

Announced Care Inspection Report 18 May 2017



Crossgar Dental Practice

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

Address: 48 Killyleagh Street, Crossgar, BT30 9DQ

Tel no: 028 4483 2585

Inspector: Norma Munn

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Crossgar Dental Practice took place on 18 May 2017 from 09:55 to 12:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Paul O'Hare, registered person, 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 O'Hare and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr O'Hare 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr O'Hare, registered person, 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 14 June 2016.

2.0 Service details

Registered organisation/registered person: Mr Paul O'Hare	Registered manager: Mr Paul O'Hare
Person in charge of the practice at the time of inspection: Mr Paul O'Hare	Date manager registered: 9 May 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr O'Hare, registered person, a dentist undergoing dental foundation training (DF1), two dental nurses and a patient. 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 14 June 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 14 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered provider must ensure enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.	Met
	Action taken as confirmed during the inspection: Mr O’Hare confirmed that no new staff had been recruited since the previous care inspection and it was confirmed that should staff be recruited in the future, enhanced AccessNI checks will be undertaken and received prior to the commencement of employment.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: Second time	It is recommended that enhanced AccessNI disclosure certificates are handled in keeping with the AccessNI code of practice. A record must be retained of the date the application form was submitted to the umbrella organisation, the date the check was received by the practice, the unique AccessNI reference number on the check and the outcome of the review of the check.	Met

	<p>Action taken as confirmed during the inspection: A review of records and discussion with Mr O'Hare confirmed that all enhanced AccessNI disclosure checks have been handled in keeping with the AccessNI code of practice and a record has been retained.</p>	
<p>Recommendation 2 Ref: Standard 11.1 Stated: First time</p>	<p>Two written references, including one from the present or most recent employer should be obtained and retained in the personnel files of any newly recruited staff.</p> <p>Action taken as confirmed during the inspection: As discussed no new staff had been recruited since the previous care inspection and it was confirmed that two written references, including one from the present or most recent employer will be obtained and retained in the personnel files of any newly recruited staff.</p>	Met
<p>Recommendation 3 Ref: Standard 15.3 Stated: First time</p>	<p>Refresher training in safeguarding of adults and children should be carried out for all staff in accordance with the Minimum Standards for Dental Care and Treatment (2011).</p> <p>Action taken as confirmed during the inspection: A review of records and discussion with Mr O'Hare confirmed that training in safeguarding had been provided for all staff during 2016. Mr O'Hare had also recently attended training during March 2017.</p>	Met
<p>Recommendation 4 Ref: Standard 13 Stated: First time</p>	<p>Review the use of Chlorhexidine (Hibiscrub) for hand hygiene in keeping with HTM01-05.</p> <p>Action taken as confirmed during the inspection: Mr O'Hare confirmed that he had reviewed the use of Clorhexidine in relation to hand hygiene and has provided mild antiseptic soap at hand wash basins in clinical areas.</p>	Met
<p>Recommendation 5 Ref: Standard 13 Stated: First time</p>	<p>Review the disposal of anaesthetic cartridges and pharmaceutical waste in accordance with HTM 07-01 PEL (13) 14.</p> <p>Action taken as confirmed during the inspection: Mr O'Hare confirmed that purple lidded sharps boxes have been provided and are being used for disposal pharmaceutical waste.</p>	Met

Recommendation 6 Ref: Standard 14 Stated: First time	Ensure that records are accurately dated in relation to the legionella risk assessment, water temperature checks and the frequency of fire drills.	Met
	Action taken as confirmed during the inspection: Dates had been accurately recorded on documentation reviewed relating to the management of legionella and fire.	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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.

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. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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

Recruitment and selection

A review of the submitted staffing information and discussion with Mr O'Hare confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust 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. 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.

As discussed, a 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.

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

The regional guidance policy and guidance documents 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) were available for staff reference.

A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' (September 2016). Following the inspection a copy of the new procedures was emailed to the practice and Mr O'Hare has agreed to ensure that the procedures are implemented.

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. Mr O'Hare was advised to increase the stock of Buccolam pre-filled syringes in sufficient quantity and dosage as recommended by the Health and Social Care Board (HSCB). Following the inspection RQIA received confirmation that Mr O'Hare has agreed to ensure that sufficient quantity and dosage has been provided. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

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

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. One waste bin in the decontamination room was not in keeping with best practice. Following the inspection RQIA received confirmation that a new foot operated pedal bin had been ordered. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

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

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfectant and two steam sterilisers 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.

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

Radiography

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

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

Mr O'Hare has agreed to ensure that the x-ray equipment will be serviced and maintained in accordance with manufacturer's instructions. Following the inspection Mr O'Hare confirmed that the x-ray equipment is due to be serviced on 8 June 2017.

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. The material covering the settees in the waiting area was ripped and Mr O'Hare has agreed to repair or replace these.

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was also in place.

Arrangements were in place for maintaining the environment. These included weekly checking of fire detection systems and annual servicing of the firefighting equipment.

The legionella risk assessment had been undertaken during August 2016 by an external organisation and water temperatures have been monitored and recorded as recommended.

The fire risk assessment had been undertaken during October 2016 by an external organisation. Fire drills had been undertaken on a six monthly basis and fire training had been carried out during May 2017. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels in the practice have been inspected during March 2017 in keeping with the written scheme of examination.

Staff confirmed that a security policy was in place in relation to prescription theft and misuse and robust arrangements are in place for the management of prescription pads/forms.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Ten patients indicated that they were very satisfied with this aspect of their care and seven indicated that they were satisfied. Two patients indicated that they were very unsatisfied; however, this section had been completed in error. No comments were included in submitted questionnaire responses.

On the day of the inspection, one patient spoke with the inspector. The following comment was made:

- “Beautiful place and very clean.”

Seven 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. Six staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. One comment provided included the following:

- “All staff suitably trained and qualified. Various in house training days carried out throughout the year eg: safeguarding, infection control, resuscitation and fire.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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.

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

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

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets were available in the reception area. A dental hygienist service is available and oral health is actively promoted on an individual level with patients during their consultations.

Audits

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

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

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff 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 of the 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eleven patients indicated that they were very satisfied with this aspect of their care and seven indicated that they were satisfied. One patient indicated that they were very unsatisfied; however, this section had been completed in error. No comments were included in submitted questionnaire responses.

All seven 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. Six staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. One comment provided included the following:

- “Patient care paramount.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures 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 an annual basis. 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 of the 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eleven patients indicated that they were very satisfied with this aspect of their care and seven indicated that they were satisfied. One patient indicated that they were very unsatisfied; however, this section had been completed in error. One comment provided included the following:

- “Very good.”

All seven 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. All seven staff indicated that they were very satisfied with this aspect of care. One comment provided included the following:

- “Patients best interests are seen as the most important factor.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr O'Hare has overall responsibility for the day to day management of the practice.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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 O'Hare and staff 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 O'Hare 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.

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

Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Eleven patients indicated that they were very satisfied with this aspect of the service and seven indicated that they were satisfied. One patient indicated that they were very unsatisfied; however, this section had been completed in error. Comments provided included the following:

- "Very happy, great treatment, professional staff."
- "First class."

All seven submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Six staff indicated that they were very satisfied with this aspect of the service and one indicated that they were satisfied. One comment included the following:

- "Service is well led and there is good communication within the practice leading to good levels of teamwork and service."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews