

# Announced Care Inspection Report 24 February 2017



## Cloughoge Dental Practice

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: 51C Forkhill Road, Newry, BT35 8QX**  
**Tel no: 028 3026 6162**  
**Inspector: Loretto Fegan**

## 1.0 Summary

An announced inspection of Cloughoge Dental Practice took place on 24 February 2017 from 09:50 to 13:05 hours.

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 O'Neill and Mr Russell Smith, registered persons, and staff demonstrated that systems and processes were in place to ensure that care to patients was 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. A recommendation was made in relation to updating the safeguarding policy.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr O'Neill, Mr Smith 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 Mr O'Neill, Mr Smith 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. One recommendation has been made in relation to further developing the complaints policy.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr David O'Neill and Mr Russell Smith, registered persons 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 04 February 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr David O'Neill Mr Russell Smith	<b>Registered manager:</b> Mr David O'Neill
<b>Persons in charge of the practice at the time of inspection:</b> Mr David O'Neill and Mr Russell Smith	<b>Date manager registered:</b> 27 July 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 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 O'Neill, Mr Smith, two dental nurses and the receptionist. 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 4 February 2016**

The most recent inspection of Cloughoge Dental Practice 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 4 February 2016**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b> <b>Ref:</b> Regulation 19 (2) (d) Schedule 2 <b>Stated:</b> First time</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> One new staff member was employed since the previous inspection and a review of records evidenced that an enhanced AccessNI check was undertaken prior to the staff member commencing work in the practice.</p>	

**4.3 Is care safe?**

**Staffing**

Four dental surgeries are in operation in this practice. Discussion with staff and a review of completed 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 review of records evidenced that induction programmes had been completed when new staff joined the practice.

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

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

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Mr O'Neill and Mr Smith confirmed that one staff member had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

### **Safeguarding**

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.

Staff spoken with were aware of most 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. However, staff were not familiar with the types of abuse and related definitions outlined in the regional guidance "Adult Safeguarding: Prevention and Protection in Partnership" July 2015.

Mr O'Neill and Mr Smith confirmed that the regional guidance "Adult Safeguarding: Prevention and Protection in Partnership" July 2015 and "Co-operating to Safeguard Children and Young People in Northern Ireland" March 2016 were available in the practice for staff reference.

A policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. It was recommended that the policy and procedure in relation to the safeguarding and protection of children and adults should be reviewed and further developed to reflect regional and best practice guidance including the new Adult Safeguarding Operational Procedures for adults at risk of harm and adults in need of protection issued in September 2016. Staff refresher training should take place on the safeguarding and protection of children and adults at risk of harm following the revision of the policy / procedure. The updated contact details for the Adult Protection Gateway Service at the local Health and Social Care Trust were provided during the inspection.

### **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.

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 disinfectant and two steam sterilisers, 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 IPS audit was completed on 20 February 2017.

Mr O'Neill and Mr Smith confirmed that a range of policies and procedures were in place in relation to decontamination and infection prevention and control.

### **Radiography**

The practice has four surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Mr O Neill confirmed that the recommendations made in the report of the most recent visit by the RPA on 2 October 2015 had been addressed.

Mr O Neill confirmed that all x-ray equipment has been serviced on 23 February 2017 in accordance with manufacturer's instructions. A servicing report was not available at the time of the inspection.

## Environment

The environment was maintained to a high standard of maintenance and décor.

Cleaning schedules and a colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment.

Inspection and servicing of fire fighting equipment took place on 5 October 2016 and the fire risk assessment was reviewed on 24 February 2017. A review of records indicated that a fire drill took place on 13 January 2017.

A legionella risk assessment was last undertaken in June 2016.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 6 December 2016.

## Patient and staff views

Three patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas for improvement

The policy and procedure in relation to the safeguarding and protection of children and adults at risk of harm should be reviewed and further developed to reflect regional and best practice guidance. Staff refresher training should take place on the safeguarding and protection of children and adults at risk of harm following the revision of the policy / procedure.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

## 4.4 Is care effective?

### Clinical records

Mr O'Neill and 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 also confirmed that treatment plans are developed in consultation with patients. It was 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.

Mr O'Neill confirmed that the practice is registered with the Information Commissioner's Office (ICO) and that 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. Onward referrals are also arranged by the practice in relation smoking cessation when required. The practice has a health promotion outreach programme that dental staff deliver in a local nursery school. Mr O'Neill, Mr Smith and 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

### **Communication**

Mr O'Neill 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 retained.

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 three patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. 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. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

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.

Mr O'Neill and Mr Smith confirmed that the most recent patient satisfaction survey took place in September 2016 and that the next survey was planned for summer 2017. As the sample size was small (10 patients) in 2016, the registered persons intend seeking the views about the quality of treatment and other services provided from a larger sample of patients in 2017.

### Patient and staff views

All three 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.

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. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a regular 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 policy was available in the practice. A recommendation was made to further develop the policy as follows:

- details of the Health and Social Care Board (HSCB) and the GDC should be included as agencies which may be utilised within the complaints investigation at local level
- details of RQIA should be included as a regulatory body who take an oversight of complaints management
- The Ombudsman and the Dental Complaints Service should be the only bodies identified as routes for dissatisfaction to the complaints investigation outcome for NHS and private care respectively.

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.

Mr Smith 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.

Mr O'Neill, Mr Smith and staff confirmed that 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 O'Neill and Mr Smith demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. 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 three patients who submitted questionnaire responses indicated that they felt the service is well managed. No comments were included in submitted questionnaire responses.

The submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Area for improvement

The complaint policy should be further developed.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

## 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 O'Neill and Mr Russell Smith, registered providers, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental 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](mailto: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

**Ref:** Standard 15

**Stated:** First time

**To be completed by:**  
30 June 2017

The policy and procedure in relation to the safeguarding and protection of children and adults at risk of harm should be reviewed and further developed to reflect regional and best practice guidance.

Staff refresher training should take place on the safeguarding and protection of children and adults at risk of harm following the revision of the policy / procedure.

**Response by registered provider detailing the actions taken:**  
Staff have attended recent safeguarding training with NIMDTA, policies and procedures are currently been developed to reflect best practice.

#### Recommendation 2

**Ref:** Standard 9.1

**Stated:** First time

**To be completed by:**  
30 June 2017

The complaint policy should be further developed to include the following:

- details of the Health and Social Care Board (HSCB) and the GDC should be included as agencies which may be utilised within the complaints investigation at local level
- details of RQIA should be included as a regulatory body who take an oversight of complaints management
- The Ombudsman and the Dental Complaints Service should be the only bodies identified as routes for dissatisfaction to the complaints investigation outcome for NHS and private care respectively.

**Response by registered provider detailing the actions taken:**  
The complaints policy has been developed to include the recommendations above.

*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews