

Announced Care Inspection Report

29 April 2016



Coalisland Dental

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Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Coalisland Dental took place on 29 April 2016 from 11:00 to 15:00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 Kelly, registered person and staff demonstrated that, in general, systems and processes were in place to ensure that care provided 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. Four recommendations have been made in relation to the development of staff appraisals, emergency medication and infection prevention and control.

Is care effective?

Observations made, review of documentation and discussion with Mr Kelly 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 Kelly 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 person'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 QIP within this report were discussed with Mr Kelly, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection. The findings of the inspection can be found in the main body of the report.

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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Mr James Kelly	Registered manager: Mr James Kelly
Person in charge of the service at the time of inspection: Mr James Kelly	Date manager registered: 12 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 Kelly, registered person, two dental nurses and a 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 10 July 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 10 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment for any new staff recruited.	Met
	The date the AccessNI check was received, the serial number of the check, the name of the person who reviewed the check and the outcome of the review should be recorded.	
	Action taken as confirmed during the inspection: Mr Kelly confirmed that no new staff have been employed since the previous inspection. However, should staff be recruited in the future systems and processes have been developed to ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment. Mr Kelly is aware of the information to be retained in respect of AccessNI checks.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that clear face masks suitable for use with children and adults should be provided in keeping with the Resuscitation Council (UK) minimum equipment list.	Met
	Action taken as confirmed during the inspection: It was observed that clear face masks for use with adults and children have been provided.	
Recommendation 2 Ref: Standard 11.1 Stated: First time	It is recommended that for all newly recruited staff, including self-employed staff, that staff personnel files should include the following information: <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to employment; • two written references; • details of full employment history, including an explanation of any gaps in employment; • documentary evidence of qualifications, where applicable; • evidence of current GDC registration, where applicable; • criminal conviction declaration on application; • confirmation of physical and mental health; • evidence of professional indemnity insurance, where applicable; and • evidence that new staff have received induction training when they commenced work in the practice. 	Met
	Action taken as confirmed during the inspection: Mr Kelly confirmed that should staff be recruited in the future 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.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with Mr Kelly and staff and a review of completed patient and staff questionnaires demonstrated that there were 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.

Mr Kelly and staff confirmed that individual staff performance has been discussed on an informal basis. Staff confirmed that they felt supported and involved in discussions about their personal development however, a formal system had not been developed to record staff appraisals. Mr Kelly agreed to develop a system to undertake and record staff appraisals on an annual basis. A recommendation has been made in this regard.

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. A system was in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. Mr Kelly was unable to confirm that registered dental nurses working in the practice were covered under his indemnity insurance. This was discussed with Mr Kelly who readily agreed to address this issue on the day of the inspection. RQIA received confirmation by electronic mail on 20 May 2016 that this issue has been addressed.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Kelly confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future, 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. Mr Kelly agreed to further develop the policy to include the processes in relation to obtaining a criminal conviction declaration and undertaking an enhanced AccessNI check for new applicants in line with 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.

Mr Kelly along with other staff members had recently attended a presentation regarding the new regional guidance issued in July 2015 entitled “Adult Safeguarding Prevention and Protection in Partnership”. Mr Kelly demonstrated how he shared the information with the remainder of his staff.

The safeguarding policy for adults was reviewed and included the definition of abuse, types of abuse and onward referral information with contact details for the local trust. Mr Kelly has agreed to update the policy to ensure it is in line with the new regional guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). This issue was identified during the previous inspection and Mr Kelly was advised at that time to replace the format of buccal Midazolam when it expired with Buccolam pre-filled syringes as recommended by the HSCB. Since the previous inspection the buccal Midazolam had expired, however, it had not been replaced with the format advised by HSCB. This was discussed with Mr Kelly and a recommendation has been made to replace the current Midazolam with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). A system is in place to ensure staff can access an AED nearby in a timely manner and the arrangements for this have been incorporated into the medical emergency policy and procedure. 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. A chair in surgery two was observed to be ripped/damaged and should be re-upholstered to provide an intact surface that will facilitate effective cleaning. A recommendation has been made. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

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 was available, separate from patient treatment areas and dedicated to the decontamination process. Appropriate equipment, including a washer disinfectant and steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during April 2016.

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), 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 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. A review of the most recent report and discussion with Mr Kelly confirmed that not all of the recommendations made by the RPA have been addressed. This was discussed with Mr Kelly who readily agreed to address the remaining issues identified as a matter of priority. RQIA received confirmation by electronic mail on 4 May 2016 that all recommendations made by the RPA 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.

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place. However, the colour coding system in use was not in keeping with best practice guidance. A recommendation has been made.

Arrangements are in place for maintaining the environment. This included electrical testing, pressure vessel examination, fire equipment servicing and a review of risk assessments.

A legionella risk assessment was available and water temperatures have been monitored and recorded as recommended.

A fire risk assessment was not reviewed on the day of the inspection. However, following the inspection RQIA received confirmation by electronic mail that the fire risk assessment had been reviewed on 20 April 2016 and any remedial measures identified have been actioned.

Patient and staff views

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

Six 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.

Areas for improvement

A system should be developed to undertake and record staff appraisals annually.

The current form of Midazolam should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

The ripped/damaged chair in surgery two should be re-upholstered.

Colour coded cleaning equipment used should be in keeping with The National Patient Safety Agency cleanliness guidelines.

Number of requirements:	0	Number of recommendations:	4
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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 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.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There is an identified oral health educator in the practice and Mr Kelly and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information was available in the reception area regarding health promotion in the form of information leaflets. The practice has a health promotion outreach programme involving the local gaelic clubs to help educate pupils in the use of mouth guards in sport.

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
- review of complaints/accidents/incidents

Communication

Mr Kelly and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. A review of one patient's clinical record evidenced that a referral had been made for the patient to receive further specialised treatment.

Staff meetings are held regularly to discuss clinical and practice management issues. Review of documentation demonstrated that the last staff meeting was held on 14 March 2016 and the minutes of the meeting have been retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

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.

Six 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.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 in order that they 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 during 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.

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.

The following comment was provided:
'Staff are very polite and well mannered.'

Six 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:

'Great respect shown for patients & very good service for appointments also a call-back system offered to make sure the patient is ok after treatment.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 excellent working relationships and that management were responsive to any suggestions or concerns raised. Mr Kelly has overall responsibility for the day to day management of the practice.

Mr Kelly confirmed that the practice has entered the Irish News awards for innovative employer.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed however, some of the policies reviewed had not been dated when issued and a review date had not been recorded. Mr Kelly confirmed that the majority of policies had been recently reviewed and he will continue to review policies on a three yearly basis. Mr Kelly has readily agreed to ensure that all policies are signed and dated on issue and when reviewed. 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.

Mr Kelly 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 Kelly 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.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well managed.

The following comment was provided:

‘A lovely experience, very nice staff throughout. Very happy with all care.’

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

The following comment was provided:

‘A great service is provided at Coalisland Dental. ... is always on hand & easy to approach, no matter what the query. Lovely place to work, all staff get on v well together like a wee family. I enjoy coming to my work.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed 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 person/manager 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 person/manager 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 11 Stated: First time To be completed by: 29 July 2016	<p>The registered person should implement a system for appraising staff performance at least on an annual basis.</p> <p>Response by registered person detailing the actions taken:</p> <p>At Coalisland dental we have very good inter personal relationships with regular informal discussions usually on a daily basis. I will begin to make a record of these going forward, However I feel that Annual Appraisals are outdated for a modern fast moving dental practice.</p>
Recommendation 2 Ref: Standard 13 Stated: First time To be completed by: 29 May 2016	<p>The registered person should address the following issue in relation to infection prevention and control:</p> <ul style="list-style-type: none"> the ripped/damaged chair in surgery two should be re-upholstered to provide an intact surface that will facilitate effective cleaning. <p>Response by registered person detailing the actions taken:</p> <p>I have arranged to have dental nurse chair reupholstered and agree with this recommendation.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>REGULATION AND QUALITY</p> <p>6 JUL 2016</p> <p>IMPROVEMENT AUTHORITY</p> </div>
Recommendation 3 Ref: Standard 12.4 Stated: First time To be completed by: 29 May 2016	<p>The registered person should provide Buccolam pre-filled syringes as recommended by the Health and Social Care Board (HSCB).</p> <p>Response by registered person detailing the actions taken:</p> <p>I am more than capable as a dental practitioner to fill the required amount of midazolam using epistatus during an epileptic seizure. However I am aware of the HSCB recommendation and will purchase pre filled syringes once the present epistatus has expired as it is a very rare needed medicine.</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 29 May 2016</p>	<p>The registered person should ensure that cleaning equipment is colour coded in keeping with The National Patient Safety Agency cleanliness guidelines.</p> <p>Response by registered person detailing the actions taken:</p> <p>Cochsland Dental has an effective cleaning policy in place and the practice is maintained to a very high standard.</p> <p>I will however implement the standard colour coding in keeping with national patient safety cleanliness guidelines as recommended.</p>
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