# Announced Care Inspection Report
# 17 January 2017

# Clandeboye Dental Clinic

**Type of service: Independent Hospital (IH) – Dental Treatment**
**Address: 109G Clandeboye Road, Bangor, BT20 3LW**
**Tel no: 028 9127 0873**
**Inspector: Elizabeth Colgan**

## 1.0 Summary

An announced inspection of Clandeboye Dental Clinic took place on 17 October 2017 from 10.05 to 13.35.

The inspection sought to assess progress with any issues raised 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.

**Is care safe?**

Observations made, review of documentation and discussion with Mr David Boyd, registered person, Mrs Jennifer McGrady, practice manager, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Four recommendations have been made in relation to recruitment and selection, decontamination, radiology and fire drills.

**Is care effective?**

Observations made, review of documentation and discussion with Mrs McGrady, 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 McGrady, 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 | 4 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr David Boyd, registered person, Mrs McGrady, 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 QIP there were no further actions required to be taken following the most recent inspection on 20 May 2015.

## 2.0 Service details

| | |
|---|---|
| **Registered organisation/registered person:**<br>Dr David Boyd | **Registered manager:**<br>Dr David Boyd |
| **Person in charge of the practice at the time of inspection:**<br>Dr David Boyd | **Date manager registered:**<br>13 February 2012 |
| **Categories of care:**<br>Independent Hospital (IH) – Dental Treatment | **Number of registered places:**<br>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 Mr David Boyd, registered person and a dental nurses and a receptionist. Mrs Jenny McGrady, practice manager, facilitated the inspection. 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 20 May 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 20 May 2015

| Last care inspection recommendations | | Validation of compliance |
|---|---|---|
| **Recommendation 1**<br><br>**Ref**: Standard 12.4<br><br>**Stated:** First time | It is recommended that medical emergency equipment should include a self-inflating bag with reservoir suitable for a child. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Review of the medical emergency equipment evidenced that a self-inflating bag with reservoir suitable for a child was available. | |
| **Recommendation 2**<br><br>**Ref**: Standard 11.1<br><br>**Stated:** First time | It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. | **Partially Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of the submitted staffing information and discussion with, Mrs McGrady, confirmed that two staff had been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The | |

| | | |
|---|---|---|
| | Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained for each file. The following documents were not provided;<br><br>• positive proof of identity, including a recent photograph<br>• two written references, one of which should be from the current/most recent employer<br>• criminal conviction declarations on application<br>• a copy of the contract of employment | |

## 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 two 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 been arranged for 3 February 2017. 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. A review of training records evidenced that authorised users have up to date training in core of knowledge training, application training for the equipment in use, basic life support, and infection prevention and control.

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 McGrady, confirmed that two staff had been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained in each file. The following documents were not provided;

- positive proof of identity, including a recent photograph
- two written references, one of which should be from the current/most recent employer
- criminal conviction declarations on application
- a copy of the staff member's contract

A recommendation had been made at the previous inspection regarding the provision of recruitment documentation; this recommendation has now been stated for a second time. Advice and guidance was provided and the benefit of implementing a recruitment checklist was discussed with Mrs McGrady and ensuring that all staff files contain all of the relevant information.

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 at risk of harm. 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.

**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. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A separate dedicated decontamination room has been provided in the practice. A staff office can be accessed through the decontamination room. Discussion with staff evidenced that when the decontamination of reusable dental instruments is in progress they do not access the staff office through the decontamination room. Appropriate equipment, including one washer disinfector 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. A tray of instruments was observed in one of the surgeries, discussion with a member of staff evidenced some confusion if these should have been wrapped after the decontamination process. It was recommended that all staff receive refresher training on the process for decontamination of instruments, to ensure that the best practice is followed.

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 on 9 January 2017.

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, and x-ray audits.

Local rules were in place developed by the RPA. The local rules contained the relevant information pertaining to the equipment being used. It was identified that the local rules need to be updated to reflect the change of staff. A recommendation was made in this regard. A copy of the local rules was on display near each x-ray machine. 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 23 April 2014 demonstrated that the recommendations made have been addressed.

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

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

**Environment**

The environment was maintained to a high standard of maintenance and décor. In the waiting area a display stand located near the floor contained bottles of Corsodyl, this could be a potential risk if used or ingested by children under 12. Mrs McGrady confirmed that this would be removed immediately.

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

Arrangements are in place for maintaining the environment.

A fire risk assessment had been undertaken in November 2016. Fire training has been arranged for February 2017. Mrs McGrady confirmed that a fire drill is undertaken on Mondays prior to the practice opening however no record is retained. It was recommended that the frequency and recording of fire drills is discussed with the practice fire officer. Records should be retained for inspection. Staff demonstrated that they were aware of the action to take in the event of a fire.

**Patient and staff views**

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

One comment was provided:

- "Great staff."

Nine 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.

The following comment was provided in a submitted questionnaire:

- "Staff all work together as a team, allowing a smooth safe environment for both staff to work and patients to receive treatment."

**Areas for improvement**

Staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

All staff should receive refresher training on the process for the decontamination of instruments.

Update the local rules to reflect the change of staff.

Review the frequency and recording of fire drills and retain records for inspection.

| **Number of requirements** | 0 | **Number of recommendations** | 4 |
|---|---|---|---|

## 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. Mrs McGrady, confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

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

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

### Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets available in the reception area. The practice hygienist is an oral health educator and runs a course for students in the practice on health promotion. The practice is a member of the British Dental Health Foundation (BDHF) who provides oral health promotion information. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

### Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- patient satisfaction

### Communication

Mrs McGrady 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 regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are not always retained. Mrs McGrady confirmed that recording of minutes would be improved. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

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

**Patient and staff views**

Eleven of the 12 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. One patient questionnaire indicated that they were very unsatisfied with the effectiveness of the care; however no comment was made to justify this. No comments were included in submitted questionnaire responses.

Nine 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.

The following comment was provided in a submitted questionnaire:

- "A wide range of services available for patients. Dentists regularly update training on new techniques."

**Areas for improvement**

No areas for improvement were identified during the inspection.

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| **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.

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 in March 2016 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 12 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

Nine 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.

The following comment was provided in a submitted questionnaire:

- "All options of treatment including no treatment are given to patients allowing them to make informed decisions."

**Areas for improvement**

No areas for improvement were identified during the inspection.

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| **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.

There was a 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 a three 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 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 2015 to 31 March 2016.

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 McGrady 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.

The registered person and practice manager demonstrated a clear understanding of their 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 of the 12 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

The following comment was provided in a submitted questionnaire:

- "Yes very well."

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

The following comment was provided in a submitted questionnaire:

- "Clear induction provided when beginning job. Helpful polices available when needed. Good clear management structure."

**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 the QIP were discussed with Mr David Boyd, registered provider, Mrs McGrady , practice manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 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.

## 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 provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment 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 | |
|---|---|
| **Recommendation 1**<br>**Ref:** Standard 11.1<br>**Stated:** Second time<br>**To be completed by:**<br>17 February 2017 | It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. |
| | **Response by registered provider detailing the actions taken:**<br>HR FILES + PROCESSES UPDATED TO ENSURE TWO WRITTEN REFERENCES NOW HELD. MISSING PHOTOGRAPH LOCATED BOTH CONTRACTS WERE AVAILABLE + VIEWED AT INSPECTION |
| **Recommendation 2**<br>**Ref:** Standard 13.4<br>**Stated:** First time<br>**To be completed by:**<br>17 February 2017 | All staff should receive refresher training on the process for decontamination of instruments, to ensure that best practice is followed. |
| | **Response by registered provider detailing the actions taken:**<br>ALL RELEVANT STAFF COMPLETED TRAINING IN HOUSE, RECORD KEPT |
| **Recommendation 3**<br>**Ref:** Standard 8.3<br>**Stated:** First time<br>**To be completed by:**<br>17 February 2017 | The registered person should update the Radiation Protection Safety Local Rules to reflect changes of staff. |
| | **Response by registered provider detailing the actions taken:**<br>CURRENT FOLDER AMENDED UNTIL NEXT TEST DATE - MAY 2017. |
| **Recommendation 4**<br>**Ref:** Standard 12.5<br>**Stated:** First time<br>**To be completed by:**<br>17 February 2017 | The registered person should review the frequency and recording of fire drills and retain records for inspection. |
| | **Response by registered provider detailing the actions taken:**<br>NEW PROCEDURES BEING PUT IN PLACE BY FIRE INSPECTOR WED 15/02/17. |

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

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