

Announced Care Inspection Report 16 June 2016



Ballyclare Dental Practice

Type of Service: Dental Practice

Address: 30 Rashee Road, Ballyclare, BT39 9HJ

Tel No: 028 9335 2805

Inspectors: Carmel McKeegan and Loretto Fegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Ballyclare Dental Practice took place on 16 June 2016 from 10:00 to 12:45

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 Mrs Jennifer McKissick, 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. An issue in relation to the decontamination arrangements for dental handpieces was identified and addressed immediately following this inspection. A recommendation has been made regarding the follow up monitoring of the decontamination of dental handpieces process.

Is care effective?

Observations made, review of documentation and discussion with Mrs McKissick 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 Mrs McKissick 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 person'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	1

Details of the Quality Improvement Plan (QIP) within were discussed with Mrs Jennifer McKissick, Registered Person and the 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

Registered organisation/registered provider: TJM (Northern Ireland) Ltd Mrs Jennifer McKissick	Registered manager: Mr Trevor McKissick
Person in charge of the service at the time of inspection: Mrs Jennifer McKissick	Date manager registered: 4 July 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

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 inspectors met with Mrs Jennifer McKissick, Registered Person, a dental hygienist, a dental nurse and two receptionists, one of whom also undertakes dental nurse duties. The inspection was facilitated by the practice manager. 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 16 June 2015

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 16 June 2015

As above.

4.3 Is care safe?

Staffing

Four 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.

The practice subscribes to an online service that offers verifiable Continuing Professional Development (CPD) for clinical staff, covering core subjects such as medical emergencies, radiology and cross infection. The practice manager has access to this online training portal and can monitor CPD courses completed. The practice has also paid the fees for staff to attend core CPD training provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA). The emphasis placed on staff development in this practice 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.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs McKissick and the practice manager 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.

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.

Discussion with staff 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.

Review of the safeguarding of adults and children policies identified that further development was needed to include the types and indicators of abuse, in keeping with the new regional guidance. On the afternoon of the inspection RQIA received a copy of the revised safeguarding policy by email, along with verification that staff have read this revised version.

Referral pathways in the event of a safeguarding issue arising with an adult or child and relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were also 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. A record was maintained to evidence that weekly checks of all emergency medicines and equipment is undertaken. This is good practice.

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.

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. Fabric covered chairs were observed in surgeries one and two. On the afternoon of the inspection the practice manager provided documentary and photographic evidence, by email to RQIA, that the fabric covered chairs had been removed from the identified surgeries.

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. Staff were observed to be adhering to best practice in terms of uniform and hand hygiene policies.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

Observation of the decontamination environment demonstrated the practice operates two dedicated decontaminations rooms. The first room incorporates the set down area for soiled instruments, manual washing facilities and the washer disinfectant. The instruments are passed through a hatch to the second room, containing the autoclaves where the instruments are sterilised and stored. It was observed that an orthopan tomogram machine (OPG) is located in a room adjacent to the second decontamination room and can only be accessed via the second decontamination room. Discussion with Mrs McKissick and Mrs Robinson demonstrated that the OPG machine is used, on average, once a month. The location of the OPG room does not permit an alternative access route to this room. Therefore, in order to minimise interference with the decontamination process it was agreed that the practice would implement a protocol to ensure patient access to the OPG room is only permitted when the decontamination process is not in operation. On the afternoon of the inspection, RQIA received an email providing; documentary evidence of the action taken in this regard, a copy of the protocol for patient access to the OPG room, which had been added to the practice infection control policy, and a copy of staff signatures to confirm they had received instruction of the new protocol.

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.

Discussion with staff evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Handpieces examined were noted to have the sign indicating compatibility with the washer disinfectant process. Processing of handpieces was discussed with Mrs McKissick and the practice manager who were advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices by the DHSSPS.

On the afternoon of the inspection the practice manager provided photographic and documentary evidence by email to RQIA to confirm that with immediate effect, handpieces compatible with the washer disinfectant were to be processed using this method. The practice should monitor and record the impact of this change to the decontamination process and where applicable follow the guidance as stated in the Professional Estates Letter (PEL) 13 (13). A recommendation has been made in this regard.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit six monthly.

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

Radiography

The practice has four 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.

Robust arrangements were in place for maintaining the environment. Records were reviewed in relation to emergency lighting, engineering certification, legionella risk assessment, water quality testing and health and safety risk assessments.

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 fire log book was maintained which recorded the weekly, monthly and annual fire safety checks undertaken.

A written scheme of examination of pressure vessels had been undertaken on 6 August 2015. The practice manager confirmed that arrangements have been established for the inspection to be undertaken in August 2016.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA all of whom indicated that they felt safe and protected from harm. Comments provided included the following:

- “Staff are very helpful”
- “The staff are very friendly and efficient”
- “As a very nervous patient I cannot praise the staff enough, everything is explained and I am in full control”

Nine 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. The following comment was provided:

- “The practice provides and also pays for us to have training, to ensure we are always up to date. They also allow us extra time to complete out CPD in work.”

Areas for improvement

The practice should monitor and record the impact of the change to the decontamination process and where applicable follow the guidance as stated in the Professional Estates Letter (PEL) 13 (13).

Number of requirements	0	Number of recommendations:	1
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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. 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 dentists and the dental therapists. 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 waste management
- clinical records
- review of complaints/accidents/incidents
- patient waiting times
- chair occupancy

Communication

Mrs McKissick and the practice manager 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. In addition staff huddles are held each morning to prepare the team for that day’s patient list and treatments. However the huddle also includes a quick thought for the day in the form of sharing of information which is delivered by a different staff member each day, topics previously included, safeguarding, infection control, fire safety and other areas of interest.

Discussion with staff demonstrated they benefited from the morning huddles and had each contributed to the process. Review of documentation demonstrated that minutes of staff meetings and staff huddles are retained. Staff spoken with confirmed that meetings also facilitated formal and informal in house training sessions. Management are to be commended for the commitment afforded to the communication processes operating in the practice.

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 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “Excellent in all areas”
- “Clear explanations and consultation”

Nine 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 under this domain.

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.

Discussion with Mrs McKissick and the practice manager demonstrated the practice are very mindful of individual’s patients’ needs and will arrange appointments and treatment plans around the needs of patients, e.g., the patient may be better suited to being treated in the ground floor surgery or a morning appointment may suit certain patients better than later in the day.

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 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “Excellent in every standard”
- “I am disabled and a downstairs surgery is always arranged”
- “Respect and care shown at all times”

Nine 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 staff questionnaires under this domain.

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.

Robust arrangements were in place to review risk assessments and there was evidence to verify that the results of risk assessments were shared with staff members.

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.

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 previously discussed a number of audits were in place and in addition 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.

Mrs McKissick demonstrated a clear understanding of her role and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The prompt and effective response made in relation to the areas identified during the inspection was indicative of effective and decisive leadership.

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 19 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- “Good quality of service provided”
- “The heads of the practice always strive to be the best and this is reflected in their staff”
- “I continually feel well treated and managed within this practice. They are all very considerate, polite and helpful during any visits”
- “Well managed and personable”

Nine 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 under this domain.

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

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Jennifer McKissick, Registered Person and the practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed 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.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 13

Stated: First time

To be completed by:
16 July 2016

Following written confirmation from the practice that compatible handpieces would be processed in the washer disinfecter forthwith, the practice should monitor the impact of this change in the decontamination process and where applicable follow the guidance as stated in the Professional Estates Letter (PEL) 13 (13).

Response by registered person detailing the actions taken:
Written confirmation of changes implamented already supplied.

Please ensure this document is completed in full and returned to independent.healthcare.@rqia.org.uk from the authorised email address



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