

# Announced Care and Variation to Registration Inspection Report 26 July 2017



## Causeway Dental

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 25 Queen Street, Ballymoney BT53 6HZ**  
**Tel No: 028 2766 3808**  
**Inspector: Carmel McKeegan**

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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 five registered places.

### 3.0 Service details

<b>Registered organisation/registered persons:</b> Mr Robin Alexander and Mr David Wilson	<b>Registered Manager:</b> Mr David Wilson
<b>Person in charge at the time of inspection:</b> Mr David Wilson	<b>Date manager registered:</b> 4 January 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

### 4.0 Inspection summary

An announced inspection took place on 26 July 2017 from 10.00 to 12.45.

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.

The inspection also sought to review an application for a minor variation of the registration to change the structural layout of a large ground floor store room to provide a dedicated x-ray room and separate store room.

The application for variation of the registration of the practice was approved on conclusion of this inspection.

Examples of good practice were evidenced in all four domains. These related to staff training and development, patient safety in respect of radiology, infection prevention and control and decontamination, the environment, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

No areas requiring improvement were identified.

All of the patients who submitted questionnaire responses indicated that they were either very satisfied or satisfied with the care and services provided.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr David Wilson, registered manager, and the practice manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 14 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 September 2016.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration
- the variation to registration application

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 David Wilson, registered person, the practice manager and a dental nurse. The practice manager facilitated the inspection. A tour of the premises was also undertaken.

A sample of 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 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'.

The findings of the inspection were provided to Mr Wilson and the practice manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 September 2016

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

### 6.2 Review of areas for improvement from the last care inspection dated 14 September 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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 14.2 <b>Stated:</b> First time	Hot and cold water temperature should be monitored and recorded as stated within the legionella risk assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the practice manager and review of documentation confirmed that hot and cold water temperatures are recorded as recommended in the practice legionella risk assessment.	

## 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

Five dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since the previous care inspection; however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

The practice offers intravenous and inhalation sedation to patients. It was established that all members of the dental team providing treatment under intravenous sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).

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 the practice manager 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

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.

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.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant, 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.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during February 2017.

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

## **Radiography**

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition the practice has an orthopan tomogram machine (OPG), which was previously located in a separate room. As discussed a new dedicated x-ray room has been provided to house the OPG machine which is located on the ground floor and was observed to be easily accessible and completed to a good standard. A new OPG machine had been installed in April 2017.

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 on 22 July 2016 for the five intra oral machines and the previous OPG machine demonstrated that the recommendations made have been addressed.

A certificate was reviewed to confirm that a new OPG machine had been installed and passed the critical examination and acceptance testing undertaken on 26 April 2017 by the appointed radiation RPA, and any recommendations made have been addressed. The local rules were on display and were signed by staff to confirm they have read and understood these.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

A record of staff training in relation to radiology was provided and the RPS is delegated responsibility for overseeing that the radiology folder is kept up to date. 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. As previously stated a dedicated OPG room and store room have recently been provided; both areas have been completed to a good standard and will be of benefit to the practice.

Arrangements are in place for maintaining the environment. This included fire safety equipment checks and servicing, fixed electrical wiring testing, portable appliance testing, fire risk assessment and legionella risk assessment. An external health and safety consultant conducts an annual health and safety risk assessment of the establishment and ensures all the risk assessments are up to date and reviewed in accordance with best practice. Records in relation to maintenance were retained in a systematic and organised manner and were available for inspection.

Inhalation sedation is provided as required for patients in accordance with their assessed need. The practice manager confirmed that routine safety checks to the gas equipment and installation, including distribution pipework, is carried out on an annual basis by a suitably qualified and competent person, and written confirmation of safety checks was available for inspection.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 27 September 2016.

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

## Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Eight patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. The following comment was included in a submitted questionnaire response:

- 'Have always felt at ease from the minute I have walked in.'

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was included in a submitted questionnaire response:

- 'As a practice we try to ensure that patients are safe at all times.'

## 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 control and decontamination procedures, radiology and the environment.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

## Clinical records

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

Staff confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Computerised records are maintained and staff confirmed that 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 dental hygienist also works in the practice and oral health appointments are available to patients on a regular basis.

The practice manager confirmed that oral health is actively promoted on an individual level with patients during their consultation and oral health care advice is also provided on the practice website.

A range of oral health promotion leaflets was available at reception and the patients' waiting area. A range of oral healthcare products was also available to purchase.

## Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents
- annual patient consultation

## Communication

Arrangements are in place for onward referral in respect of specialist treatments and a policy and procedure and template referral letters have been established.

Staff meetings are held on a planned and regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

## Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eight patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them and indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'We work together as a team to ensure our patients come first.'
- 'Patients receive the care that we would wish for our own friends and families.'

## 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
<b>Total number of areas for improvement</b>	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 patient's privacy, dignity and providing compassionate care and treatment.

#### Patient and staff views

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

- 'XXXXX has been amazing. Never judged, only wanted to help and make me happy and smile again.'

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All staff also indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'We continually get positive responses from our patients and are committed to giving our patients the best service.'

- 'We take steps to ensure that care is compassionate with staff going the extra mile to ensure patients are comfortable.'

### 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
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The practice manager 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The practice manager 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.

Mr Wilson demonstrated a clear understanding of his 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 patients who submitted questionnaire responses indicated that they felt that the service is well led. Eight patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Comments provided included the following:

- 'Well satisfied with all services. Dentists, hygienists and staff all very attentive.'
- 'From the staff at reception to anyone else that works here, they are all amazing.'

All submitted staff questionnaire responses indicated that they felt that the service is well led and also indicated they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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