

# Announced Care Inspection Report 12 January 2017



## Appletree Dental Care

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: 1 The Old Gasworks, Kilmorey Street, Newry, BT34 2DH**  
**Tel no: 028 3025 2228**  
**Inspector: Winnie Maguire**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Appletree Dental Care took place on 12 January 2017 from 09.50 to 13.45.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

Observations made, review of documentation and discussion with Ms Katrina McKeivitt, registered provider(briefly), Ms Kelly McAteer, practice manager and staff demonstrated that generally 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 were made in relation to radiology, the medical emergency policy and the re-establishing of the periodic testing/recording for the washer disinfectant.

### **Is care effective?**

Observations made, review of documentation and discussion with Ms McAteer 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 McAteer 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. A requirement was made in relation to the management and reporting of notifiable events and a recommendation was made in relation to amending the patient guide.

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> | 1            | 4               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Kelly McAteer, practice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

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

### 2.0 Service details

|   |   |
|---|---|
| <b>Registered organisation/registered person:</b><br>Ms Katrina McKeivitt and Mr Conor McEnhill | <b>Registered manager:</b><br>Mr Conor McEnhill |
| <b>Person in charge of the practice at the time of inspection:</b><br>Mr Conor McEnhill         | <b>Date manager registered:</b><br>30 May 2012  |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment                      | <b>Number of registered places:</b><br>3        |

### 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 McKeivitt, registered provider (briefly), Ms McAteer, practice manager and two 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 24 September 2015

The most recent inspection of the Appletree Dental Care 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 24 September 2015

| Last care inspection statutory requirements   |   | Validation of compliance |
|---|---|--------------------------|
| <p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19(2)(d) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 24 November 2015</p> | <p>The registered person must ensure that all information as outlined in Regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005 is retained for all new staff before commencing employment.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Three personnel files of the most recently recruited staff were reviewed. Most of the information as outlined in Regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005 was retained and available for inspection. The information not available was forwarded to RQIA immediately following inspection evidencing the recruitment process was in accordance with legislation.</p> | <p><b>Met</b></p>        |

### 4.3 Is care safe?

#### Staffing

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

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 Ms McAteer confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that most of the information as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 was retained and available for inspection. The information not available was forwarded to RQIA immediately following inspection evidencing the recruitment process was in accordance with legislation

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. Ms McAteer and staff confirmed safeguarding training was scheduled for 7 February 2017.

Policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. 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.

Discussion with staff highlighted a recent medical emergency which had occurred in the practice and 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 reporting of the incident is further outlined in point 4.6 of this report.

The policy for the management of medical emergencies was in place. It was recommended to further develop the policy to include training, provision of emergency equipment and emergency medication and the relevant checking procedures. 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 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 for the two steam sterilisers. However, there was no record of the washer disinfectant periodic testing. A recommendation was made to re-establish the periodic testing of the washer disinfectant and make a record 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 November 2016.

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

## **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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.

A quality x-ray image audit is carried out six monthly. A justification and clinical evaluation recording audit had not been carried in the last year. A recommendation was made to re-establish an annual justification and clinical evaluation recording for dental radiographs audit.

## **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 are in place for maintaining the environment.

A legionella risk assessment was last undertaken in May 2016 and water temperatures are 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.

A written scheme of examination of pressure vessels is in place.

Portable appliance testing was carried out in February 2016 and Ms McAteer confirmed fixed electrical wiring installation inspection is due in April 2017.

### Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

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

### Areas for improvement

Further develop the management of a medical emergency policy to include training, provision of emergency equipment and emergency medication and the relevant checking procedures.

Re-establish the periodic testing of the washer disinfectant and make a record in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Re-establish an annual justification and clinical evaluation recording for dental radiographs audit.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 3 |
|-------------------------------|---|----------------------------------|---|

## 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 it was confirmed 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 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. The practice has a health promotion outreach programme that they deliver in schools during the annual “National Smile” week. It was also 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
- IPS HTM 01-05 compliance
- record keeping
- patient satisfaction surveys

## Communication

It was 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.

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

Both patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 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.

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

Both patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. It was suggested to include an issue date and a review date on the policies and procedures. 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.

As previously outlined it was noted a medical emergency incident had recently occurred in the practice. The incident had not been reported to RQIA in accordance with legislation. The incident had also not been formally recorded by the practice. A requirement was made on this matter. Following inspection the incident was formally reported to RQIA.

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.

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 Mc Kevitt demonstrated an understanding of her role and responsibility in accordance with legislation. It was confirmed that the Statement of Purpose is kept under review, revised and updated when necessary and available on request. A recommendation was made to further develop the patient guide in accordance with legislation.

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

Both patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

All 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 included in submitted questionnaire responses.

## Areas for improvement

All notifiable events must be reported to RQIA in accordance with Regulation 28 of The Independent Health Care Regulations (Northern Ireland) 2005 and there must be arrangements for identifying, recording, analysing and learning from adverse incidents.

Further develop the patient guide in accordance with legislation.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 1 | <b>Number of recommendations</b> | 1 |
|-------------------------------|---|----------------------------------|---|

### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Kelly McAteer, practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Statutory requirements</b>  |  |
| <b>Requirement 1</b><br><b>Ref:</b> Regulation 28<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>13 January 2017    | <p>The registered provider must ensure that all notifiable events are reported to RQIA in accordance with Regulation 28 of The Independent Health Care Regulations (Northern Ireland) 2005; and there are arrangements for identifying, recording, analysing and learning from adverse incidents.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>           Incident reported filed 12/1/17 and call to RQIA 12/1/17</p> |
| <b>Recommendations</b>   |  |
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 12.1<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>12 March 2017   | <p>Further develop the management of a medical emergency policy to include training, provision of emergency equipment and emergency medication and the relevant checking procedures.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>           Copy of template emailed to Winnie to oversee it before implementation</p>  |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 13.4<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>12 January 2017 | <p>Re-establish the periodic testing of the washer disinfectant and record in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>           Re-established 13/1/17</p>  |
| <b>Recommendation 3</b><br><b>Ref:</b> Standard 8.3<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>12 February 2017 | <p>Re-establish an annual justification and clinical evaluation recording of dental radiographs audit.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>           Carried out 12/1/17 and to carry out annually</p>   |
| <b>Recommendation 4</b><br><b>Ref:</b> Standard 1.2<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>12 March 2017    | <p>Further develop the patient guide in accordance with legislation.</p> <p><b>Response by registered provider detailing the actions taken:</b><br/>           New guide developed</p>   |

***\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\****



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