

# Announced Care Inspection Report 29 June 2017



## Ballyclare Dental Practice

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

**Address: 30 Rashee Road, Ballyclare BT39 9HJ**

**Tel No: 028 9335 2805**

**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://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 four registered places providing private and NHS dental care and treatment.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>TJM (Northern Ireland) Ltd<br>Mrs Jennifer McKissick     | <b>Registered Manager:</b><br>Mr Trevor McKissick |
| <b>Persons in charge at the time of inspection:</b><br>Mrs Jennifer McKissick<br>Mr Trevor McKissick | <b>Date manager registered:</b><br>4 July 2011    |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment                           | <b>Number of registered places:</b><br>4          |

### 4.0 Inspection summary

An announced inspection took place on 29 June 2017 from 14.00 to 16.40.

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 staff training and development, patient safety, the environment, the range and quality of audits, health promotion, engagement to enhance the patients' experience and governance.

No areas requiring improvement were identified as a result of this inspection.

Patients who submitted questionnaire responses to the Regulation and Quality Improvement Authority (RQIA) indicated they were very satisfied or satisfied with all aspects of care and service in this practice.

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Janice Robinson, 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 16 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 June 2016.

#### 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 Robinson, practice manager; and two dental nurses, one of whom also undertakes reception duties. Mrs Jennifer McKissick, registered person and Mr Trevor McKissick, registered manager, were treating patients and met briefly with the inspector. The inspection was facilitated by Mrs Robinson. 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 section
- safeguarding

- management of medical emergencies
- infection prevention and control
- 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 the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 June 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 16 June 2016

| Areas for improvement from the last care inspection  |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 13<br><br><b>Stated:</b> First time        | 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). | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussion with staff and review of the arrangements in place for the decontamination of dental instruments confirmed that all compatible handpieces are processed in the washer disinfecter.   |                          |

## 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

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.

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 Robinson 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 is sought and retained for inspection.

There was a recruitment policy and procedure available. The policy 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 the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy (revised 2016)

### **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.

Observation of the decontamination environment demonstrated the practice operates two dedicated decontamination 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. The room in which the orthopan tomogram machine (OPG) is located can only be accessed via the second decontamination room. Following the previous inspection, in order to minimise interference with the decontamination process, a protocol for patient access to the OPG room was implemented.

Appropriate equipment, including two washer disinfectants 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.

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.

Pressure vessels in the practice have been inspected on 8 November 2016 in keeping with the written scheme of examination.

It was confirmed that written security policies were in place for the management of prescription pads/forms however, it was identified that further detail was required to meet best practice guidance. On 27 July 2017 RQIA received a copy of the policy which outlined the robust measures in place to reduce the risk of prescription theft and misuse within the practice.

### **Patient and staff views**

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

- 'I have no issues at all with this.'
- 'Staff easy to talk to, explain treatment well.'

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and that they were very 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, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 0                  | 0                |

## 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.

Mrs Robinson confirmed that 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.

Electronic records are maintained and different levels of access are 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.

It was confirmed that 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. There was information promoting oral health available in the waiting area. Mrs Robinson and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

### Audits

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

- x-ray quality grading
- 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
- referrals to the dental hygienist
- chair occupancy

## **Communication**

Mrs Robinson 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.

A staff huddle is held each morning to prepare the team for that day's patient list and treatments. The staff huddle also includes a quick thought for the day in the form of sharing of information delivered by a different staff member each day, topics previously included, safeguarding, infection control, fire safety and other areas of interest. Records of staff huddles are kept and available for staff not in attendance. In addition a 'record of communications' book is retained for the sharing of information for all staff.

Mrs Robinson also demonstrated that practice management meetings are held on a regular basis with minutes retained in this regard.

Staff spoken with confirmed that formal staff meetings also take place throughout the year which facilitates 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 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. Eight patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- 'I feel that everything is discussed very thoroughly with me to do with my care.'
- 'No worries that they are trying to do anything that is not necessary or pressuring to get more expensive treatment.'

All of the 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. 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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.

Discussion with Mrs Robinson demonstrated the practice is very mindful of individual's patients' needs and will arrange appointments and treatment plans around the needs of patients. For example, the patient may be better suited to being treated in the ground floor surgery or an early 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 patients' 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. Seven 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 of the 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. All staff also indicated they were very 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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. 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 Robinson confirmed that Mr and Mrs McKissick demonstrated a clear understanding of their roles 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 submitted patient questionnaire responses indicated that they felt that the service is well led. Seven patients indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. The following comment was provided in a submitted questionnaire response.

- 'Recalls and reminders of appointments sent on time.'

All submitted staff questionnaire responses indicated that they felt that the service is well led and also indicated they were very 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.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 0                  | 0                |

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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