

Announced Care Inspection Report 4 May 2017



Bachelors Walk Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
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Tel No: 028 9266 3022
Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Bachelors Walk Dental Surgery took place on 4 May 2017 from 9:55 to 12:20.

The inspection sought 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 Mr Craig Gibson and Mr Andrew Wallace, registered persons, 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 Gibson, Mr Wallace 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 Gibson, Mr Wallace 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 Craig Gibson and Mr Andrew Wallace, registered persons, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Dr Craig Gibson & Dr Andrew Wallace	Registered manager: Dr Andrew Wallace
Person in charge of the practice at the time of inspection: Dr Craig Gibson & Dr Andrew Wallace	Date manager registered: 4 November 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
- Returned completed patient and staff questionnaires

During the inspection the inspector met with Mr Gibson, Mr Wallace, two dental nurses and a dental nurse/receptionist. 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 13 May 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 13 May 2016

As above.

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 one 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. A review of a sample of two evidenced that appraisals had been completed an annual basis.

Comments were provided in submitted questionnaire responses regarding the lack of training in relation to fire safety awareness and moving and handling. Mr Gibson confirmed that fire safety training was scheduled to be provided during the next staff meeting due to be held the week following the inspection. It was confirmed that fire safety training is included in the induction training and assurances were provided that training would be provided and fire evacuation drills would be carried out on an annual basis. On discussion with staff it was identified that the issue regarding moving and handling relates to the assistance of patients using the stair lift, which is the method used by patients with restricted mobility to access surgeries, which are all located on the first floor of the practice. This was discussed with Mr

Gibson who readily agreed that he would discuss this matter with staff and make arrangements for the provision of moving and handling training as appropriate.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Gibson and Mr Wallace confirmed that one new staff member has been recruited since the previous inspection. A review of the personnel file for this staff member 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.

A staff register was in place. It was agreed that this would be further developed to facilitate entry of the date of leaving employment.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. A revised adult safeguarding policy was submitted to RQIA by email on 4 May 2017. The revised policy and the child protection 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 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 a washer disinfector, a DAC Universal and a steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded, with the exception of a protein residue test for the DAC Universal. Mr Gibson and staff advised that they had not been informed that a protein residue test was required in respect of the DAC Universal when they purchased it. Arrangements were made with the supplier during the inspection to obtain protein residue tests and assurances were provided that these would be carried out on a weekly basis.

It was confirmed that the practice continues to audit compliance 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. These were not reviewed during the inspection process.

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.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

It was confirmed that arrangements are in place for maintaining the environment.

As discussed previously fire safety training is scheduled to be provided at the next staff meeting. Mr Gibson was advised that fire evacuation drills should be carried out at a time when staff are unaware this is planned. Fire safety equipment checks are in place and staff demonstrated an awareness of the action to take in the event of a fire.

Pressure vessels have been inspected in accordance with the written scheme of examination of pressure vessels.

Patient and staff views

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Sixteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- "Very Professional."
- "The staff are very helpful and kind. Would recommend people coming here."

Eleven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and ten staff were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One staff member indicated they were very satisfied with the provision of care they have been trained in.

Comments provided included the following:

- "All staff are well trained. Infection control is to a very high standard."
- "Fire safety and moving and handling - more information needed for staff."
- "Fire safety and moving and handling courses never done."

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.

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. These were not reviewed during the inspection.

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 was available in the practice. Mr Gibson, Mr Wallace and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations which are augmented as appropriate by the hygienist service provided.

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
- Fixed bonded retainers
- Review of complaints/accidents/incidents
- Patient satisfaction survey

Communication

Mr Gibson, Mr Wallace and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. It was confirmed that a policy and procedure and template referral letters have been established.

Staff meetings are generally held on a two to three monthly basis to discuss clinical and practice management issues. Mr Gibson confirmed that this timescale has slipped recently, however, a staff meeting had been scheduled for the week following the inspection and staff spoken with confirmed this. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Fourteen patients indicated they were very satisfied with this aspect of care and three indicated they were satisfied. The following comment was provided:

- “No complaints at all.”

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. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “All records are well maintained. Patients are always given options.”

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 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 using survey monkey online. Review of the most recent patient satisfaction report demonstrated that the practice proactively 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. One staff member who submitted a questionnaire response indicated that they were not aware of surveys being carried out. Mr Gibson advised that he will share this information with staff at the upcoming staff meeting.

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 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Fifteen patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. 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 indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- "No suggestion box or surveys as far as I know."

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. Staff confirmed they were aware of who to speak to if they had a concern and that their suggestions or concerns would be listened to. Staff confirmed that there were good working relationships in the practice.

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 policy and procedure was available in the practice; a minor amendment was made to the complaints policy during the inspection. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Gibson and Mr Wallace confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. The practice is a member of the British Dental Association (BDA) Good Practice Scheme.

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

The registered persons demonstrated a clear understanding of their 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 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 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Fourteen patients indicated they were very satisfied with this aspect of the service and three were satisfied. Comments provided included the following:

- “Absolutely perfect in all aspects.”
- “Little experience of any leadership personally, so difficult to comment on definitively.”

Ten staff who submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. One staff member indicated that they felt the service was well led in some aspects but not in others. Ten staff indicated they were very satisfied with this aspect of the service and one was satisfied. The following comment was provided:

- “Our practice owners are very approachable. They are very encouraging, all issues are well listened to.”

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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