

# Announced and Unannounced Care Inspection Report 30 January 2018 and 13 February 2018



## Abercorn Dental Surgery

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

**Address: 59 Abercorn Road, Derry BT48 6TQ**

**Tel No: 028 7126 2216**

**Inspectors: Norma Munn (30 January 2018)**

**Stephen O'Connor (13 February 2018)**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 three registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Hugh Casey	<b>Registered Manager:</b> Mr Hugh Casey
<b>Person in charge at the time of inspection:</b> Mr Hugh Casey on 30 January 2018 Mr Charles Kielt, associate dentist, on 13 February 2018	<b>Date manager registered:</b> 04 July 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An announced inspection took place on 30 January 2018 from 10.45 to 14.00.

This inspection assessed progress with any areas for improvement identified 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, safeguarding, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Patients who submitted questionnaire responses to RQIA indicated that they were either very satisfied or satisfied with all aspects of care in this service. Comments provided included the following:

- "I am a very nervous patient and the staff are very considerate and reassuring."
- "I am a cancer survivor and this practice treated me very well, all during my chemo and after care."
- "First class treatment."
- "Very satisfied over a long period of time."

A further unannounced inspection took place on 13 February 2018 from 12.30 to 13.40. The focus of the unannounced inspection was to review the decontamination arrangements following information being received by RQIA, from an anonymous source.

It is not the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

A detailed review of the decontamination arrangements evidenced that best practice and legislative requirements in regards to infection prevention and control and decontamination

were being adhered to. The issue raised by the anonymous source was not substantiated. Additional information in this regard can be found in section 6.4 of this report.

These inspections were 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).

There were no areas requiring improvement identified during this inspection.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and 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
<b>Total number of areas for improvement</b>	0	0

The inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Hugh Casey, 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2017

No further actions were required to be taken following the most recent inspection on 20 March 2017

#### 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 previous care inspection report
- submitted staffing information
- submitted complaints declaration

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

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

During the inspection on the 30 January 2018 the inspector met with Mr Casey, registered manager; the practice manager; a dental nurse; and a trainee dental nurse. During the inspection on the 13 February 2018 the inspector met with Mr Charles Kielt, associate dentist; another associate dentist; the lead dental nurse; two dental nurses; a recently qualified dental nurse who is awaiting registration; and a trainee dental nurse. 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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 20 March 2017**

The most recent inspection of the practice was an announced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 20 March 2017**

There were no areas for improvement made as a result of the last care inspection.

## **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**

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined 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 Mr Casey confirmed that three staff had been recruited since the previous inspection. A review of the personnel files for two of these staff members demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

**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. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the some of 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. Minor amendments were made to the

policies and these were submitted to RQIA following the inspection. The amended policies were reflective of the regional policies and procedural guidance.

Copies of the regional policy Co-operating to Safeguard Children and Young People in Northern Ireland the regional guidance document Adult Safeguarding Prevention and Protection in Partnership and the Adult Safeguarding Operational Procedures were emailed to the practice following the inspection 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). A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Following the inspection RQIA received confirmation that the supply of Buccolam had been increased. Mr Casey provided assurances that in the event of a medical emergency Buccolam will be administered as recommended by the HSCB and the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of paediatric pads for the automated external defibrillator. These items were ordered on the day of the inspection.

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 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, an Ultrasonic Bath, a DAC Universal and two steam sterilisers has 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.

Following the announced inspection on 30 January 2018, RQIA received information, from an anonymous source, raising concerns in relation to infection prevention and control and decontamination arrangements at the practice. As a result of the information received a decision was taken to conduct an unannounced inspection with a focus on the issue identified including decontamination arrangements.

The information received was in respect of endodontic reamers and files. Best practice specifies that endodontic reamers and files are single use instruments and should be disposed of following use. A detailed review of the infection prevention and control and decontamination arrangements evidenced that best practice and legislative requirements in regards to infection prevention and control and decontamination were being adhered to. All staff spoken with confirmed that endodontic reamers and files were treated as single use instruments and disposed of following use. All staff confirmed that no single use instruments were being reprocessed and treated as single patient use.

Review of infection prevention and control and decontamination policies evidenced that endodontic reamers and files were described as single use instruments.

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 by the lead dental nurse during September 2017. A number of questions within section five of this audit relate to single use instruments and endodontic reamers and files. The responses within the September 2017 audit confirmed that endodontic reamers and files were being treated as single use instruments. The issue raised by the anonymous source was not substantiated.

## **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

The radiation protection advisor (RPA) 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 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. This included the servicing of the fire detection systems, fire-fighting equipment and the relative analgesia (RA) equipment.

A legionella risk assessment had been undertaken and water temperatures 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.

It was confirmed that arrangements were in place for the management of prescription pads/forms. However, written security policies had not been developed. Following the inspection RQIA received a written security policy to reduce the risk of prescription theft and misuse.

## **Patient and staff views**

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care.

Ten staff submitted questionnaire responses. Six staff indicated they were very satisfied, two were satisfied and two were very unsatisfied with this aspect of care. This was discussed with the practice manager following the inspection.

## **Areas of good practice**

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, infection prevention control and decontamination procedures, radiology and the environment.

## **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 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.

Mr Casey 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.

Both manual and 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 practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

#### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information available in the reception area. Mr Casey confirmed that oral health is actively promoted on an individual level with patients during their consultations.

#### Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- patient satisfaction survey

#### Communication

Mr Casey confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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.

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

**Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care.

Ten staff submitted questionnaire responses. Six staff indicated they were very satisfied, two were satisfied and two were very unsatisfied with this aspect of care. This was discussed with the practice manager following the inspection.

**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
<b>Total number of areas for improvement</b>	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 ensures that patients understand 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.

### **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care.

Ten staff submitted questionnaire responses. Six staff indicated they were very satisfied, two were satisfied and two were very unsatisfied with this aspect of care. This was discussed with the practice manager following the inspection. Comments included were as follows:

- “I feel our team always strive to provide the best possible care to all our patients in a professional and compassionate manner.”
- “The practice always endeavours to provide the best care for our patients. The patients are always treated with dignity and compassion.”

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.

Mr Casey 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 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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.

Mr Casey 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 whom to contact if they had a concern.

Mr Casey demonstrated a clear understanding of his 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 of the patients who submitted questionnaire responses indicated that they felt that the care is well led. Nineteen patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied.

Ten staff submitted questionnaire responses. Five staff indicated they were very satisfied, one was satisfied, three were undecided and one was very unsatisfied with this aspect of the service. This was discussed with the practice manager following the inspection.

**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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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