

Announced Care Inspection Report 08 March 2018



Cochrane Dental Care

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

Address: 58 Railway Road, Coleraine, BT52 1PF

Tel No: 028 7034 2526

Inspector: Carmel McKeegan

www.rgia.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

Organisation/Registered Provider: Cochrane Dental Care Ltd	Registered Manager: Mrs Claire Cochrane
Responsible Individual: Mr Paul Cochrane	
Person in charge at the time of inspection: Mr Paul Cochrane	Date manager registered: 06 March 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: Three

4.0 Inspection summary

An announced inspection took place on 08 March 2018 from 14.00 to 16.10.

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 recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area of improvement was identified against the standards to ensure that all staff members are provided with fire safety awareness training which is renewed annually.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the care and services provided. No comments were provided within the submitted questionnaires.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Claire Cochrane, registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 02 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 February 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 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 Mrs Claire Cochrane, registered manager and three dental nurses. Mr Paul Cochrane, registered person, was treating patients and was available for a brief discussion. Mrs Cochrane facilitated the inspection. 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.

The findings of the inspection were provided to Mrs Claire Cochrane, registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 February 2017

The most recent inspections of the establishment were announced pre-registration care inspection undertaken on 02 February 2017 and a pre-registration premises inspection undertaken on 06 February 2017. The completed QIPs were returned and approved by the care and estates inspectors.

6.2 Review of areas for improvement from the last care inspection dated 02 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	The registered person should develop a recruitment policy which is comprehensive and reflective of best practice guidance.	Met
	Action taken as confirmed during the inspection: A recruitment policy was not available at the time of the inspection however on 05 April 2018, a copy of the recruitment policy was provided to RQIA by electronic mail. Review of the recruitment policy evidenced that it had been further developed to include all recruitment documentation to be sought and retained in keeping with Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Mrs Cochrane confirmed that a Human Resources (HR) consultant has been appointed to support the establishment in respect of recruitment and all matters relating to HR.	

<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>The overarching safeguarding policy should be further developed to include the types and indicator of abuse. The updated policy should fully reflect the regional adult guidance document issued during July 2015 and the regional children's policy issued during March 2016. Once the policy has been further developed it should be shared with staff and staff should complete safeguarding refresher training in keeping with the Minimum Standards for Dental Care and Treatment (2011).</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that there are separate policies and procedures in place for the safeguarding and protection of adults and children at risk of harm. Review of the adult safeguarding policy evidenced that further development was needed to fully reflect the regional adult guidance document.</p> <p>On 05 April 2018 RQIA received a copy of the safeguarding adults at risk of harm policy which was seen to fully reflect the 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015.</p> <p>The protection of children at risk of harm policy was seen to be in keeping with the Co-operating to Safeguard Children and Young People in Northern Ireland' issued during March 2016.</p> <p>Mrs Cochrane confirmed that both policies will be shared with all staff members.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>A Freedom of Information Publication Scheme should be established.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A Freedom of Information Publication Scheme was in place.</p>		

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 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. It was confirmed that the practice facilitated the dental nurses to attend a core continuing professional development (CPD) day provided recently by the Northern Ireland Medical and Dental Training Agency (NIMDTA).

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 Mrs Cochrane and staff 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.

As previously discussed a recruitment policy and procedure was provided which 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 Mr Paul Cochrane, as the safeguarding lead will complete formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). The NIMDTA are planning a training event in the local area which Mr Cochrane will attend.

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.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' issued during March 2016 and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference. It was confirmed that the safeguarding policies have been updated to reflect the above regional policy and guidance.

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 relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. Mr Cochrane has advised that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the BNF.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an automated external defibrillator (AED). Mrs Cochrane and staff confirmed that an AED was available at the leisure centre situated within close proximity to the practice. A discussion took place in relation to how the practice should ensure there is timely access to the AED (within three minutes of collapse) in accordance with the Resuscitation Council (UK) guidelines. It was identified that location of the AED had not been incorporated into the practice's medical emergency protocols. Mrs Cochrane agreed to update the management of medical emergency protocols in this regard.

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 disinfectant and two steam sterilisers 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.

The decontamination lead nurse confirmed that the practice continues to audit compliance, on a six monthly basis, with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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.

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

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

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

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 are in place for maintaining the environment which included the routine servicing and maintenance of the air conditioning heating units, fire detection system, firefighting equipment and intruder alarm. Mrs Cochrane confirmed that portable appliance testing (PAT) of electrical equipment will take place every two years and that the fixed wiring installations inspected every five years.

It was confirmed that the fire and legionella risk assessments have been undertaken and arrangements are in place to review these risk assessments annually.

Staff confirmed routine fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire. However it was identified that staff had not yet been provided with fire safety awareness training. An area of improvement against the standards has been made in this regard.

A written scheme of examination of pressure vessels was in place and the compressor and sterilisers were inspected in keeping with the scheme.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and however a written security policy to reduce the risk of prescription theft and misuse had not yet been developed. Advice and guidance was provided and a copy of the security policy for the management of prescription pads in the practice was provided to RQIA by email on 05 April 2018.

Patient and staff views

Thirteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated a high level of satisfaction with this aspect of care.

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm and indicated that they were satisfied with this aspect of care. 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, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

All staff should be provided with fire safety awareness training which should be renewed annually.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

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 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. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists.

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

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 records
- medical history

Mr Cochrane confirmed that the practice has recently been approved by the NIMDTA as a training practice and a dental foundation year one (DF1) trainee will commence placement later in the year.

Communication

Mrs Cochrane 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

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 indicated a high level of satisfaction with this aspect of care. No comments were included in submitted questionnaire responses.

Both 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. Both staff also indicated that they were satisfied with this aspect of care. 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.

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 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 indicated a high level of satisfaction with this aspect of care. No comments were included in submitted questionnaire responses.

Both 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. Both staff also indicated that they were satisfied with this aspect of care. 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.

Mrs Cochrane 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 displayed 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.

Mrs Cochrane 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.

Mrs Cochrane, registered manager, 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well managed and indicated a high level of satisfaction with this aspect of service. No comments were included in submitted questionnaire responses.

Both submitted staff questionnaire responses indicated that they felt that the service is well led and also indicated that they were satisfied with this aspect of the service. 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

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mrs Claire Cochrane, registered manager, 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 Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</p>	<p>The registered person shall ensure that all staff members are provided with fire safety awareness training which is renewed annually. A record should be kept in this regard.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Claire Cochrane will be responsible for arranging an annual Fire Safety Awareness training session within the practice. This will be documented and signed by all staff.</p>

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



The Regulation and
Quality Improvement
Authority

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