

Announced Care Inspection Report 10 October 2017



Hazeldene Dental Practice

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

Address: 64 Donaghadee Rd, Bangor, BT20 4QX

Tel No: 028 9146 3352

Inspector: Philip Colgan

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 one registered place providing general dental services.

3.0 Service details

Organisation/Registered Provider: Hazeldene Dental Practice Responsible Individual(s): Mr Alan Todd	Registered Manager: Mr Alan Todd
Person in charge at the time of inspection: Mr Alan Todd	Date manager registered: 23 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

4.0 Inspection summary

An announced inspection took place on 10 October 2017 from 08.45 to 10.30.

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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance.

Two areas for improvement were made against the standards to ensure the safeguarding lead for the practice undertakes formal level 2 training in safeguarding adult at risk of harm, and to develop a written policy to reduce the risk of prescription theft and misuse.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied with all aspects of care in the practice.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Alan Todd, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection 17 January 2017

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

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 Mr Alan Todd, registered person. Since the practice was closed for two weeks on the date of the inspection, no staff were available for discussion. 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 selection

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 December 2016

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

6.2 Review of areas for improvement from the last care inspection dated 21 December 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 13.2 Stated: First time	The Prevention Infection Society audit should be undertaken every six months in keeping with HTM 01-05.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Todd and review of documentation evidenced that this standard has been met.	
Area for improvement 2 Ref: Standard 8.3 Stated: First time	All recommendations of the Radiation Protection Advisor should be addressed.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Todd and review of	

	documentation evidenced that this standard has been met.	
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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

One dental surgery is in operation in this practice. Discussion with Mr Todd 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. The practice has not employed any new staff since 1999, but Mr Todd confirmed that should any new staff join the practice induction programmes would be completed at that time in accordance with the practice recruitment policy and procedure.

Procedures were in place for appraising staff performance and review of one staff file confirmed that appraisal had taken place. 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 Mr Todd confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

Safeguarding

Mr Todd confirmed that 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 has not completed level 2 formal training in safeguarding adults, within the previous two years, in keeping with the Northern Ireland Adult Safeguarding

Partnership (NIASP) training strategy (revised 2016) and an area for improvement was made against the standards.

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. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Mr Todd has advised that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the HSCB recommendation.

There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with Mr Todd confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent training was completed in November 2016.

Discussion with Mr Todd confirmed that staff 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 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. Mr Todd confirmed that staff adhere to best practice in terms of the uniform and hand hygiene policies at all times.

Discussion with Mr Todd confirmed that staff had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Mr Todd confirmed that staff have received training in infection prevention and control and

decontamination in keeping with best practice. This was reflected in the staff 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 disinfecter, a DAC universal and a steam steriliser, has 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. The most recent audit was completed in October 2017.

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

Radiography

The practice has one surgery equipped with 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 quality assurance checks, regular maintenance of the equipment and x-ray audits.

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 in July 2015 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 which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. Documents reviewed included records in relation to the fire detection systems, fire-fighting equipment, fixed electrical wiring installation and legionella risk assessment. Portable appliance testing (PAT) of electrical equipment has been undertaken every 18 months and fixed electrical installations checked every three years.

A legionella risk assessment has been undertaken and reviewed annually. Legionella control measures to include the routine monitoring of water temperatures are in place.

A fire risk assessment had been undertaken and staff confirmed fire safety training and fire drills had been completed. Mr Todd confirmed that staff were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels is in place.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms but written security policies to reduce the risk of prescription theft and misuse had not been developed and an area for improvement was made against the standards.

Patient and staff views

Three patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. The following comments were made:

- “Definitely.”
- “At all times Alan is aware of patient safety.”

One staff member submitted a questionnaire response and indicated that they felt that patients are safe and protected from harm. The response indicated they were very satisfied with this aspect of care. The following comment was made:

- “All aspects of the above points are adhered to.”

Areas of good practice

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

Areas for improvement

The safeguarding lead should complete level 2 formal training in safeguarding adults.

Written security policies to reduce the risk of prescription theft and misuse should be developed.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Mr Todd 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.

Hard copy records are maintained. 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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentist. Oral health and hygiene information leaflets are available for patients.

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
- patient feedback

Communication

Mr Todd confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Mr Todd confirmed that staff meetings that include both formal and informal training have recently been instituted.

A completed staff questionnaire confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

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. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. The following comment was made:

- “100%. Alan clearly advises what care he sees to be the most effective and fully explains to me what that entails.”

The submitted staff questionnaire response indicated that they felt that patients are safe and protected from harm. The response indicated they were very satisfied with this aspect of care. The following comment was made:

- “The service given to individual patients is excellent. Records and review procedures is in place.”

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

Mr Todd confirmed that staff have a good understanding of the core values of privacy, dignity, respect and patient choice and confirmed that if staff needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Mr Todd confirmed that staff conversations with patients and telephone enquiries are conducted 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. Mr Todd 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 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. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. The following comments were made:

- "Dignity and respect is evident at all times during my visits to Alan."
- "Treated with the utmost respect. Made to feel welcome and at ease."

The submitted staff questionnaire response indicated that they felt that patients are safe and protected from harm. The response indicated they were very satisfied with this aspect of care. The following comment was made:

- "Each patient is given the opportunity to discuss their treatment before it is carried out and information is confidentially stored."

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. As previously stated, staff were not present during the inspection; however Mr Todd demonstrated that arrangements were in place to support staff to fulfil their roles and responsibilities within the practice.

Mr Todd is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Mr Todd confirmed that staff 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. Mr Todd 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.

Mr Todd 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. Mr Todd stated that staff would be aware of who to contact if they had a concern.

Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient 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 led and indicated they were very satisfied with this aspect of the service. The following comments were made:

- “Alan is a well educated dentist, is passionate about his work and always has my best interests in mind when it comes to dental care. I always take his advice and act upon it.”
- “Very well managed.”

The submitted staff questionnaire response indicated that they felt that patients are safe and protected from harm. The response indicated they were very satisfied with this aspect of the service. The following comment was made:

- “Any concerns staff have are listened to and action taken if necessary.”

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Todd, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk/via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2018</p>	<p>The safeguarding lead should complete formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Arrangements have been made for the safeguarding lead to complete formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy by 10 January 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2017</p>	<p>Written security policies to reduce the risk of prescription theft and misuse should be developed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A written security policy to reduce the risk of prescription theft and misuse has been developed.</p>



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