

Announced and Unannounced Care Inspection Report 26 January 2018 and 8 February 2018



Castlebawn Dental Practice Ltd (Bangor)

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

Address: 32-34 Victoria Road, Bangor BT20 5EX

Tel no: 028 9145 2555

Inspectors: Philip Colgan (26 January 2018)

Winnie Maguire (8 February 2018)

www.rqia.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 six registered places providing general dental care and treatment.

3.0 Service details

Registered Organisation/Registered Person: Castlebawn Dental Practice Ltd (Bangor) Mrs Julie Robinson	Registered Manager: Mr Stuart Robinson
Persons in Charge of the Practice at the Time of Inspection: Mrs Julie Robinson Mr Stuart Robinson	Date Manager Registered: 25 August 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 6

4.0 Inspection summary

An announced inspection took place on 26 January 2018 from 08.30 to 10.15.

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; safeguarding; 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 arrangements.

Patients who submitted questionnaire responses indicated that they were either very satisfied or satisfied with the care and services provided. The following comments were included:

- “Very friendly and helpful staff. Will always ensure you are seen at any time if in pain.”
- “All staff are very knowledgeable and helpful even when you are not seeing your regular dentist. Can't recommend the dentist enough especially when you get anxiety they try to alleviate all worries etc.”

A further unannounced inspection took place on 8 February 2018 from 15.15 to 17.20. The focus of the unannounced inspection was to review the staffing and decontamination arrangements following information being received by RQIA, from an anonymous source.

It is not the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

A detailed review of both the staffing and decontamination arrangements evidenced that best practice and legislative requirements in regards to infection prevention and control and

decontamination were being adhered to and that the practice is proactively managing staffing levels and staff training. The issues raised by the anonymous source were not substantiated. Additional information in this regard can be found in Section 6.4 of this report.

These inspections were 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).

No areas requiring improvement were identified during this inspection.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and to 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	0

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

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 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 questionnaires were also analysed prior to the inspection. No completed staff questionnaires were submitted to RQIA prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection on 26 January 2018 the inspector met with Mrs Julie Robinson, registered person; Mr Stuart Robinson, registered manager; the Human Resources and Finance Administrator; and the head dental nurse. During the inspection on 8 February 2018 the inspector met with Mrs Julie Robinson, registered person; the head nurse; and two trainee dental nurses. 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
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the persons in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 March 2017

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 28 March 2017

There were no areas for improvement made as a result of the last care inspection.

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

Six dental surgeries are in operation in this practice.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that an induction programme had been completed when new members of staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of three staff files 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.

Following the announced inspection on 26 January 2018, RQIA received information, from an anonymous source raising concerns in relation to staffing at this practice. As a result of the information received a decision was taken to conduct an unannounced inspection with a focus on the issues identified including staffing.

A review of one month's duty rota noted that for the operational dental surgeries there are one to two registered dental nurses on duty alongside four to five trainee dental nurses. In addition there is a trainee dental nurse allocated to work in the decontamination room, and there is a receptionist who may also be a registered dental nurse.

During discussion it was confirmed that as a result of staff sickness prior to Christmas some patient appointments had to be postponed. Mrs Robinson confirmed that they always put the patients first and if there were no nursing staff to cover in the surgery then patients were re-scheduled. However, this only happened in exceptional circumstances.

A review of the submitted staffing information identified a higher ratio of trainee dental nurses to registered dental nurses. This was discussed with Mrs Robinson who confirmed that a number of registered nurses had left over the last year. The practice had advertised for staff however they got little response and therefore decided to train their own dental nurses. Mrs Robinson also confirmed that there is an advertisement currently running in the local paper for two part time registered dental nurses (RDN). It was confirmed that all seven of the trainee dental nurses are enrolled on an accredited training course, two of whom are taking their final exams in the near future, and the expectation is that they will be successful.

It was confirmed that all trainees are put through a detailed induction including spending four weeks with a dentist who has a special interest in training and has a structured programme in

place. The trainee dental nurses are accompanied by a RDN for the first week whilst working in the surgery and this can be extended if necessary. Mrs Robinson and the head dental nurse confirmed that all dentists in the practice act to support trainee dental nurses during their training course.

The inspector spoke with two trainee dental nurses, neither of whom had concerns about staffing; both felt very well supported and confirmed that if they needed to they could go to the RDNs on duty. They also confirmed that the dentists were very approachable and helpful in surgery; and that they have contact details for the head nurse should they need to contact her. There is a sister dental practice in Newtownards and the head nurse works between the two practices. There is also some interchange of staff if required.

The staffing in the practice was noted to be in a transitional phase, and advice was offered on formalising the support that is available and given to the trainee dental nurses through recording of coaching and mentoring sessions. The issue raised in the anonymous correspondence received by RIQA in relation to staffing was not found to be substantiated.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Robinson and staff confirmed that six staff have been recruited since the previous inspection. A review of the personnel files for three of these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had 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 has completed formal training 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. The most recent training was completed in April 2017.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols 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, a DAC universal and four steam sterilisers had 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 last audit was completed in October 2017.

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

Following the announced inspection on 26 January 2018, RQIA received information, from an anonymous source, raising concerns in relation to the arrangements for the decontamination of reusable dental instruments. As a result of the information received a decision was taken to conduct an unannounced inspection with a focus on the issues identified including decontamination arrangements.

It was confirmed that six of the seven trainee dental nurses had completed training in the decontamination of reusable dental instruments. The training had been carried out by the head nurse. Completed decontamination competence records for each of these trainee dental nurses were reviewed. The head nurse gave assurances and staffing records evidenced that only those trainee dental nurses who have been trained and deemed competent, carry out the decontamination of reusable dental instruments.

The decontamination room was reviewed and the decontamination process examined and found to be in keeping with the Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The issue raised in the anonymous correspondence received by RQIA in relation to decontamination of reusable dental instruments was not found to be substantiated.

Radiography

The practice has six surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomogram (CT), 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 quality assurance checks and 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 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 and fixed electrical wiring installation. 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 water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire safety 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 was in place.

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

Twelve patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and that they were very satisfied with this aspect of care.

No staff responses were received. However, staff spoken with during the inspection felt that patients were safe and protected from harm and that they were very satisfied with this aspect of care.

Areas of good practice

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

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.

Mrs Robinson and 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.

Electronic records are maintained and 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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and dental hygienist. 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
- clinical records

Communication

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

Mrs Robinson and staff confirmed that staff meetings that include both formal and informal training have been held with staff training days held annually. Staff spoken with confirmed this.

Staff 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 and that they were very satisfied with this aspect of care.

As noted previously there were no staff questionnaire responses received. Staff spoken with during the inspection felt that patients 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.

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 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 patients’ privacy and 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 and that they were very satisfied with this aspect of care.

Staff spoken with during the inspection indicated that they felt patients are treated with dignity and respect and are involved in decision making affecting their care.

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 whom 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.

Mr Robinson 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. 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 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 Robinson and staff 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.

Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Ten patients indicated that they were very satisfied with this aspect of the service and two indicated that they were satisfied.

Staff spoken with during the inspection felt that the service is well led and also indicated that they were very satisfied with this aspect of the service.

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 nor included as part of this inspection report.



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