

# Announced Care Inspection Report 30 August 2016



## Bradley Dental Practice

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

**Address: 84 Forthill Street, Enniskillen, BT74 6 AJ**

**Tel No: 028 6632 8329**

**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Bradley Dental Surgery took place on 30 August 2016 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 dental 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 Mrs Catherine Bradley, 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. Issues identified in relation to the management of medical emergencies, validation of the steam steriliser and staff signing the local rules for the x-ray equipment were addressed following the inspection. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs Bradley 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 Mrs Bradley 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 Mrs Catherine Bradley, 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 previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/ registered provider:</b> Bradley Dental Surgery Mrs Catherine Bradley	<b>Registered manager:</b> Mrs Catherine Bradley
<b>Person in charge of the service at the time of inspection:</b> Mrs Catherine Bradley	<b>Date manager registered:</b> 14 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 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 Mrs Catherine Bradley, registered person, and two dental nurses. 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 9 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 9 June 2015

Last care inspection statutory requirements		Validation of compliance
<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 Access NI checks are undertaken and received prior to the commencement of employment for any new staff recruited.</p> <p>The date the Access NI check was sent, received, the name of the person who reviewed the check and the outcome of the review should be recorded.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The staffing list submitted to RQIA prior to the inspection indicated that no new staff had commenced work in the practice since the previous inspection. Mrs Bradley confirmed that a system has been put in place to ensure that enhanced AccessNI checks will be undertaken prior to any new staff commencing work in the practice. A log would be kept of the date the AccessNI check is applied for and received, the unique disclosure number of the check along with the outcome of the review.</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 the emergency equipment should be provided as stated in Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of medical emergency equipment demonstrated that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for a child and a suction machine. These items were ordered on the day of the inspection and RQIA received confirmation by electronic mail on 5 September 2016 that the items had been provided. The practice does not have an automated external defibrillator (AED) on site; however, they have access to an AED in a dental practice in close proximity to the practice. This arrangement was discussed with staff and Mrs Bradley was advised to include this arrangement in the policy for the management of medical emergencies.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	It is recommended that a robust system is in place to ensure that emergency equipment does not exceed their expiry dates.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Emergency equipment reviewed had not exceeded their expiry dates and Mrs Bradley confirmed that a system is now in place to check emergency medicines and equipment monthly and records are retained.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	It is recommended that the recruitment and selection policy and procedures are developed to reflect best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the recruitment policy demonstrated that it has been further developed. The revised policy was comprehensive and reflected best practice guidance.	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that staff personnel files for newly recruited staff should include the information as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The staffing list submitted to RQIA prior to the inspection indicated that no new staff had commenced work in the practice since the previous inspection. Mrs Bradley 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.</p>		

### 4.3 Is care safe?

#### Staffing

Two 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. A review of a sample of two 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. It was established that the staff have attended external courses to include core Continuing Professional Development (CPD) days provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA).

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

As previously discussed a review of the submitted staffing information and discussion with Mrs Bradley 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.

As previously discussed the recruitment policy and procedure had been revised and 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. 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. A copy of the new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' and a copy the new regional guidance entitled 'Adult Safeguarding Prevention and Protection in Partnership' were 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). It was observed that the format of Buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). Mrs Bradley was advised that when the current format of Buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

As previously discussed, emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for a child and a suction machine. These items were ordered on the day of the inspection and RQIA received confirmation by electronic mail on 5 September 2016 that the items had been provided. The practice does not have an AED on site; however, they have access to an AED in close proximity to the practice. Mrs Bradley was advised to include this arrangement in the policy for the management of medical emergencies.

A robust system has been put 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 policy for the management of medical emergencies reflected best practice guidance. Protocols for staff reference outlining the local procedure for dealing with the various medical emergencies were observed to be displayed on the wall of the surgeries. These protocols were not up to date and were immediately removed on the day of the inspection. RQIA received confirmation on 14 September 2016 by telephone that new updated protocols had been provided.

### **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 a washer disinfector and a steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that the washer disinfector had been appropriately validated. However, the steam steriliser had not been validated since July 2015. Mrs Bradley confirmed that the validation of this steriliser had been scheduled during September 2016. RQIA received a copy of the validation certificate for this piece of equipment by electronic mail on 5 September 2016. Mrs Bradley was advised to ensure that equipment used in the decontamination process is validated in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with 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. The most recent IPS audit was completed during August 2016.

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

### **Radiography**

The practice has two surgeries, each of which has an intra-oral x-ray machine.

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. There was no evidence that appropriate staff had signed to confirm that they had read and understood these. RQIA received confirmation on 14 September 2016 by telephone that this has been actioned. 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.

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment that included the servicing of the fire detection system and firefighting equipment.

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

A fire risk assessment had been undertaken. Mrs Bradley and staff demonstrated that they were aware of the action to take in the event of a fire. Fire drills had been carried out on a six monthly basis.

A written scheme of examination of pressure vessels is in place and pressure vessels have been inspected in keeping with the written scheme.

## **Patient and staff views**

Twenty patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were provided under this domain in the questionnaires returned.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided under this domain in the questionnaires returned.

## **Areas for improvement**

No areas for improvement were identified during the inspection.

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

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 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. A range of health promotion information leaflets were available in the reception area. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. Staff discussed how they have presented oral health awareness sessions in a local nursery school to help educate the children about oral health and hygiene in a fun way.

### 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 records
- review of complaints/accidents/incidents

### Communication

Mrs Bradley 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 the most recent staff meeting held during August 2016 were retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

### **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were provided under this domain in the questionnaires returned.

All 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 provided under this domain in the questionnaires returned.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 ensures that patients understand 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.

### **Patient and staff views**

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were provided under this domain in the questionnaires returned.

All 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 provided under this domain in the questionnaires returned.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Bradley has overall responsibility for the day to day management of the practice.

Prior to the inspection Mrs Bradley informed RQIA that the practice had changed entity to a limited company during January 2016. An application for registration had been submitted to RQIA and is currently being processed. The limited company is known as Bradley Surgery Limited.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The 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.

Mrs Bradley 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.

Mrs Bradley demonstrated a clear understanding of their 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- "Fantastic service."
- "Always accommodating, especially when my son had a toothache recently. Outlined what was needed and spoke to my son clearly and concisely."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided under this domain in the questionnaires returned.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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