

# Announced Care Inspection Report 31 July 2017



## Belmont Orthodontics

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

**Address: 98 Belmont Road, Belfast, BT4 2AP**

**Tel No: 028 9065 6666**

**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with five registered places, providing both private and NHS orthodontic treatments. Three of the dental chairs are presented in a polyclinic design.

**3.0 Service details**

<p><b>Registered Persons:</b> Mr Paul Clifford Ms Grainne O'Regan</p>	<p><b>Registered Manager:</b> Ms Grainne O'Regan</p>
---	--

<b>Person in charge at the time of inspection:</b> Mr Paul Clifford	<b>Date manager registered:</b> 25 January 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

#### 4.0 Inspection summary

An announced inspection took place on 31 July 2017 from 09:50 to 12:20.

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 since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to staff training and development, patient safety in respect of radiology and the management of medical emergencies, infection prevention and control and decontamination, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

One area of improvement against the regulations and one area of improvement against the minimum standards have been made. These relate to ensuring the fixed electrical wiring installations are inspected and that the safeguarding lead/champion undertakes formal training in safeguarding children and adults.

All of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Paul Clifford, registered person and Ms Adrienne Cooke, practice 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 15 September 2016**

No further actions were required to be taken following the most recent inspection on 15 September 2016.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Mr Paul Clifford, registered person, Ms Adrienne Cooke, practice manager, a dental nurse and a receptionist. A tour of the premises was also undertaken.

A sample of 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 and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 September 2016

The most recent inspection of the practice was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 15 September 2016

There were no areas for improvement made as a result of the last care inspection.

## 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

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.

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 subscribes to DCP Update an online training provider that offers 15 hours verifiable Continuing Professional Development (CPD), covering core subjects such as medical emergencies, radiology and cross infection. Ms Cooke confirmed that CPD is reviewed during annual appraisals. The practice has also supported a number of staff to undertake additional training in areas such as the orthodontic therapist course, radiography and practice management. It was evident that there is a strong culture regarding staff development within the practice.

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 Ms Cooke 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.

## **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 in house 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/champion had not completed formal training in safeguarding children and adults. This has been identified as an area for improvement against the minimum standards. Safeguarding adults training should be in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent refresher training was undertaken during August 2016.

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.

There was policy for the management of medical emergencies and protocols 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 disinfector and two steam sterilisers has been provided to meet the practice requirements. On the day of inspection it was confirmed that the washer disinfector was not operational. The washer disinfector had developed a fault; this had been reported to a service engineer who visited the practice to undertake repairs. The washer disinfector requires a new part and this has been ordered. The practice has temporarily reverted to manual cleaning reusable dental instruments prior to sterilisation. Discussion with a dental nurse evidenced that the manual cleaning procedure was in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated during June 2017. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during June 2017.

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

### **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 in the x-ray room 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 during September 2016 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. Ms Cooke confirmed that since the previous inspection the ground floor of the practice has been redecorated and that plans are in place to redecorate the first floor of the practice in the coming months.

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. This included the routine servicing of the gas heating boiler, fire detection system and firefighting equipment and intruder alarm. It was not clear when the fixed electrical wiring installations had been inspected. This has been identified as an area for improvement against the regulations.

A legionella risk assessment was completed in house and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and routine checks are completed in respect of the fire detection system.

It was confirmed that arrangements are in place to review the legionella and fire risk assessments on an annual basis.

A written scheme of examination of pressure vessels was in place and the pressure vessels had been inspected in keeping with the written scheme of examination during January 2017.

Ms Cooke confirmed that no prescription pads/forms are retained in the practice. Should a patient require a prescription, arrangements are in place to refer them to their own dentist for treatment.

## **Patient and staff views**

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

- “Very clean, bright and modern.”
- “Staff and dentists are always friendly and helpful.”
- “Practice and staff are always clean and well presented.”

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas of good practice**

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, management of medical emergencies, infection prevention control and decontamination procedures and radiology.

**Areas for improvement**

Suitable safety checks should be carried out to the fixed electrical wiring installations. Reference should be made to BS7671.

The safeguarding lead/champion must complete formal training in the safeguarding of children and adults at risk of harm and abuse. Adult safeguarding training must be in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) Training Strategy.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

**Clinical records**

Mr Clifford and staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

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

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. Ms Cooke confirmed the records management policy includes the arrangements

in regards to the creation, storage, recording, retention and disposal of records and data protection.

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. Information leaflets and posters were available in the practice promoting good oral health. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Patients are provided with oral and written aftercare instructions when braces are fitted and models are available to demonstrate good teeth cleaning techniques. Aftercare packs are available for purchase, which contain all of the relevant products which promote good oral hygiene for patients who wish to avail of them. Care guides are also available on the practice's website. Ms Cooke confirmed that free samples of toothpaste are distributed to patients and that the practice has three intra-oral cameras.

### **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 record keeping to include completion of medical histories
- patient consent
- safeguarding
- review of complaints/accidents/incidents
- patient satisfaction surveys

### **Communication**

Mr Clifford 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 and formal in house training sessions. Ms Cooke confirmed that in addition to the monthly staff meetings the orthodontists meet on a weekly basis.

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

**Patient and staff views**

All eight patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- “Staff always knowledgeable and helpful and can always give advice over phone etc when needed.”
- “Yes my children have required to have teeth removed and this was fully explained to me and them.”
- “I always feel I am well informed at each point of care.”

All five 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 and indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas of good practice**

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

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

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

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

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 ongoing basis and produces a report twice a year. 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.

**Patient and staff views**

All eight patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- “My son is always treated with great care and compassion and feels comfortable having his treatment.”
- “All members of staff are very friendly and always answer all questions I have and make me feel at ease.”

All five 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 and indicated that they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**Areas of good practice**

There were examples of good practice found in relation to 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.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

**Management and governance arrangements**

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive

to any suggestions or concerns raised. The registered persons are the nominated individuals 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 2016 to 31 March 2017.

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.

Ms Cooke 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 Clifford 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**

All eight patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. Comments provided included the following:

- "Reception staff are always helpful."
- "Yes my three children have attended Belmont Orthodontics and the care they have received is excellent."

All five submitted staff questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Paul Clifford, registered person and Ms Adrienne Cooke, practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector.

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

## Quality Improvement Plan

### Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2017</p>	<p>The registered person must ensure that suitable safety checks are carried out to the fixed electrical wiring installation. Reference should be made to BS7671.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Electrical checks carried out 11/08/2017 and cert obtained from ESE Ltd Certificate emailed to Stephen O'Connor</p>

### Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<p>The safeguarding lead/champion must complete formal training in safeguarding children and adults at risk of harm and abuse. The adult safeguarding training must be in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Paul Clifford and all staff will undertake a training day with MDTA on 11<sup>th</sup> October 2017 regarding the above</p>



\*



The Regulation and  
Quality Improvement  
Authority

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