

Announced Care Inspection Report 20 June 2016



Brunswick Dental Practice

Type of Service: Dental Service
Address: 38 Brunswick Road, Bangor, BT20 3DU
Tel No: 028 9146 2234
Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Brunswick Dental Practice took place on 20 June 2016 from 10.00 to 13.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 Prentice, registered person, and staff demonstrated that, in the main, systems and processes were in place to ensure that care to patients was safe and avoided and prevented harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Three recommendations have been made, two in relation to infection prevention and control and one in relation to recruitment and selection.

Is care effective?

Observations made, review of documentation and discussion with Mrs Prentice 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 Prentice 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	3

Details of the Quality Improvement Plan (QIP) within were discussed with Mrs Prentice, registered person and the 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.

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

Registered organisation/registered provider: Mrs Emma Prentice	Registered manager: Mrs Emma Prentice
Person in charge of the service 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

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 Prentice, registered person, the practice manager, two dental nurses and two receptionists. 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 26 November 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 26 November 2015

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.1 Stated: First time	It is recommended that the policy for the management of medical emergencies is further developed in line with best practice.	Met
	Action taken as confirmed during the inspection: A review of the medical emergencies policy and discussion with Mrs Prentice confirmed that the policy has been further developed in accordance with best practice.	

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>In addition proof of identity including a recent photograph is to be added to the identified staff personnel files.</p> <p>Action taken as confirmed during the inspection: Discussion with Mrs Prentice confirmed that proof of identity had been added to the identified staff personnel files.</p> <p>A review three staff personnel files of newly recruited staff evidenced that all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2015 had been retained with the exception of criminal conviction declarations in two of the files and written references in one file.</p> <p>Mrs Prentice confirmed that verbal references had been sought and recorded for the identified member staff who commenced work the week before the inspection. Mrs Prentice has agreed to follow up the written references for this member of staff and ensure they are retained on file.</p> <p>This recommendation has been partially addressed. A separate recommendation has been made in respect of criminal conviction declarations. This is discussed further in section 4.3 of this report.</p>	<p>Partially Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>It is recommended that a record of induction is retained for each staff member.</p> <p>Action taken as confirmed during the inspection: A review three staff personnel files of newly recruited staff evidenced that inductions have been completed and retained.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 11.1 Stated: First time	It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.	Met
	Records of contracts/agreements should be retained in the personnel files of any new staff recruited. Action taken as confirmed during the inspection: A review three staff personnel files of newly recruited staff and discussion with staff evidenced that contracts of employment/agreements have been provided.	

4.3 Is care safe?

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 three 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 evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Prentice confirmed that three members of staff have been recruited since the previous inspection. As discussed previously a review of the personnel files for these staff members 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 with the exception of written references for the most recently recruited staff member and criminal conviction declarations for two of the staff members. Mrs Prentice has recorded that she had received telephone references and has confirmed that these will be sought in writing also. A recommendation has been made in relation to obtaining criminal convictions declarations.

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

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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 guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference. Mrs Prentice has agreed to review the policy for safeguarding adults in keeping with the new guidance.

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. It was observed that the format of Buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). Mrs Prentice 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. 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.

As previously discussed, the policy for the management of medical emergencies reflected best practice guidance. 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. A fabric chair was observed in one of the surgeries which was removed on the day of the inspection. The hand washing basin in one of the surgeries had an overflow and a plug was observed to be in use. This was discussed with Mrs Prentice and a recommendation has been made in the regard. 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 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, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Mrs Prentice confirmed that the practice have not been completing the Infection Prevention Society (IPS) audit tool six monthly. Mrs Prentice has agreed to complete the IPS audit tool in keeping with best practice. RQIA received confirmation that the IPS audit had been completed via electronic mail on 5 July 2016. A recommendation has been made in the regard.

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.

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.

Discussion with Mrs Prentice confirmed that 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. A review of documents evidenced that potable appliance testing (PAT) had been undertaken in May 2016.

A legionella risk assessment was last undertaken during 2015 and water temperature has been 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 during September 2015.

Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

‘Always feel welcome and I can ask anything and they will gladly help.’

‘All staff are polite and helpful. Always well-presented and clean. The surgery is always spotless.’

‘Lovely place to visit. Staff are all great.’

‘Staff go out of their way to be supportive and helpful. Premises are always very clean.’

Eight 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 in the questionnaires returned.

Areas for improvement

A criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files.

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.

The infection Prevention Society (IPS) audit tool should be undertaken six monthly in accordance with HTM 01-05.

Number of requirements	0	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

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 it was confirmed that treatment plans are developed in consultation with patients. 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 was available in the reception area. Mrs Prentice confirmed that oral health is actively promoted on an individual level with patients during their consultations. The practice's philosophy is based on treating the person holistically, using a patient centred approach. On examination the patient is given advice on a healthy diet, oral hygiene, risks of smoking and various medical conditions if needed. The dental therapist team is available for advice on healthy gums and help patients to understand the links between oral health and overall health. The practice has developed their web site to include videos of the services they provide and patient testimonials. These initiatives involving health promotion are to be commended.

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
- clinical records
- review of complaints/accidents/incidents
- basic periodontal examination (BPE)

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 lunch time meetings and in house training sessions.

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

Mrs Prentice discussed how she has been involved in breaking bad news to patients in respect of dentistry. A breaking bad news policy in respect of dentistry was in place.

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. Comments provided included the following:

‘To be honest in here the girls cannot help you enough, never had a problem.’

‘Always efficient and friendly.’

‘I have had great dental treatment.’

‘I have found the staff to be helpful approachable and most helpful.’

‘Always fully informed, listened to, supported and reassured.’

Eight 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 in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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. The practice offers sedation for nervous patients and offer a comfortable relaxation room for patients to rest and relax following treatment.

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.

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

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.

Comments provided included the following:

'Everything is always explained and advice given but you are always in control. I have complete confidence in the girls.'

'Dental therapist is great as an additional support.'

'It is wonderful to be treated with dignity and respect; aspects of care very much lacking in my previous practice.'

'Privacy is foremost-have been informed of support networks. Always treated with dignity, respect.'

Eight 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 in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. 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 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/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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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 Prentice 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.

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 managed.

Comments provided included the following:

‘Emma is really good leader.’

‘The staff are always upbeat and really helpful.’

‘The service is well managed, and all staff knowledgeable and helpful. I am a very nervous patient, but this practice is an oasis of calm.’

‘Excellent surgery! Receptionists extremely helpful and dentist-super! Appropriate advice always given.’

‘Excellent quality of care and service.’

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

One comment provided included the following:

‘Amazingly managed.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Emma Prentice, registered person and the practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to independent.healthcare@rqia.org.uk for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2016</p>	<p>A criminal conviction declaration should be obtained prior to new staff commencing employment and retained in staff personnel files.</p> <hr/> <p>Response by registered provider detailing the actions taken: Criminal conviction declaration now added to "self employed" application forms (had previously been added to "employed" application form)</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2016</p>	<p>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.</p> <hr/> <p>Response by registered provider detailing the actions taken: Plugs removed and overflow sealed</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2016</p>	<p>The infection Prevention Society (IPS) audit tool should be undertaken six monthly in accordance with HTM 01-05.</p> <hr/> <p>Response by registered provider detailing the actions taken: IPS audit tool due time reminders on computer calendar</p>

Please ensure this document is completed in full and returned to independent.healthcare.@rqia.org.uk from the authorised email address



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
Web www.rqia.org.uk
📍 @RQIANews