

Announced Care Inspection Report 6 June 2017



Brunswick Dental Practice

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

Address: 38 Brunswick Road, Bangor, BT20 3DU

Tel No: 028 9146 2234

Inspector: Winifred Maguire

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 three registered places providing general dental services including private and NHS treatment without sedation.

3.0 Service details

| | |
|--|---|
| Registered Provider: Mrs Emma Prentice | Registered Manager: Mrs Emma Prentice |
| Person in charge at the time of inspection: Mrs Emma Prentice | Date manager registered: 4 January 2012 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 3 |

4.0 Inspection summary

An announced inspection took place on 6 June 2017 from 10.50 to 13.15.

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 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.

Evidence of good practice was found in relation to: staffing; recruitment; infection prevention and control, including the decontamination of dental instruments; dental radiology; clinical records recording arrangements; health promotion; ensuring effective communication between patients and staff; patient confidentiality; maintenance arrangements; governance arrangements and quality improvement; and maintaining good working relationships.

No areas requiring improvement were identified. Advice was given on minor amendments to the induction programme, the management of a medical emergency policy and the statement of purpose; all were amended immediately following inspection.

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.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Emma Prentice, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 June 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 returned QIP from 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 Mrs Prentice, registered person, the practice manager and a dental nurse. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and section
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 'met'.

The findings of the inspection were provided to Mrs Prentice at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 June 2016

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

6.2 Review of areas for improvement from the last care inspection dated 20 June 2016

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 11.1 Stated: First time | A criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files. | Met |
| | Action taken as confirmed during the inspection: Review of recruitment records confirmed a criminal conviction declaration has been obtained prior to new staff commencing employment and is retained in staff personnel files. | |
| Area for improvement 2 Ref: Standard 13 Stated: First time To be completed by: 20 July 2016 | The overflow in the stainless steel hand-washing basin in the identified surgery should be sealed using a stainless steel plate and anti-bacterial mastic and the plug should be removed. | Met |
| | Action taken as confirmed during the inspection: The overflow in the stainless hand –washing basins had been sealed using a stainless steel plate sealed with anti-bacterial mastic and the plug had been removed. | |

| | | |
|---|--|------------|
| Area for improvement 3 Ref: Standard 13 Stated: First time To be completed by: 20 July 2016 | The infection Prevention Society (IPS) audit tool should be undertaken six monthly in accordance with HTM 01-05. | Met |
| | Action taken as confirmed during the inspection: The infection Prevention Society (IPS) audit tool has been undertaken six monthly in accordance with HTM 01-05. | |

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

Three 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. A minor amendment was suggested to the induction records and was amended following inspection.

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 three evidenced that appraisals had been completed 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 Mrs Prentice confirmed that two staff were in the process of being recruited. A review of the personnel files for 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.

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

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 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, Mrs Prentice will complete formal training in the coming months in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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

It was confirmed that copies of the 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.

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 mostly reflected best practice guidance. Minor amendments were suggested which were actioned immediately. 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 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. 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, two steam sterilisers and a DAC Universal 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.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is 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 high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. A review of documents evidenced that portable appliance testing (PAT) had been undertaken in May 2016. An inspection of the fixed electrical wiring was scheduled for the coming weeks. A legionella risk assessment was last undertaken in 2015 and water temperatures are 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.

A written scheme of examination of pressure vessels had been undertaken in August 2016.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

One patient submitted a questionnaire response to RQIA. They indicated that they felt safe and protected from harm and that they were very satisfied with this aspect of care. The following comment was provided:

- “My Brother feels content and safe.”

Thirteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Twelve staff indicated they were very satisfied with this aspect of care. One member of staff indicated they were unsatisfied in all of the domains; however this staff member had outlined very positive comments and it is therefore highly likely ‘unsatisfied’ was mistakenly completed. Staff spoken with during the inspection concurred with being very satisfied. Comments provided included the following:

- “There are plenty of well used policies put in place to ensure great quality of care towards the patients. Appraisals are carried out. The practice is well cleaned and free of hazards.”
- “The practice is well maintained and patient safety is always put first.”
- “All staff members are qualified in their roles to fulfil needs of the patients and the establishment.”
- “Very safe and secure environment for quality care.”
- “Building well maintained. Staff well trained. Great team.”

Areas of good practice

There were examples of good practice found in relation to: staff recruitment; training; supervision and appraisal; safeguarding; management of medical emergencies; infection prevention control and decontamination of dental instruments; dental radiology; and maintenance arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

Clinical records

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

Staff 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. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

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. Staff confirmed the dental therapist team is available for advice on healthy gums and to help patients understand the links between oral health and overall health. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording

- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

Communication

Mrs Prentice 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 in house training sessions.

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

A breaking bad news in respect of dentistry was discussed and an excellent understanding of the matter was demonstrated.

Patient and staff views

The patient who submitted a questionnaire response indicated that they get the right care, at the right time and with the best outcome for them and that they were very satisfied with this aspect of care. The following comment was provided:

- “We have been given full information on what will be done and what would not be suitable in the circumstances.”

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. Twelve staff indicated they were very satisfied with this aspect of care. As outlined previously one member of staff indicated they were “unsatisfied” with this aspect of care. Staff spoken with during the inspection concurred with being very satisfied with this aspect of care. Comments provided included the following:

- “Patients have the correct length of time for appointments and all options regarding appropriate treatment for them are always provided.”
- “All the dentists are very thorough and I think this is reflected in how well they care for their patients.”
- “The practice is 100% patient focused and we do our best to provide the best care for the patient.”
- “High quality care; provided in timely and empathetic fashion- patients are central to care.”

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 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 has introduced a new electronic patient satisfaction survey carried out on an ongoing basis; which is collated and a summary report provided on a monthly basis outlining the key findings. This information is displayed on a loop system on a television screen in the waiting area. It was demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

The patients who submitted a questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care and that they were very satisfied with this aspect of care. The following comment was provided:

- "My brother has always been treated with patience, genuine care and dignity. Time is taken to explain what is happening and we never feel rushed."

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. Twelve staff indicated they were very satisfied with this aspect of care and as outlined previously one

indicated they were unsatisfied. Staff spoken with during the inspection concurred with being very satisfied with this aspect of care. Comments provided included the following:

- “Very professional, all patients are treated with respect.”
- “All patients are treated in a respectful manner and are well informed of options available to them.”
- “Care is very compassionate. Dr Prentice has built up a very caring practice and this is reflected in the patient’s comments to me in the surgery.”
- “All patients are given info on all possible treatment plans and given pro and cons of all options. The dentist respects the patient’s decision.”
- “Patients are respected with regards to confidentiality.”

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.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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.

Mrs Prentice has 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.

It was 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 Prentice demonstrated a clear understanding of her 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. A minor amendment was suggested in relation to the statement of purpose which was addressed immediately.

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

The patient who submitted a questionnaire response indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service. The following comment was provided:

- "I consider the surgery to be well led and it is a happy environment to go into. The staff are friendly, helpful and knowledgeable."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Twelve staff indicated they were very satisfied with this aspect of the service and as outlined previously one indicated they were unsatisfied. Staff spoken with during the inspection concurred with being very satisfied with aspect of the service. Comments provided included the following:

- "I feel all concerns and ideas are listened to and treated with respect."
- "The practice is very well led. Dr Prentice is very approachable and open to suggestions. Dr Prentice is supported by a practice manager, who is also very approachable. Both respond quickly to any queries I may have."
- "If I have any concerns I can talk to the manager about them and they are dealt with efficiently. Audits are carried out at the practice."
- "A leader with a clear vision of quality care."
- "Easy access to policies, manager is easy to talk to."

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.

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 or contact the web portal team in RQIA on 028 9051 7500.



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