The Regulation and Quality Improvement Authority

Announced Care Inspection Report
10 March 2017

Ballymena Specialist Dental Clinic

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 19 George Street, Ballymena, BT43 5AP
Tel no: 028 2565 2044
Inspector: Carmel McKeegan

1.0 Summary

An announced inspection of Ballymena Specialist Clinic took place on 10 March 2017 from 14.00 to 15.30.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Mr Robert Graham, registered manager and staff demonstrated that, in general, 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. Four recommendations have been made. These are to record the details of the topics discussed during induction of new staff, to implement a formal annual appraisal process for all staff, to provide safeguarding training for all staff and to ensure that records are retained to confirm recommendations made by the radiation protection advisor (RPA) have been addressed.

Is care effective?

Observations made, review of documentation and discussion with Mr Graham 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. One recommendation was made to implement regular staff meetings with minutes retained.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Graham 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 in the main 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. As discussed above a number of issues were identified within the domain of is care safe which relate to quality assurance and good governance. Implementation of the recommendations made under the Is care safe, domain will further enhance the governance arrangements in the practice. No requirements or recommendations have been made under the well led domain.

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	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Graham, registered manager and the duty 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 October 2015.

2.0 Service details

Registered organisation/registered person: Ballymena Specialist Dental Clinic Limited Mr Mark Diamond	**Registered manager:** Mr Mark Diamond
Person in charge of the practice at the time of inspection: Mr Robert Graham	**Date manager registered:** 04 March 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

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 and complaints declaration. No staff or patient questionnaires were submitted to RQIA.

Mr Mark Diamond, registered person, also operates Fortwilliam Specialist Clinic. As the majority of records are the same for both practices, the main review of documentation was undertaken during the inspection of Fortwilliam Specialist Clinic carried out on the morning of 10 March 2017. Mr Graham is the registered manager for Fortwilliam Specialist Clinic.

During the inspection the inspector met with Mr Graham and the duty manager, a dental nurse and a receptionist. Mr Graham and the duty manager facilitated the inspection. Mr Mark Diamond, registered person/manager was not present on the day of inspection. 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 12 October 2015

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12 October 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 11.1 **Stated:** First time	It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: A review of the submitted staffing information and discussion with Mr Graham confirmed that no new staff have been recruited since the previous inspection. Mr Graham demonstrated awareness of the records to be sought and retained for any person seeking to work in the practice.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with Mr Graham and staff 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, Mr Graham and the duty manager confirmed that induction programme templates relevant to specific roles within the practice had not yet been developed. A record detailing the topics discussed during induction should be retained for any new person commencing work in the practice. A recommendation has been made in this regard.

Discussion with Mr Graham and staff confirmed that procedures were in not yet in place for appraising staff performance and staff confirmed that appraisals had not taken place. A recommendation has been made to introduce staff appraisals on an annual basis

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 Mr Graham 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.

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.

A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The following regional safeguarding documentation was forwarded to Mr Graham by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mr Graham stated the practice safeguarding policies will be updated to ensure they fully reflect the above regional guidance and will be shared with staff.

A recommendation was made that all persons working in the practice should complete training in safeguarding children and adults and refresher training should be provided every two years in keeping with the Minimum Standards for Dental Care and Treatment 2011.

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 training is updated on an annual basis in keeping with best practice guidance. Mr Graham and the duty manager were advised that management of medical emergencies should be included in the record of induction for all new staff.

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 and a steam steriliser 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, on a six monthly basis, using the Infection Prevention Society (IPS) audit tool.

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

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine located in a separate room.

A dedicated radiation protection file was in place relating to the two intra-oral x-ray machines provided and a dedicated CBCT radiation protection folder was also in place, both folders contained the relevant local rules, employer's procedures and written protocols for intra-oral and CBCT dental radiography, respectively. The files had been signed by all staff, to confirm they had read the contents.

A radiation protection advisor (RPA) has been appointed and arrangements have been established for the RPA to complete a quality assurance check of the x-ray equipment every three years. Staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties.

Certificates confirmed that both intra-oral x-ray machines passed the most recent critical examination undertaken on 6 June 2016 and a certificate confirmed that the CBCT passed the critical examination and acceptance testing undertaken on 1 August 2016 by the appointed RPA. No records were available to confirm that the recommendations made in the RPA reports had been addressed. A recommendation has been made in this regard.

The local rules were on display and were signed by staff to confirm they have read and understood these.

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

Environment

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

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

Arrangements are in place for maintaining the environment. Discussion with Mr Graham and review of records confirmed that a legionella risk assessment had been undertaken and water temperatures are monitored as recommended.

A fire risk assessment had been undertaken in June 2016 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.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

Patient and staff views

As previously stated no patient or staff questionnaire responses were submitted to RQIA. Mr Graham confirmed that the questionnaires, provided by RQIA, had been distributed to staff and patients.

Areas for improvement

A record detailing the topics discussed during induction should be retained for any new person commencing work in the practice.

A formal system for appraising staff performance at least on an annual basis should be implemented.

All persons working in the practice should complete training in safeguarding children and adults at risk of harm and arrangements established to ensure all staff complete refresher training every two years.

Records should be retained to evidence that recommendations made in RPA reports have been addressed.

Number of requirements	0	Number of recommendations	4

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. Staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists and dental nurses. Patients are provided with written aftercare instructions and are reviewed six monthly post-treatment.

A range of oral health promotion leaflets were available at reception and the patients' waiting area.

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
- review of complaints/accidents/incidents

Communication

The practice operates a referral only service which includes patients' medical histories. Information in regards to medical histories is reviewed and patient appointments are triaged to take account of this information. Arrangements are in place for onward referral in respect of specialist treatments as required. A policy and procedure and template referral letters have been established.

Discussion with Mr Graham and staff confirmed that staff meetings are not held with any regularity and would usually be arranged as and when it was felt necessary by management. This was discussed with Mr Graham and the duty manager and a recommendation has been made to establish regular staff meetings to provide a forum for staff to constructively discuss clinical and practice management issues. Minutes of staff meetings should be maintained and available for staff unable to attend a staff meeting.

Staff demonstrated that, in general, there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

No patient or staff questionnaire responses were submitted to RQIA.

Areas for improvement

Staff meetings should be held regularly and minutes maintained and available for staff unable to attend.

Number of requirements	0	Number of recommendations	1

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 conduct telephone enquiries in a professional and confidential manner.

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

No patient or staff questionnaire responses were submitted to RQIA.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

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.

Mr Mark Diamond, registered person, is the nominated individual with overall responsibility for the day to day management of the practice. There are arrangements in place for Mr Graham and the duty manager to support the practice when Mr Diamond is not available.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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

Mr Graham and the duty manager confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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

Mr Graham confirmed that Mr Diamond, registered person, understands 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

No patient or staff questionnaire responses were submitted to RQIA.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Robert Graham as part of the inspection process. The timescales commence from the date of inspection.

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office (non- paperlite) for assessment 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 11 **Stated:** First time **To be completed by:** 10 May 2017	A record detailing the topics discussed during induction should be retained for any new person commencing work in the practice. **Response by registered provider detailing the actions taken:** IN PLACE
Recommendation 2 **Ref:** Standard 11.8 **Stated:** First time **To be completed by:** 10 May 2017	A system should be implemented for appraising staff performance at least on an annual basis, with records maintained. **Response by registered provider detailing the actions taken:** WILL CONSIDER IMPLEMENTATION.
Recommendation 3 **Ref:** Standard 15.3 **Stated:** First time **To be completed by:** 10 May 2017	All persons working in the practice should complete training in safeguarding children and adults at risk of harm and arrangements established to ensure all staff complete refresher training every two years. **Response by registered provider detailing the actions taken:** ORGANISED FOR LATER IN YEAR.
Recommendation 4 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** 10 May 2017	Confirmation should be retained that recommendations made within reports issued by the radiation protection advisor in respect of all x-ray equipment have been actioned. **Response by registered provider detailing the actions taken:** IN PROCESS OF IMPLEMENTATION.

Recommendation 5 **Ref:** Standard 11.6 **Stated:** First time **To be completed by:** 10 May 2017	Staff meetings should be held regularly and minutes of staff meetings should be maintained and available for staff unable to attend.
	Response by registered provider detailing the actions taken: STAFF MEETINGS ARE HELD REGULARLY AND MINUTES POSTED ON NOTICE BOARD.

Please ensure this document is completed in full and returned to RQIA Office.

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