

Announced Care Inspection Report 18 August 2016



Robert King's Dental Surgery

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

Address: 58 Railway Road, Coleraine, BT52 1PF

Tel No: 028 7034 2526

Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Robert King's Dental Surgery took place on 18 August 2016 from 09:55 to 13:20. The inspection was facilitated by Mrs Semina King, practice manager.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr King, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mr King 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 Mr King 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. No requirements or recommendations have been made.

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

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr King, registered person and Mrs King, practice manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/ registered provider: Mr Robert King	Registered manager: Mr Robert King
Person in charge of the service at the time of inspection: Mr Robert King	Date manager registered: 29 June 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 Mr King, registered person, Mrs King, practice manager, an associate dentist and two dental nurses, one of whom primarily works as a receptionist. A tour of some areas 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 26 August 2015

The most recent inspection of the establishment 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 26 August 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that consideration is given to providing clear face masks in a variety of sizes in keeping with the Resuscitation Council (UK) guidelines.</p> <hr/> <p>Action taken as confirmed during the inspection: Mrs King confirmed that the pocket masks available in the practice can be used for adults and children, if being used on a child the mask is positioned differently. It was observed that a self-inflating bag with reservoir and mask suitable for use for a child was not available. This was discussed with Mrs King and on the afternoon of the inspection confirmation was submitted to RQIA that self-inflating bags and masks suitable for use with adults and children had been ordered.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>It is recommended that information as outlined in Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be retained in the personnel files of any new staff recruited. In addition to the information currently retained this should include:</p> <ul style="list-style-type: none"> • positive proof of identity including a recent photograph; • two written references; • a criminal conviction declaration by the applicant; • details of full employment history, including an explanation of any gaps in employment; and • a record detailing the topics discussed during induction. <p>In addition it is recommended that positive proof of identity including a recent photograph is in place in the identified staff member’s personnel file.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of submitted staffing information indicated that three staff members have commenced work in the practice since the previous inspection. Review of the three staff personnel files demonstrated that all information as specified within Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. Review of documents evidenced that positive proof of identity was retained in the identified staff file.</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 three 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. The practice subscribes to a dental nursing magazine that offers verifiable Continuing Professional Development (CPD) for clinical staff, covering core subjects such as medical emergencies, radiology and cross infection. The support provided by the practice in regards to CPD is to be commended.

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. The practice pays the GDC registration fee for the therapist and dental nurses.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs King confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for these staff 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 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. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference. A copy of the new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' published during March 2016 was forwarded to the practice following the inspection.

One overarching policy and procedure was in place for the safeguarding and protection of adults and children. 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. Mrs King agreed to review the safeguarding policy to ensure it fully reflects the recently published guidance and policy.

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. As discussed, confirmation was submitted on the afternoon of the inspection that self-inflating bags and masks with reservoirs suitable for use with children and adults had been ordered. 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 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 two washer disinfectors, three steam sterilisers and two ultrasonic baths have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during August 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.

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 documentation demonstrated that separate RPA reports had been generated for each intra-oral x-ray machine.

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. Mrs King confirmed that following the previous inspection the practice has been redecorated to include the external façade of the building and that two of three dental chairs had been reupholstered. It was observed that wallpaper has been used in clinical areas. This is not in keeping with best practice guidance and Mr and Mrs King were advised that in the future when refurbishing clinical areas the use of wallpaper should be avoided.

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 to include the annual servicing of the air-conditioning system, intruder alarm, fire detection system and fire-fighting equipment and portable appliance testing (PAT) of electrical equipment. It was also confirmed that fixed electrical installations are checked every two years.

A fire risk assessment has been undertaken in-house and arrangements are in place to review this annually. It was suggested that the fire risk assessment should be further developed. Following the inspection a copy of Northern Ireland HTM 86 Fire Risk Assessment Part 1 Community Health Care Premises was forwarded to the practice and Mrs King confirmed that this would be completed. It was confirmed that routine checks are undertaken in respect of the emergency lighting and emergency break glass points and that fire drills and fire awareness training for staff are undertaken annually. Staff demonstrated that they were aware of the action to take in the event of a fire.

A legionella risk assessment was completed by an external organisation and this is reviewed every two years. Legionella control to include monitoring of water temperatures and disinfection of water storage tanks are in place.

Review of records demonstrated that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination during February 2016.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was included in a questionnaire response:

- “Staff and dentist always put one at ease, I can always talk with them and have a laugh”

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The following comment was included in a questionnaire response:

- “Recent training in CPR carried out – excellent quality”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and 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.

Paper records are maintained in this practice. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

It was confirmed that 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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. A dental therapist is available in the practice and it was established that if required patients are referred to the therapist for treatment. The practice has a range of resources for use when discussing oral health and hygiene to include models and before and after pictures. The dental therapist has presented oral health awareness sessions in a local school and she is currently in the process of developing a range of posters for the practice. The oral health awareness out-reach programme is to be commended. Samples of toothpaste are freely distributed to patients.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records to include medical histories
- review of complaints/accidents/incidents
- hand hygiene
- antibiotic prescription
- failure to attend

If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

The audits undertaken in the practice exceeds mandatory and legislative requirements

Communication

Mr King and staff 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.

Mrs King confirmed that formal staff meetings are not in place. However, when required Mrs King meets with designated groups of staff to discuss clinical and practice management issues. Staff confirmed that they felt there was good communication in the practice. Mrs King was advised that routine staff meetings should be introduced to compliment the communication systems already in place and to ensure that the different designated groups of staff are aware of all clinical and practice management issues within the practice. Mrs King readily agreed to introduce staff meetings.

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

Patient and staff views

All 20 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 questionnaire responses.

All seven staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. No comments were included in questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures 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 20 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 questionnaire responses.

All seven submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their. The following comment was included in a questionnaire response:

- "Patient information stored in records. Records stored in locked filing cabinets"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were 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. 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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 King 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. As discussed the range of audits undertaken exceeds best practice guidance.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr King, registered person 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 20 patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in questionnaire responses.

All seven submitted staff questionnaire responses indicated that they felt that the service is well led. The following comment was included:

- "Clear complaints policy"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

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

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



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