

Announced Care Inspection and Variation to Registration Inspection Report 20 March 2017



Bank Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment

Address: 231 Shankill Road, Belfast, BT13 1FQ

Tel no: 028 9032 3526

Inspector: Carmel McKeegan

1.0 Summary

An announced inspection of Bank Dental Practice took place on 20 March 2017 from 10.30 to 13.00.

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.

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with an application of variation, made to RQIA, to relocate the practice to new premises and increase the number of dental chairs from two to four. The variation to registration application was approved from a care perspective following this inspection. Mr Kieran Monaghan, estates inspector, undertook a premises inspection at the same time. The report and findings of the premises inspection will be issued under separate cover.

Is care safe?

Observations made, review of documentation and discussion with Mr Robert Gilmer, 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 and control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mr Gilmer and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Gilmer and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Robert Gilmer, registered person, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 June 2015.

2.0 Service details

Registered organisation/registered person: Mr Robert Gilmer	Registered manager: Mrs Deborah Irvine
Person in charge of the practice at the time of inspection: Mr Robert Gilmer	Date manager registered: 16 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2 increasing to 4 following the inspection

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. Several completed patient and staff questionnaires were given to the inspector during the inspection which were reviewed following the inspection.

The application of variation and associated submitted documentation to move premises and increase the number of registered dental chairs from two to four was also reviewed.

During the inspection the inspector met with Mr Robert Gilmer, registered person, Mrs Deborah Irvine, registered manager, an associate dentist and two dental nurses. Mrs Irvine took the lead in facilitating the 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 24 June 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 24 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that advice and guidance is sought from the medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.	Met
	Action taken as confirmed during the inspection: An AED was provided in the practice and staff confirmed they had received training in this regard.	

Recommendation 2 Ref: Standard 12.4 Stated: First time	It is recommended that the strength of Aspirin retained for use in the event of a medical emergency is reviewed in line with the BNF.	Met
	Action taken as confirmed during the inspection: Review of the emergency medications confirmed that Aspirin 300mg dispersible tablets were provided in line with the BNF.	
Recommendation 3 Ref: Standard 12.4 Stated: First time	It is recommended that the emergency equipment is reviewed to ensure that all of the equipment recommended by the Resuscitation Council (UK) is available.	Met
	Action taken as confirmed during the inspection: All emergency equipment as recommended by the Resuscitation Council (UK) was available in the practice, and ready for use.	
Recommendation 4 Ref: Standard 11.1 Stated: First time	It is recommended that two satisfactory references, one from the most recent employer, have been obtained prior to commencement of employment.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Gilmer and staff confirmed that one new staff member had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained, including two written references.	
Recommendation 5 Ref: Standard 9.4 Stated: First time	It is recommended that the report of the most recent patient satisfaction survey outlines the action taken by the registered persons to address any deficits identified as a result of the survey.	Met
	Action taken as confirmed during the inspection: Review of the summative report of the most recent patient satisfaction survey confirmed that this recommendation has been addressed.	

4.3 Is care safe?

Staffing

The practice is increasing from two to four dental surgeries. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that in the previous premises there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Mr Gilmer outlined the planned staffing arrangements for the additional two surgeries, and confirmed that an orthodontist will join the practice within the next few months and additional staff will be recruited as and when required.

Discussion with staff demonstrated that they have prepared well for moving into the new premises and are looking forward to treating patients, in the new surroundings.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. 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 Gilmer and staff confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for the staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

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

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

Policies and procedures were in place for the safeguarding and protection of adults and children which had been updated to reflect the most recent regional adult and children safeguarding guidance. 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 most recent regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 and the 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference.

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. As previously stated, since the previous inspection, an AED has been provided and staff confirmed they have undertaken training in the use of this equipment. 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

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

A copy of the 2013 edition of HTM 01-05 was available at the practice for staff reference. Discussion with staff demonstrated that they were familiar with best practice guidance. It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool which had been completed on a six monthly basis.

The practice has a separate dedicated decontamination room. The decontamination room adequately meets the practice requirements and facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

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.

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 HTM 01-05.

Four surgeries are available and fully equipped, however, currently only three surgeries will be in regular use. The fourth surgery will become operational when the orthodontist commences work in the practice. 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. Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

A range of infection prevention and control and decontamination policies and procedures were in place. Discussion with staff demonstrated that they had an understanding of the 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.

Appropriate arrangements were in place for the management of waste, including sharps. The dental unit water lines were being managed in keeping with good practice.

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

Radiography

The practice has four surgeries, three of which have an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

Dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. A review of the files 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 visits on 24 February 2017 and 3 March 2017 by the RPA demonstrated that the recommendations made have been addressed.

Arrangements are in place to ensure the x-ray equipment will be 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.

As discussed previously a premises inspection was also undertaken during this inspection. The report and findings of the premises inspection will be issued under separate cover.

Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- ‘ Absolutely, XXXXX always explains treatment options beforehand.’
- ‘The team is very approachable and professional.’
- ‘Staff always courteous and helpful.’
- ‘Staff are extremely helpful and caring.’

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. 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.

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 both the dentists. A range of oral health promotion leaflets were available at reception and the patients' waiting area and 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
- disability access audit

Communication

Staff 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. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal/formal in house training sessions.

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

Patient and staff views

All ten 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:

- 'Couldn't agree more.'
- 'I always feel informed of options available.'
- 'Always been well informed.'
- 'Staff have provided all information in a very informative way.'

Both 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 in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

The practice undertakes patient satisfaction surveys on an annual basis. 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 ten 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:

- 'Definitely.'
- 'I am very happy with my treatment, XXXX is the best dentist who has ever treated me.'
- 'Patient for over 40 years and have been well satisfied.'

Both 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 submitted questionnaire responses.

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.

Mrs Deborah Irvine, registered manager, is the nominated individual with overall responsibility for the day to day management of the practice.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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 Gilmer 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 Gilmer, registered person and Mrs Irvine, registered manager, demonstrated a clear understanding of their roles and responsibilities 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

All ten patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- 'Very organised and accommodating.'
- 'Excellent leadership from Dr Gilmer.'
- 'I have always taken dentist's advice.'
- 'Extremely well managed. I feel continually informed on treatment.'

Both submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

The following comment was included in a submitted questionnaire:

- 'I feel this service is managed very well. I also feel comfortable about raising any concerns I have.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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