

Announced Care Inspection Report 15 September 2016



Belmont Orthodontics

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

Address: 98 Belmont Road, Belfast, BT4 2AP

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Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Belmont Orthodontics took place on 15 September 2016 from 10:05 to 13:15. The inspector was accompanied by the RQIA Chairman Dr Alan Lennon for part of the inspection.

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 Ms Grainne O'Regan and Mr Paul Clifford, registered persons, Ms Adrienne Cooke, practice manager, 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. The systems and processes in place at this dental practice promote learning and development and ensure that care provided to patients is safe. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Ms O'Regan, Mr Clifford, Ms Cooke 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 Ms O'Regan, Mr Clifford, Ms Cooke 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 Ms Grainne O'Regan, registered provider and manager, Mr Paul Clifford, registered provider, and Ms Adrienne Cooke, practice manager, 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 Quality Improvement Plan (QIP) there were no further actions required to be taken following the most recent inspection on 20 May 2015.

2.0 Service details

Registered organisation/registered person: Ms Grainne O'Regan Mr Paul Clifford	Registered manager: Ms Grainne O'Regan
Person in charge of the practice at the time of inspection: Ms Grainne O'Regan Mr Paul Clifford	Date manager registered: 25 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 Ms Cooke, practice manager, two dental nurses and a receptionist. A tour of the premises was also undertaken. The inspection was facilitated by Ms Cooke and the inspector had a brief discussion with Ms O'Regan and Mr Clifford at the conclusion of the inspection.

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 20 May 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 20 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	<p>The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.</p> <hr/> <p>Action taken as confirmed during the inspection: Four staff have been recruited since the previous inspection. Review of the personnel files in respect of two of these staff evidenced that enhanced AccessNI checks had been undertaken and received prior to the commencement of employment.</p>	Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	It is recommended that two written references are obtained and retained in staff files for any newly recruited staff.	Met
	Action taken as confirmed during the inspection: Review of two of the four personnel files of staff recruited since the previous inspection evidenced that two written references had been obtained.	

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. A review of a sample of five 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 and Ms Cooke confirmed that the personal development plans identified at appraisal are used to develop the practice's training plan. It was evident that there is a strong culture regarding staff development within the practice with a number of staff having undertaken or are in the process of undertaking additional training in areas such as the orthodontic therapist course, radiography and practice management.

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 four 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.

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 and Ms Cooke confirmed that staff had been made aware of this. Further training will be provided after Ms Cooke and another staff member attend a safeguarding training course provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA) toward the end of September 2016. The policy will also be reviewed and updated to reflect the new guidance. Three dental nurses have also been booked to attend safeguarding training through NIMDTA in the near future.

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.

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 practice recently had a medical emergency which was appropriately handled and was reported to RQIA as required. Ms Cooke advised that following debriefing and although there was no learning to be taken from this event, in house refresher training will be provided at staff meetings to ensure the management of medical emergencies remains current.

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 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. Appropriate equipment, including two washer disinfectors 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. The decontamination room is being refurbished at the end of October 2016 to facilitate more space at the clean end of the decontamination process. Discussion with Ms Cooke confirmed that the layout of the refurbished decontamination room will be 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 2016.

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.

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 and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included gas boiler servicing, pressure vessel inspections, fire equipment servicing and other equipment servicing.

A legionella risk assessment was last undertaken in May 2016 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.

Patient and staff views

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

- “Very professional staff.”
- “Excellent treatment received from staff and would fully recommend.”
- “After my daughter having her treatment completed I have witnessed 2 years of treatment. Everything was excellent and staff very professional. Very clean and hygienic.”
- “Staff keep me very informed and are very helpful.”
- “Plenty of staff on hand to help.”
- “Everything very well explained and staff are helpful.”
- “Very well explained treatment process and puts my daughter totally at ease. Feel very safe. Very clean.”

Five staff members submitted questionnaire responses and indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Patients are protected from harm as we have a well maintained building, staff who are well trained and safeguarding in place.”

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 that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options. Written treatment plans including estimated costs are provided to patients.

Both manual and computerised records are maintained. Patient care records are retained electronically and staff have different levels of access afforded to them 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 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 applied and models are available to demonstrate good teeth cleaning technique. 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.

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
- oral cancer risk factors
- clinical waste management
- clinical record keeping
- review of complaints/accidents/incidents
- patient satisfaction surveys
- medical emergency arrangements.

Communication

Ms Cooke and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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.

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. Comments provided included the following:

- “Excellent information.”
- “Everything was explained.”
- “Staff are very willing to answer any questions I may have.”
- “Lots of options given to me and I feel in control of my treatment.”
- “Easy to get appointments when needed.”
- “Staff are understanding, patient and listen carefully to questions. Excellent communication of treatment and care plans enable patients to make informed decisions.”

All staff members who submitted 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.

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. Patients with a physical disability or who require wheelchair access are accommodated in the ground floor surgery, and the toilet facility is suitable for disabled access. An interpreter service is available for patients who require this assistance. Staff advised that they endeavour to accommodate any specific individual needs a patient may have.

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.

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. The following comment was provided:

- “Would recommend this clinic to other families.”

All staff members who submitted 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. The following comment was provided:

- “Our patients are always involved in the decisions about their treatment.”

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.

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.

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.

Ms O'Regan and Mr Clifford demonstrated a clear understanding of their roles 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 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Always receive excellent service from staff on reception to staff treating me.”
- “Service was managed very good and professional.”
- “It is obvious that this service is well managed.”
- “Reception staff very helpful – quality of service A*.”
- “Staff always very helpful and friendly.”

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

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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