN). Staff confirmed they were fully supported in their professional development. Ms Lockhart is currently studying a post graduate diploma in conscious sedation in dentistry based at Trinity College University Dublin.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Lockhart 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.

Policies and procedures were in place for the safeguarding of adults and children. Ms Lockhart had updated all relevant policies and procedures in line with regional guidance issued in July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. 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.

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.

Ms Lockhart has also undertaken Advanced Cardio Vascular Life Support training on 19 and 20 May 2016. This level of training exceeds 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 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. Training records were available for inspection.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant, a DAC 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 Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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 May 2016.

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, x-ray audits and digital x-ray processing.

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 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. Records relating to fire detection systems, fire-fighting equipment, fixed electrical wiring installation and legionella risk assessment were reviewed.

A legionella risk assessment was undertaken and water temperature are monitored and recorded as recommended.

A fire risk assessment had been undertaken December 2015 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.

A written scheme of examination of pressure vessels dated March 2016 was in place.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. A patient spoken with during inspection concurred with this. Comments provided included the following:

- "Very friendly staff. Very clean waiting area – nice fish tank"
- "Staff always friendly"
- "Joan and staff are brilliant and caring "
- "As I moved from another practice I feel this practice is excellent. Great with children and put you at ease throughout your treatment "
- "No concerns at all"
- "Very friendly and comforting "
- "Yes, wouldn't go anywhere else"
- "Very reassuring"
- "I feel in very safe hands here, the place is spotless. No hesitation in bringing my children here"

Four 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 provided:

- "All three dental nurses have just attained their certificate in dental sedation nursing from NEBDN and the dentist is currently studying for her diploma in conscious sedation".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 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. A patient spoken confirmed her medical history was checked and updated on each visit.

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. A range of health promotion information leaflets were available in the reception area. Ms Lockhart and staff described how they actively promote oral health on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- onward referrals
- IV sedation referrals

The audit programme exceeds legislative requirements and is commended.

Communication

Ms Lockhart 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 monthly 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. In addition Ms Lockhart and staff confirmed because it is a single surgery practice that if a patient does not attend for appointment they take the opportunity to undertake online training on such training sites as Educare and Dental Juice training.

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

Patient and staff views

All 18 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. One patient spoken with during inspection concurred with this. Comments provided included the following:

- “Explains everything very well”
- “I suffer anxiety – Joan and her team referred me for conscious sedation as I’m sometimes nervous at tooth extraction”
- “Efficient and confident”
- “Very well managed in all aspects”
- “Brilliant practice, excellent staff, very clean. bright and welcoming”
- “The care is brilliant”
- “Always willing to listen”
- “Staff are lovely ,very friendly”
- “Recently knocked out a front crown and Abercorn were brilliant and got me seen to ASAP.”
- “Always talks me through the procedures. Very good about discussing my brace options a few years ago, denture, bridges ,implants etc to replace my missing teeth”
- “Referred to an oral surgeon by Joan - caught oral epithelial dysplasia early”

All four 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 written comments were provided on this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Dignity, respect and involvement in decision making

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

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

A patient spoken with on inspection outlined as a nervous patient staff do their utmost to put her at ease and she is always listened to and treatment is provided in a confident reassuring manner.

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 18 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. A patient spoken with during inspection concurred with this. Comments provided included the following:

- "Always answers my questions and has time to talk. Good hygiene advice about cleaning and maintaining my implants even though they were done in Belfast"
- "Things are explained in a way I understand"
- "Warm, friendly dentist and staff members highly recommend."
- "Always treated with respect"
- "Excellent no faults"
- "No concerns at all"
- "Very friendly and comforting"
- "Always seem to have time to discuss anything I need to ask"
- "Feels very private and confidential"

All four 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:

- “We make every effort to involve patients fully in all aspects of their treatment planning”

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 excellent working relationships and Ms Lockhart was responsive to any suggestions or concerns raised. Ms Lockhart has overall responsibility for the day to day management of the practice and confirmed the practice is closed when she is not working in it.

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.

Ms Lockhart recently updated the complaints procedure and as part of the process contacted all relevant stakeholders to ensure all details were accurate including the Dental Complaints Service, the Patient and Client Council and RQIA.

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.

It was 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. The practice carefully considered implementing Investors in People initiative and the BDA Good Practice Scheme but decided based on audit results and external advice to undertake training to allow the practice to provide conscious sedation to patients if necessary. Ms Lockhart stated considerable resources have been committed to the project and she and staff have already seen a positive impact on the care and treatments of patients. The initiative has led to Ms Lockhart becoming a member of Society for Advancement of

Anaesthesia in Dentistry, a member of Dental Sedation Teachers Group and the Irish Society for Disability and Oral Hygiene. Ms Lockhart described how she has used techniques recommended by the latter organisation to engage with people with intellectual disabilities to get a more positive outcome for them.

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 Lockhart 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 18 patients who submitted questionnaire responses indicated that they feel that the service is well managed. A patient spoken with during inspection concurred with this. Comments provided included the following:

- “All girls happy at their work and friendly “
- “Very friendly staff and dentist”
- “Very well managed in all aspects”
- “Joan herself is brilliant and staff and fill you in on everything”
- “Well managed practice, always put at ease as am very nervous”
- “Staff warm and friendly, always know what my treatment involves”
- “I am a very nervous patient and there is always a great effort to put me at my ease by telling me what is going to be done in treatment”
- “All staff have been there for years, nice having the same people caring for me”

All four submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No written comments were provided on this domain.

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

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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