

# Announced Care Inspection Report 14 September 2016



## Belfast Orthodontic Clinic

Type of service: Dental Practice  
Address: 218 Ormeau Road, Belfast, BT7 2FY  
Tel no: 028 9069 3330  
Inspectors: Emily Campbell & Philip Colgan

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Belfast Orthodontic Clinic took place on 14 September 2016 from 13:55 to 16:00.

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.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Stephen McKenna, registered person, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Mr McKenna confirmed by e-mail, on 21 September 2016, that he had implemented measures to address issues identified regarding the ventilation system in the decontamination room and the provision of a lock on the cleaning store. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr McKenna 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 McKenna 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Stephen McKenna, 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 1 June 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Stephen McKenna	<b>Registered manager:</b> Stephen McKenna
<b>Person in charge of the practice at the time of inspection:</b> Stephen McKenna	<b>Date manager registered:</b> 6 February 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Stephen McKenna, registered person, the lead dental nurse, three dental nurses, two of whom were undertaking receptionist duties, and an administrator. 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 1 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 1 June 2015**

<b>Last care inspection statutory requirements</b>		<b>Validation of compliance</b>
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment for any new staff recruited.</p> <p>The date the AccessNI check was received, the name of the person who reviewed the check and the outcome of the review should be recorded.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Five staff have been recruited since the previous inspection. Review of the personnel files of two of these staff confirmed that enhanced AccessNI checks were undertaken and received prior to the commencement of employment and appropriate records were retained.</p>		

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	It is recommended that clear face masks are provided in the various sizes as outlined in the Resuscitation Council (UK) minimum equipment list.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of emergency equipment confirmed that clear face masks were provided.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	It is recommended that a recruitment policy is established. The policy and procedure should include the following information: <ul style="list-style-type: none"> <li>• advertising and application process;</li> <li>• shortlisting, interview and selection process;</li> <li>• issuing of job description and contracts/agreements;</li> <li>• employment checks including two written references;</li> <li>• exploration of employment history including any gaps in employment;</li> <li>• pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties;</li> <li>• arrangements for obtaining an enhanced AccessNI check; and</li> <li>• evidence of professional qualifications and GDC registration if applicable.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that a recruitment policy had been developed and included the relevant information as outlined above. A minor amendment was made to the policy during the inspection.	

<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 11.1</b></p> <p><b>Stated: First time</b></p>	<p>It is recommended that for all newly recruited staff, including self-employed staff, that staff personnel files should include the following information:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to employment;</li> <li>• two written references;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation of physical and mental health; and</li> <li>• evidence that new staff have received induction training when they commenced work in the practice.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of two files of staff recruited since the previous inspection evidenced that this recommendation had been addressed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref: Standard 11.1</b></p> <p><b>Stated: First time</b></p>	<p>It is recommended that a staff register is established, to include staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that a staff register had been established as above.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

#### Staffing

Five 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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two 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. Random review of appraisal records evidenced that appraisals had been completed 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 McKenna confirmed that five staff have been recruited since the previous inspection. A review of the personnel files for two of these staff 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.

As discussed previously, 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.

A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available in the practice. Mr McKenna confirmed this had been discussed with staff.

### **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. The Glucagon medication did not have a revised expiry date identified to reflect that the medication was not stored between 2 and 8 degrees centigrade, however, this was addressed during the inspection. 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.

## **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 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. Training records were available for inspection.

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. The decontamination room was observed to be very hot to work in and it was identified that whilst extract ventilation was provided there was no provision of make-up air. Mr McKenna readily agreed to address this and confirmed by email on 21 September 2016 that he had contacted the architect to progress this matter. Appropriate equipment, including a washer disinfectant, a DAC Universal 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 tool.

## **Radiography**

The practice has an intra-oral x-ray machine and an orthopan tomogram machine (OPG) with lateral cephalogram which are 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 good standard of maintenance and décor. It was observed that the cleaning store which was located in an area that could be accessed by patients did not have a lock on it. Mr McKenna readily agreed to address this and confirmed by e.mail on 21 September 2016 that he had purchased a lock which would be fitted within the week.

Cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. Documents reviewed included servicing of the boiler, fire detection systems, fire-fighting equipment and oxygen cylinder and risk assessment reviews.

A legionella risk assessment was in place and water temperature is monitored and recorded as recommended.

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 and robust systems were in place in this regard.

Pressure vessels had been examined in keeping with the written scheme of examination.

## Patient and staff views

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

- “Staff always pleasant and helpful.”
- “I feel in a safe environment.”

Twelve staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Patients are always safe and protected from harm.”
- “Yes, all areas are met.”

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 4.4 Is care effective?

### Clinical records

Mr McKenna and 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.

The practice is registered with the Information Commissioner's Office (ICO) and Mr McKenna confirmed that a Freedom of Information Publication Scheme had been established.

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr McKenna and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations and oral health care is discussed in detail following braces being applied. This is reinforced with written advice. Information was on display promoting good oral health.

### 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
- clinical records
- review of complaints/accidents/incidents
- new patients
- patient satisfaction surveys

### Communication

Mr McKenna confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a weekly 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 and formal in house training sessions. Informal meetings are also held each morning to discuss the arrangements for the day.

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

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No written comments were provided.

All submitted staff questionnaire responses indicated that they feel 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 written comments were provided.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## **4.5 Is care compassionate?**

### **Dignity, respect and involvement in decision making**

Mr McKenna and 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. The practice can accommodate patients with a disability and a bariatric dental chair is available in one surgery to accommodate patients for whom a standard dental chair would not be suitable. Discussion with Mr McKenna evidenced that special arrangements have been put in place to accommodate patients with specific complex individual needs. Interpreter services are available, if required, for patients whose first language is not English.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured that 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.

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No written comments were provided.

All submitted staff questionnaire responses indicated that they feel 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. Comments provided included the following:

- “Patients receive a level of care that we ourselves expect to receive.”
- “Surveys carried out regularly.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

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.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed/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 McKenna 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 McKenna demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was provided:

- “We have had a great experience from the 1st appointment.”

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. No written comments were provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

**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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews