

Announced Care Inspection Report 29 July 2016



John Gilleece at 438/03 Dental Studio

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of John Gilleece at 438/03 Dental Studio took place on 29 July 2016 from 10.00 to 14.45.

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

Is care safe?

Observations made, review of documentation and discussion with Mr John Gilleece and Mr Damien Flanagan, registered persons, Ms Hilary Wilson, registered manager, and staff demonstrated that systems and processes were generally 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. Issues were identified in relation to the management of medical emergencies, the safeguarding policy, the flooring in one surgery and the management of radiology. However, the registered manager has provided confirmation to RQIA that the issues identified have been addressed following the inspection. One recommendation has been made in relation to safeguarding training.

Is care effective?

Observations made, review of documentation and discussion with Mr Gilleece, Mr Flanagan, Ms Wilson 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 Gilleece, Mr Flanagan, Ms Wilson 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	1

Details of the Quality Improvement Plan (QIP) within were discussed with Mr Gilleece, registered person and Ms Wilson, registered manager, as part of the inspection process. Mr Flanagan was not able to be present for feedback. 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Mr John Gilleece & Mr Damien Flanagan	Registered manager: Ms Hilary Wilson
Person in charge of the service at the time of inspection: Ms Hilary Wilson	Date manager registered: 11 November 2013
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 inspectors met with Mr John Gilleece and Mr Damien Flanagan, registered persons, Ms Hilary Wilson, registered person and two 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 5 January 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 5 January 2016

As above

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. A review of documentation 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

A review of the submitted staffing information and discussion with Ms Wilson 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.

A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available. A review of records and discussion with staff demonstrated that not all staff had received refresher training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made.

Policies and procedures were in place for the safeguarding and protection of adults and children. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. The policy for both children and adults needed to be further developed in line with current legislation to include the types and indicators of abuse and to include one nominated individual responsible for safeguarding. Ms Wilson confirmed by telephone on 15 August 2016 that the policies had been developed to include the types of abuse and one nominated person has been identified.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). However, there was no evidence of an expiry date on the oxygen cylinder provided. This was discussed with Mr Gilleece and Ms Wilson. RQIA received correspondence from Ms Wilson by electronic mail on 1 August 2016 to confirm that a new oxygen cylinder had been ordered and further confirmation by telephone on 15 August 2016 to confirm that it had been delivered to the practice. Buccolam pre-filled syringes were available in doses suitable for adults. However, prefilled syringes were not available in doses suitable for children. This was discussed with Ms Wilson who agreed to address this issue. RQIA received confirmation by electronic mail on 18 August 2016 that Buccolam pre filled syringes had been ordered in doses suitable for children and will be delivered to the practice by 19 August 2016.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). However the practice has timely access to an AED, which is located nearby. The use of an AED is included in the annual management of medical emergency training.

A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, as discussed previously this did not include checking of the oxygen expiry date. Ms Wilson has agreed to include the new oxygen cylinder in the checking of emergency medicines.

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. The floor covering provided in the identified surgery needed to be sealed where it meets the cabinetry. RQIA received photographic evidence by electronic mail on 15 August 2016 to confirm that the floor covering had been sealed where it meets the cabinetry.

Disposable paper hand towels had not been provided in the patients' toilet and the disposable paper hand towels observed in one of the surgeries were stored on a shelf. Ms Wilson agreed to address these issues. RQIA received correspondence from Ms Wilson by electronic mail on 15 August 2016 to confirm that wall mounted paper hand towel dispensers and hand towels had been provided for both areas identified. The 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.

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 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 2016.

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

Radiography

The practice has three surgeries, two of which have an intra-oral x-ray machine. In addition there is a cone beam CT scanner (CBCT) located in one of the surgeries.

Three radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. A review of the files 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 the intra-oral x-ray machines observed. However, the local rules were not displayed near the CBCT scanner. This was discussed with Mr Flanagan who agreed to address this issue. 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 reports of the most recent visits by the RPA did not demonstrate that the recommendations made have been addressed; this included displaying the local rules. However, RQIA received correspondence from Ms Wilson by electronic mail on 1 August 2016 to confirm that the recommendations made by the RPA have been addressed.

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

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

Environment

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

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment. This included the servicing of fire detection systems, fire-fighting equipment and fixed electrical wiring installation.

A legionella risk assessment was last undertaken in 2015 and water temperature are monitored and recorded as recommended.

A fire risk assessment had been undertaken in June 2016 and staff confirmed that fire drills had been completed. However, Ms Wilson confirmed that not all staff had attended the fire drills.

Ms Wilson agreed to ensure that all staff attend the fire drills carried out in the future. 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 and pressure vessels have been inspected in keeping with the written scheme.

Patient and staff views

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

Comments provided included the following:

- “I am always informed of planned treatment and possible effects. The staff, surgery, equipment etc. are always spotless.”
- “Very professional practice and staff.”
- “All care provided very professional.”

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Areas for improvement

Refresher safeguarding training to include adults and children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).

Number of requirements	0	Number of recommendations:	1
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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.

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 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 available in the reception area. Discussion with Ms Wilson confirmed that the practice has a health promotion outreach programme that has been delivered to children in church organisations. Dietary, oral health and hygiene advice is offered to the children using models, music, songs, puppets and booklets so the children can learn in a fun way. The outreach programme is to be commended. A resource file for patients was observed in one of the surgeries containing information on health promotion, oral cancer, the risks of smoking and referenced best practice guidance documents relating to oral cancer. Ms Wilson confirmed that oral health is actively promoted on an individual level with patients during their consultations. All patients including children are referred to the hygienist, if required.

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

Ms Wilson and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a two to three monthly 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 facilitate 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 11 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:

- “Staff always considerate in planning care, always listens and acts upon any concerns I may have.”
- “I am informed of all treatment – yes I have a say in what happens. Always at hand to advise and alleviate my concerns.”

All four submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them 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. 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 11 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:

- “Very happy with how I have been treated by the dentist and staff over the years I have been a client of the practice.”
- “I have always been treated with dignity and respect.”
- “If I didn’t feel respected I wouldn’t be there.”

All four 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.

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 an 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. Ms Wilson has responsibility for the day to day management of the practice. Mr Gilleece, registered person works in the practice on a full time basis and Mr Flanagan works in the practice on a part time basis but at least one and a half days per week.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a 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. Ms Wilson agreed to include the details of RQIA as an oversight body in the complaints procedure. 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.

Ms Wilson 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.

Ms Wilson confirmed that 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 persons and registered manager demonstrated a clear understanding of their roles 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 11 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- “I think that the practice is very well managed and I fully trust the dentist and staff. Always been provided with excellent service and care.”
- “Excellent leadership.”
- “The service is extremely well led/managed so much so that the manager and nurse can almost read my mind and can cover topics before I even ask them. I feel very confident and comfortable.”

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gilleece, registered person, and Ms Wilson, registered 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, 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 review 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	
<p>Recommendation 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2016</p>	<p>Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance should be included in the refresher training.</p> <p>Response by registered provider detailing the actions taken: Safeguarding Training carried out in House on Monday 22nd August 2016 this included the new Regional Guidance (safeguarding learning and development strategy 2015-2018 (April 2016)</p>

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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