

Announced Care Inspection Report 22 March 2018



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

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 two registered places.

3.0 Service details

Organisation/Registered Provider: Ballymena Specialist Dental Clinic Ltd	Registered Manager: Mr Mark Diamond
Responsible Individual: Mr Mark Diamond	
Person in charge 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

Mr Mark Diamond also owns and operates the Fortwillam Specialist Dental Clinic and is the registered person for that clinic.

4.0 Inspection summary

An announced inspection took place on 23 March 2018 from 14.00 to 15.15.

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 patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

No areas requiring improvement were identified.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Robert Graham, registered manager of Fortwilliam Specialist Clinic and Ms Ashleigh Clarke, the duty manager for both the Fortwilliam Specialist Clinic and Ballymena Specialist Clinic, 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 10 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 March 2017.

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. No patient or staff questionnaires were received by RQIA.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Robert Graham, registered manager of Fortwilliam Specialist Clinic and Ms Ashleigh Clarke, duty manager, and a dental nurse/receptionist. Mr Graham and Ms Clarke facilitated the inspection. A tour of the premises was also undertaken.

An announced inspection had been undertaken at Fortwilliam Specialist Clinic on the same day, Mr Mark Diamond, registered person, had been present and met with the inspector.

A sample of records was examined at the premises of Fortwilliam Specialist Clinic, also operated by Mr Mark Diamond, on the same day as this inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- 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 Mr Graham and Ms Clarke at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 March 2017

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 10 March 2017

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
Recommendation 1 Ref: Standard 11 Stated: First time	A record detailing the topics discussed during induction should be retained for any new person commencing work in the practice.	Met
	Action taken as confirmed during the inspection: A record of induction was provided. It was confirmed that no new staff have commenced employment since the previous inspection, however reassurances were given that any staff recruited in the future will complete a written record of induction.	
Recommendation 2 Ref: Standard 11.8 Stated: First time	A system should be implemented for appraising staff performance at least on an annual basis, with records maintained.	Met
	Action taken as confirmed during the inspection: Mr Graham confirmed that a system has been implemented to ensure all staff have an annual appraisal. Discussion with staff confirmed that this process has commenced.	
Recommendation 3 Ref: Standard 15.3 Stated: First time	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.	Met
	Response by registered provider detailing the actions taken: Training records confirmed that all staff attended formal level 2 safeguarding children and adults training on 04 October 2017.	

Recommendation 4 Ref: Standard 8.3 Stated: First time	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: Review of the radiation protection advisor (RPA) reports for the x-ray equipment evidenced that the recommendations contained within all the reports had been actioned.	
Recommendation 5 Ref: Standard 11.6 Stated: First time	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: A record of staff meetings had been retained and staff confirmed that staff meetings take place monthly.	

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

Two dental surgeries are in operation in this practice. Discussion with staff demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

As previously discussed , 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 offers intravenous sedation to patients. It was established that all members of the dental team providing treatment under intravenous sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).

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 and staff 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 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' and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that a separate emergency medicines kit bag and emergency equipment are provided in surgery two on the ground and also in surgery one on the first floor. It was evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and 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. Arrangements have been made for all staff to attend intermediate life support training on 17 April 2018.

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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant 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 complete a six monthly compliance audit 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.

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 machine (CBCT), which is located in a separate room.

Two dedicated radiation protection files were in place, one in relation to the two intra-oral machines and one for the CBCT. Both files contained 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 on 20 March 2018 in accordance with manufacturer's instructions.

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

Environment

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

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.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire. It was confirmed that arrangements have been made to provide all staff with refresher fire safety training.

A written scheme of examination of pressure vessels was in place and the compressor and sterilisers were inspected in keeping with the scheme.

Relative analgesia (RA) is provided as required for patients in accordance with their assessed need. Review of records confirmed that routine safety checks to the RA administration unit were undertaken on 22 November 2017 by a suitably qualified and competent person.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

No patient or staff questionnaire responses were received by RQIA.

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.

	Regulations	Standards
Total number of areas for improvement	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.

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.

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. There was information available in regards to oral health and hygiene. Mr Graham and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Patients are provided with written aftercare instructions and are reviewed six monthly post-treatment.

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.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

No patient or staff questionnaire responses were received by RQIA.

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
Total number of areas for improvement	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.

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 received by RQIA.

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
Total number of areas for improvement	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.

Mr Mark Diamond, registered person, is the nominated individual with overall responsibility for the day to day management of the practice.

Prior to this inspection RQIA had been informed by Mr Diamond that the practice has been sold to Bupa Dental Care. A representative from Bupa Dental Care was present during the inspection. Following the inspection it was confirmed that an application for registration had been received by RQIA which will be followed up under separate cover.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The 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 staff 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 Diamond, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

No patient or staff questionnaire responses were received by RQIA.

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.

	Regulations	Standards
Total number of areas for improvement	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.



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