

Announced Care Inspection and Application of Variation Inspection Report 16 November 2016



Creative Smiles Dental Practice Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 15-17 Upper Dunmurry Lane, Dunmurry, Belfast, BT17 0AA
Tel no: 028 9061 8545
Inspector: Emily Campbell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Creative Smiles Dental Practice Ltd took place on 16 November 2016 from 9:55 to 13:40.

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.

The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. Mr Gavin Doherty, estates inspector, undertook a premises inspection at the same time. The report and findings of the premises inspection will be issued under separate cover. Registration of the fourth dental chair was approved during this inspection from both a care and estates perspective.

Is care safe?

Observations made, review of documentation and discussion with Mr Mark Gilbert, registered person, Mrs Beverley Gilbert, company director, 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. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mr Gilbert, Mrs Gilbert 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 Gilbert, Mrs Gilbert 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. The practice has recently been awarded 'Practice of the Year Ireland 2016' by the Irish Dentistry Awards.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Mark Gilbert, registered person, and Mrs Beverley Gilbert, company director, as part of the inspection process and can be found in the main body of the report.

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

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 1 May 2015.

2.0 Service details

Registered organisation/registered person: Creative Smiles Dental Practice Ltd Mr Mark Gilbert	Registered manager: Mr Mark Gilbert
Person in charge of the practice at the time of inspection: Mr Mark Gilbert	Date manager registered: 16 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3 increasing to 4 during this inspection

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, returned completed patient and staff questionnaires and

a feedback comment provided by a patient's parent electronically. The application of variation and associated submitted documentation to increase the number of registered dental chairs from three to four was also reviewed.

During the inspection the inspector met with Mr Gilbert, Mrs Gilbert, the practice administrator, the patient care co-ordinator, two dental nurses and a receptionist. The practice administrator and patient care co-ordinator are both also registered dental nurses. 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 01 May 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this 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 01 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11 Stated: First time	It is recommended that recruitment and selection procedures are further developed to ensure the following are retained in staff personnel files on recruitment of new staff: <ul style="list-style-type: none"> evidence that an enhanced AccessNI check was received prior to commencement of employment; two written references, including one from the current/most recent employer. 	Met
	Action taken as confirmed during the inspection: Four staff have been recruited since the previous inspection. Review of two personnel files of staff recruited evidenced that enhanced AccessNI checks had been received prior to the commencement of employment and two written references had been obtained.	

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. The fourth dental surgery has recently been established and was being used for the provision of NHS care and treatment only. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance annually with a six month review. Staff confirmed that appraisals had taken place and that they felt supported and involved in discussions about their personal development. A review of a sample of four evidenced that appraisals had been completed. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Staff development is promoted in this practice which includes a dental therapist/hygienist, a dental hygienist, four staff trained in oral health, and four staff qualified to take x-rays. In addition an associate dentist is nearing completion of their Master's degree in restorative dentistry.

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 Gilbert and Mrs Gilbert confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for two of these staff 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.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Staff training in adults at risk of harm was provided by an external trainer two weeks prior to the inspection.

The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and the regional policy 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 were available in the practice.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. An email was received by RQIA on 17 November 2016 confirming that pre-filled syringes had been ordered in keeping with HSCB guidance. 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.

Relative anaesthesia (RA) sedation was provided as required for patients in accordance with their assessed need. RA units were serviced on an annual basis.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

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

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

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audits were completed in May and October 2016.

The additional surgery associated with the application of variation to increase the number of registered chairs was reviewed. The surgery was tidy and uncluttered and work surfaces were intact and easy to clean. The flooring was impervious and sealed at the edges and where cabinetry meets the flooring. Sharps boxes were safely stored and were signed and dated on assembly. A dedicated hand washing basin was available and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that laminated /wipe-clean posters promoting hand hygiene were on display. Personal protective equipment (PPE) was readily available and a wipeable keyboard cover was provided. The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.

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. In addition there is an orthopan tomogram machine (OPG) and cone beam scanner, 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. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed. A critical examination of the new intra-oral x-ray machine in the additional fourth surgery had been undertaken by the appointed RPA four weeks ago prior to the surgery being made operational for NHS dental care and treatment.

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

There has been considerable refurbishment in the practice since the previous inspection including refurbishment of the reception/waiting area. Two offices are located adjacent to the reception/waiting area which can be utilised to discuss matters in private with patients as required. The phone system has also been rearranged to direct incoming calls to one of the two offices so that the receptionist can deal with patients without interruption. This provides a more patient focused and confidential service for patients.

The environment was maintained to a high standard of maintenance and décor. Detailed cleaning schedules were in place for all areas which were signed on completion and a colour coded cleaning system was in place.

As discussed previously a premises inspection was also undertaken during this inspection. Arrangements in place for maintaining the environment were reviewed by the estates inspector. The report and findings of the premises inspection will be issued under separate cover.

Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

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

- “Very happy. Excellent professional staff.”
- “No concerns at any time.”
- “Very kind staff.”

Thirteen 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:

- “Practice policies and procedures are regularly updated.”
- “I feel that our patients are treated with the highest standard of care.”
- “Great team working, excellent facilities, up to date training. Good team co-operation and communication.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Clinical records

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

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

The practice has a patient treatment care co-ordinator who discusses in detail option plans with patients as appropriate following their initial consultation with the dentist. This is carried out away from the clinical setting in a relaxed environment, where the patient can feel at ease to ask questions and make informed choices about their treatment plan. The discussion is supported by a computer software programme of photographs, videos and written information, which can take the patient through each step of the treatment 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.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets/posters were available and additional information can be accessed on the practice's computer software programme. The practice has an outreach programme to local schools and community groups. As discussed previously, four staff have training in oral health education.

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 waste management
- clinical records
- waiting times
- failure to attend
- new patient enquiry
- Denplan Excel audit
- sharps risk assessment review
- health and safety risk assessment review
- review of complaints/accidents/incidents

Communication

Mr Gilbert 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 two weekly basis to discuss clinical and practice management issues. In addition an informal meeting is held each morning to discuss the arrangements for the day ahead and dental nurse meetings are held every two to three months. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal 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 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “Am very happy with standard of care, especially with challenging issues.”
- “Very well informed in all aspects of my care.”
- “Always.”
- “Approachable staff.”

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. Comments provided included the following:

- “All available treatment options are explained to allow patient to decide on what treatment suits their needs.”
- “Patient care is excellent in the practice, with all clinicians and patient care co-ordinators.”

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 understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained. As discussed previously the practice has a patient treatment care co-ordinator who discusses in detail option plans with patients as appropriate in a non-clinical environment.

Patients with a physical disability or who require wheelchair access can be accommodated in the practice, however, the toilet facility is not suitable for patients who require wheelchair access. Arrangements are in place to accommodate these patients at another practice nearby. An interpreter service is available for patients who require this assistance. Staff advised that they endeavour to accommodate any specific individual needs a patient may have.

The practice undertakes patient satisfaction surveys on an annual basis through Denplan Excel and takes account of the views of patients who receive both private and NHS dental care and

treatment. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- "Am happy with care."
- "Extremely compassionate. Excellent service, treated with dignity and respect at all times."
- "I enjoy my visits."

The parent of a 14 year old patient contacted RQIA by email and provided the following comment:

- "My son had a very large tooth extracted by Xxx and I was present during the procedure. Xxx treated my son with a great deal of kindness and consideration. He made my son feel comfortable by giving a detailed explanation, lots of reassurance and a great deal of humour. Having witnessed this, I would (almost) not fear undergoing this treatment myself!"

All submitted staff questionnaire responses indicated that they feel 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:

- "Always part of ongoing updates."
- "Thorough consultations are carried out with clinicians and patient co-ordinators. Patients are well educated re all treatment options. A lot of time and care taken."

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.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire and review of documentation 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 Gilbert and Mrs Gilbert 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.

The practice has recently been awarded 'Practice of the Year Ireland 2016' by the Irish Dentistry Awards. Staff spoken with were enthused and gratified by this award and the recognition of the teamwork in place to achieve the award.

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 Gilbert demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The statement of purpose and patient guide had been updated to reflect the new arrangements in the practice and it was confirmed these would be kept under review and revised and updated when necessary

The RQIA certificate of registration was up to date and displayed appropriately. An application of variation was submitted to RQIA on 13 October 2016 to increase the number of registered chairs from three to four. The application of variation was approved from a care and estates perspective during this inspection. A revised certificate of registration will be issued to the practice in due course.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- “Have been a patient for over 20 years ?? I think. Very satisfied.”
- “I find all the staff in the practice very helpful and friendly.”
- “Very well run and managed. Excellent service (friendly but professional).”
- “I have been attending this practice for over 25 years and have seen the practice develop and improve their care year on year.”

All 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:

- “Very well run practice; policies and procedures all up to date and daily meetings with staff keeps everyone in the loop. All staff very approachable and great management.”

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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