Announced Care Inspection Report
7 June 2017

Crumlin Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 103 Main Street, Crumlin BT29 4UU
Tel No: 028 9445 3413
Inspector: Winifred Maguire

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered dental practice with three registered places providing general dental care including private and NHS treatment without sedation.

3.0 Service details

Registered Provider: Mr Peter Allen & Mrs Jill Allen	**Registered Manager:** Mrs Jill Allen
Person in charge at the time of inspection: Mrs Jill Allen	**Date manager registered:** 25 August 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

4.0 Inspection summary

An announced inspection took place on 7 June 2017 from 10.00 to 12.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; 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).

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to induction; training; supervision and appraisal; infection prevention control and decontamination procedures; radiology; management of clinical records; the range and quality of audits; health promotion strategies and ensuring effective communication between patients and staff; maintaining patient confidentiality; ensuring the core values of privacy and dignity were upheld; providing the relevant information to allow patients to make informed choices; governance arrangements; management of complaints; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified in relation to: updating the adult safeguarding policy in line with regional guidance (July 2015); repairing or replacing the steam steriliser; updating the incident policy to include reporting arrangements with RQIA; and establishing a Freedom of Information Publication Scheme.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jill Allen and Mr Peter Allen, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 5 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 May 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr and Mrs Allen, registered persons, and two dental nurses. A tour of the premises was also undertaken.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and section
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 'met', 'partially met', or 'not met'.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 May 2016

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

6.2 Review of areas for improvement from the last care inspection dated 5 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard13.4 **Stated:** First time	The registered person should establish a steriliser logbook and periodic tests as outlined in Health Technical Memorandum (HTM) 01-05 should be recorded.	**Met**
	Action taken as confirmed during the inspection: A steriliser logbook has been established and periodic tests as outlined in Health Technical Memorandum (HTM) 01-05 had been recorded.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

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 Mrs Allen confirmed that appraisals were scheduled to be undertaken in the coming months and completed by August 2017. 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 Mrs Allen 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 is sought and retained for inspection.

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

Safeguarding

Staff 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. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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. However, the adult safeguarding policy did not fully reflect the regional guidance document and an area of improvement under the minimum standards was identified in relation to this matter.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

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 most equipment were free from damage, dust and visible dirt. However, it was noted the top of the steam steriliser had area of rust on the outer casing and as a result would compromise effective cleaning of the steriliser. An area of improvement under the minimum standards was identified in relation to this matter. 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 and a steam steriliser 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 audit was completed during May 2017.

A range of policies and procedures was 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.

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 are in place for maintaining the environment. A legionella risk assessment has been undertaken and water temperatures are monitored and recorded as recommended. Portable appliance testing (PAT) has been carried out on 19 January 2017 and a fixed electrical wiring installation inspection has been conducted on 25 January 2016.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels is in place.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

No patients submitted questionnaire responses to RQIA. Mr and Mrs Allen confirmed they had made patient questionnaires available in the waiting area of the practice and encouraged patients to take one for completion.

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Three staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to: staff recruitment; induction; training; supervision and appraisal; management of medical emergencies; infection prevention control and decontamination procedures; radiology; and the environment.

Areas for improvement

Update the adult safeguarding policy to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The steam steriliser, which has an area of rust on the outer casing, should be repaired or replaced.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

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

Staff confirmed that 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). A Freedom of Information Publication Scheme was not available for inspection. The establishment and availability for inspection, of a Freedom of Information Publication Scheme was identified as an area of improvement under the minimum standards.

Health promotion

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

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents

Communication

It was 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 had been held on a monthly basis; however, this has not happened in recent months. It was suggested to re-establish monthly staff meetings and offer staff the opportunity to suggest items for the agenda thereby facilitating meaningful staff participation.

Staff spoken to 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

No patients submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Three staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

Establish a Freedom of Information Publication Scheme and make it available for inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them 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

No patients submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Three staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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 or Mrs Allen 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 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. However, the incident policy did not outline arrangements for reporting notifiable events to RQIA. An area of improvement was identified under the minimum standards in relation to including reporting arrangements to RQIA in the incident policy. 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.

It was 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 and Mrs Allen demonstrated a clear understanding of their 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

No patients submitted questionnaire.

Four submitted staff questionnaire responses indicated that they felt that the service is well led. Two submitted staff questionnaires indicated that they did not feel that the service was well led. Two staff indicated that they were very satisfied with this aspect of the service; two indicated they were satisfied and two indicated that they were unsatisfied. The staff questionnaire responses were discussed with Mr and Mrs Allen who were unaware of any staff concerns. As stated previously it was suggested to re-establish monthly staff meetings and offer staff the opportunity to suggest items for the agenda, thereby facilitating meaningful staff participation.

Staff spoken with during the inspection indicated they were very satisfied that the service was well led. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

Include reporting arrangements to RQIA in the incident policy.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr and Mrs Allen, registered persons, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered person should confirm that these actions have been completed and return the completed QIP **via Web Portal** for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered persons should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 7 August 2017	The registered person shall update the adult safeguarding policy to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). Ref: 6.4
	Response by registered person detailing the actions taken: Policy has been updated
Area for improvement 2 **Ref**: Standard 13.2 **Stated:** First time **To be completed by:** 7 August 2017	The registered person shall ensure the steam steriliser, which has an area of rust on the outer casing, is repaired or replaced. Ref: 6.4
	Response by registered person detailing the actions taken: Repair has been carried out
Area for improvement 3 **Ref**: Standard 10.3 **Stated:** First time **To be completed by:** 7 September 2017	The registered person shall establish a Freedom of Information Publication Scheme and make it available for inspection Ref: 6.5
	Response by registered person detailing the actions taken: Freedom of Information Publication Scheme has been established and made available for inspection
Area for improvement 4 **Ref**: Standard 14.7 **Stated:** First time **To be completed by:** 7 September 2017	The registered person shall include the reporting arrangements to RQIA in the incident policy. Ref: 6.7
	Response by registered person detailing the actions taken: Incident policy updated, Guidance and Reporting forms detailed in Practice Policy Folder

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