

Announced Care Inspection Report

9 August 2016



Comber Dental Practice

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

Address: 18 Killinchy Street, Comber, BT23 5AP

Tel No: 028 9187 2482

Inspector: Norma Munn

1.0 Summary

An announced inspection of Comber Dental Practice took place on 9 August 2016 from 09.55 to 15.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental 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 Michael Mooney and Mr Ian Blair registered persons, Mrs Joanne Bailie, practice manager and staff demonstrated that generally systems and processes were in place 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. Issues identified in relation to the management of medical emergencies, infection prevention and control and radiology were addressed either on the day of the inspection or immediately following the inspection. Two recommendations have been made in relation to the safeguarding policy and safeguarding training and one recommendation has been made in relation to the decontamination equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr Mooney, Mr Blair, Mrs Bailie 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 Mooney, Mr Blair, Mrs Bailie 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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Joanne Bailie, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/ registered provider: Mr Michael Mooney and Mr Ian Blair	Registered manager: Mr Ian Blair
Person in charge of the service at the time of inspection: Mr Michael Mooney	Date manager registered: 30 August 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 Mooney and Mr Blair, registered persons, Mrs Bailie, practice manager, Mr Sam Coates, business manager, a hygienist, a decontamination lead and a dental nurse. Mrs Bailie facilitated the inspection. A tour of some areas 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 30 June 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 30 June 2015

Last care inspection recommendations	Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>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, as follows;</p> <ul style="list-style-type: none"> • positive proof of identity, including a recent photograph; • evidence that an enhanced AccessNI check was received prior to commencement of 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 that the person is physically and mentally fit to fulfil their duties; and • evidence of professional indemnity insurance, where applicable. <p>Action taken as confirmed during the inspection:</p> <p>Submitted staffing information indicated that two staff members had commenced work in the practice since the previous inspection. A review of the two staff personnel files evidenced that all information as specified within Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained with the exception of a criminal conviction declaration and written references for one staff member. Mrs Bailie confirmed that telephone references had been sought with a record retained; and Mrs Bailie intends to follow up the written references. A review of the recruitment policy and discussion confirmed that the practice now have a system in place to ensure that a criminal conviction declaration and written references would be sought and retained for future staff employed.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. Discussion with Mrs Bailie and 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 taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of two 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

As previously discussed a review of the personnel files for two members of staff recently recruited demonstrated that the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of a criminal conviction declaration and written references for one of the staff members who had been previously employed in the practice. Mrs Bailie confirmed that these records would be obtained and that a system has now been put in place to ensure that all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained for future staff appointments.

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. However, not all staff were aware who the nominated safeguarding lead was and who to contact should a safeguarding issue arise.

Review of records demonstrated that all staff had received training in safeguarding children and adults during 2013. Not all staff had attended refresher training as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made.

There was one overarching policy and procedure in place for the safeguarding and protection of adults and children. The policy needed to be further developed to include 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 should also be included. A recommendation has been made.

The new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was provided 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) with the exception of Buccolam pre-filled syringes in doses suitable for children. Following the inspection RQIA received confirmation that the Buccolam pre filled syringes in doses suitable for children had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of oropharyngeal airways in various sizes. Following the inspection RQIA received confirmation that the airways in the various sizes had been provided.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, a review of documentation evidenced that the frequency of checking had been on a three monthly basis. This was discussed with Mrs Bailie who agreed to change the frequency to monthly from the day of the inspection. 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 for adults and children.

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. Three fabric covered chairs in surgery three were removed immediately following the inspection. An area where two floor coverings meet in surgery three had not been sealed appropriately. Mrs Bailie has agreed to address this issue. Following the inspection RQIA received confirmation that a date for the carpet fitters to seal the area of flooring had been arranged. RQIA received confirmation on 31 August 2016 that this work had been completed. Staff were observed to be adhering to best practice in terms of 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 three DAC Universals have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. Discussion with the decontamination lead confirmed that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices with the exception of the protein test for equipment. A review of the recording of protein tests for the DAC Universals demonstrated that they had been carried out three weekly instead of weekly. This was discussed with the decontamination lead who agreed to address this issue on the day of the inspection. A recommendation has been made.

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.

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

Radiography

The practice has four surgeries, three of which have 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.

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 with the exception of the two most recent staff employed. Following the inspection RQIA received an electronic mail confirming that the identified staff have read and signed the local rules. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

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

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

Environment

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

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

Arrangements were in place for maintaining the environment. This included the servicing of the fire detection system, fire-fighting equipment and portable appliance testing (PAT) of electrical equipment.

A legionella risk assessment had been undertaken and water temperature is monitored and recorded as recommended. A fire risk assessment had been undertaken and staff confirmed they were aware of the action to take in the event of a fire.

Review of records demonstrated that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “Excellent professional staff.”
- “Excellent communication by all 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. Comments provided included the following:

- “Staff training and CPD has high focus. Also inductions and appraisals carried out to a high standard.”
- “All clinical staff are either fully qualified or in training.”
- “CPR training is annually and regular staff meeting updates”
- “Sometimes staff can be short in numbers leaving clinicians unsupervised. (Very rare).”

Areas for improvement

Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).

The policy for safeguarding adults and children should be developed in line with current legislation and best practice guidance.

The proteins tests for the DAC Universals should be carried out weekly in keeping with HTM 01-05.

Number of requirements	0	Number of recommendations:	3
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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.

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

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. A dental therapist is available in the practice and it was established that if required patients are referred to the therapist for treatment. The hygienist has a range of resources used when discussing oral health and hygiene that includes leaflets and information held in a resource file. Staff discussed how they have presented oral health awareness sessions in a local nursery and primary schools and the practice holds six monthly family fun days when children can dress up, face paint, play games and learn about oral health and hygiene in a fun way. The emphasis on oral health education and preventative care is to be commended.

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
- fire safety
- clinical records to include medical histories
- review of complaints/accidents/incidents

If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Communication

Mr Mooney 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 four to six weekly 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.

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

Patient and staff views

All eight 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 provided in this domain.

All 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.

Comments provided included the following:

- “Patients always come first and appropriate treatments carried out and recorded. Patient satisfaction surveys carried out and patients regularly asked for their feedback.”
- “We have regular staff and clinical meetings.”

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 that patients understand 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 a six monthly basis. The frequency of these exceeds best practice. 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.

The practice has a Facebook page where patients can leave comments and reviews in relation to care and treatment they received. On the day of the inspection Mrs Bailie discussed several positive comments recorded with the inspector. 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 eight 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 provided in this domain.

All 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.

Comments provided included the following:

- "All done to highest standards."
- "We carry out practice satisfaction surveys every six months and have a comments box located in the entrance hall."
- "We have patient satisfaction surveys every six months."

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 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. The practice has achieved an Investor's in People (IIP) accreditation.

Policies and procedures were available for staff reference on the computer system. 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 Bailie 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 providers demonstrated a clear understanding of their roles and responsibilities 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 eight patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were provided in this domain.

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

Comments provided included the following:

- "Regular staff meetings and staff feedback, opinions sought, clear lines of accountability and reporting structure."
- "Policy and procedure manual located at reception at all times. Audits are also carried out every six months."
- "Has improved greatly."

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Bailie, practice manager, 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 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 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return 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 Ref: Standard 15.3 Stated: First time To be completed by: 9 October 2016	Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).
	Response by registered provider detailing the actions taken: Refresher training will be completed by 09/10/16.
Recommendation 2 Ref: Standard 15 Stated: First time To be completed by: 9 November 2016	The policy for safeguarding adults and children should be developed in line with current legislation and best practice guidance.
	Response by registered provider detailing the actions taken: New policy being written and will be completed by 09/11/16
Recommendation 3 Ref: Standard 13 Stated: First time To be completed by: 9 September 2016	The protein tests for the DAC Universals should be undertaken on a weekly basis in keeping with HTM 01-05.
	Response by registered provider detailing the actions taken: Now being done weekly since date of inspection.

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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