

Announced Care Inspection Report 18 November 2016



Ladybrook Dental Surgery

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

Address: 4 Ladybrook Park, Belfast, BT11 9EL

Tel no: 028 9030 1999

Inspector: Carmel McKeegan

1.0 Summary

An announced inspection of name of Ladybrook Dental Surgery took place on 18 November 2016 from 10.25 to 12.50.

The inspection sought to assess progress with any issues raised during and since the last 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 Ms Roisin McKiernan, registered person, demonstrated that in general systems person, and staff 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. Three recommendations were made in relation to the reupholstering of a dental chair, infection control and decontamination auditing and monitoring water temperatures as a legionella control measure.

Is care effective?

Observations made, review of documentation and discussion with Ms McKiernan 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 Ms McKiernan and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms McKiernan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 April 2015.

2.0 Service details

Registered organisation/registered person: Ms Roisin McKiernan	Registered manager: Ms Roisin McKiernan
Person in charge of the practice at the time of inspection: Ms Roisin McKiernan	Date manager registered: 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 Ms McKiernan, registered person, the practice manager/lead nurse and the receptionist. 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 27 April 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 27 April 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (3) (d) Stated: First time	The registered person must ensure that their indemnity cover includes employees of the practice. A robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.	Met
	Action taken as confirmed during the inspection: Discussion with Ms McKiernan and review of documentation confirmed that all staff have individual professional indemnity cover, a copy of each staff member's indemnity certificate was retained in the dental practice. Ms McKiernan confirmed that a system has been established to keep this under review.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that Oropharyngeal airways should be provided in keeping with the Resuscitation Council (UK) Guidance.	Met
	Action taken as confirmed during the inspection: Oropharyngeal airways were provided in keeping with the Resuscitation Council (UK) Guidance.	
Recommendation 2 Ref: Standard 12.4 Stated: First time	It is recommended that advice and guidance is sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.	Met
	Action taken as confirmed during the inspection: Ms McKiernan advised that, in the case of an emergency, the practice has established a formal arrangement to have access to an AED located in a Chemists located within close proximity to the dental practice. Ms McKiernan confirmed that advice and guidance had been sought from her medico-legal advisor who stated that as an AED is available within close proximity to the dental practice, an AED was not required to be retained in the practice.	
Recommendation 3 Ref: Standard 11.1 Stated: First time	It is recommended that the recruitment and selection policy is further developed to ensure that the recruitment and selection of staff is undertaken in accordance with best practice and should include; <ul style="list-style-type: none"> • the procedure for undertaking enhanced AccessNI checks to include the handling of disclosure certificates; • the procedure for requesting written references; • the procedure for ensuring that applicants make a criminal conviction declaration 	Met
	Action taken as confirmed during the inspection: Review of the recruitment and selection policy confirmed the policy was reflective of Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	

<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a new staff member's personnel file confirmed that this recommendation had been addressed.</p>	<p style="text-align: center;">Met</p>	
<p>Recommendation 5</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p>		<p>It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the AccessNI Code of Practice.</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms McKiernan and review of documentation confirmed that this recommendation had been addressed.</p>		

4.3 Is care safe?

Staffing

Two 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.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. 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 McKiernan confirmed that one staff member had been recruited since the previous inspection. A review of the staff member's personnel file 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, with the exception of a criminal conviction made by the applicant. Ms McKiernan

stated this was an oversight and the documentation would be completed that day and retained in the staff member's personnel file.

As previously stated the recruitment policy and procedure had been further developed and was considered to be comprehensive and reflective of 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.

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. Ms McKiernan confirmed that the safeguarding policies have been updated following the publication of new regional safeguarding guidance and policies.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of an AED. However, the practice has timely access to an AED which is located in the pharmacy adjacent to the practice. It was observed that the format of buccal Midazolam retained was not in keeping with guidance issued by the Health and Social Care Board (HSCB) during May 2013. On 14 December 2016, RQIA received an email from Ms McKiernan who confirmed that Buccolam in pre-filled syringe format as advised by the HSCB was in place in the practice.

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 and equipment were free from damage, dust and visible dirt. A small tear was noted in one dental chair; a recommendation was made that the identified chair is reupholstered to provide an intact surface to enable effective cleaning.

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, a DAC Universal 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.

Ms McKiernan and staff confirmed the Infection Prevention Society (IPS) audit tool had not been completed for some time. A recommendation has been made that the practice audits compliance with HTM 01-05 using the IPS audit tool on a six monthly basis.

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

Radiography

The practice has two 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 and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. 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. The report of the most recent visit by the RPA could not be located at the time of this inspection; however documentation was available to confirm the most recent quality assurance check had been completed on 25 January 2016. On 14 December 2016, RQIA received an email from Ms Mc Kiernan which confirmed a copy of the most recent report of the RPA's quality assurance check was in place in the practice. Ms McKiernan also confirmed that the recommendations contained within the report had 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. This included fire safety equipment checks and servicing, fixed electrical wiring testing, portable appliance testing,

Water quality testing is undertaken quarterly for the dental unit water lines and a legionella risk assessment had been undertaken; however water temperatures were not monitored and recorded. A recommendation was made in this regard

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

Patient and staff views

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

- 'Very clean surgery. Staff extremely helpful and approachable.'
- 'Staff are always so caring and helpful. Environment is clean and well maintained.'
- 'I have been with this dental practice for a very long time. I have always been treated with respect and felt very safe.'
- 'I am very happy with the care provided here.'

Six 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. The following comment was provided in one of the submitted questionnaire responses.

- 'Patients are treated in safe surroundings.'

Areas for improvement

The identified dental chair should be reupholstered.

The IPS audit tool should be completed on a six monthly basis.

Monthly water temperature testing of hot and cold water should be undertaken and recorded.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

Clinical records

Ms McKiernan and 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). Ms McKiernan was unable to locate the Freedom of Information Publication Scheme, however it was confirmed that this had been reviewed at a previous inspection. Ms McKiernan confirmed a new publication scheme would be provided. Information in this regard was emailed to Ms McKiernan following the inspection.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by the dentists.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

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
- patient satisfaction survey
- clinical records
- review of complaints/accidents/incidents

Communication

Ms McKiernan 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 in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All of the 16 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:

- 'All examinations and treatments clearly explained and consent sought before they are performed.'
- 'Options for treatment are discussed before a decision is made.'
- 'The staff at this surgery are very professional and extremely considerate and approachable.'

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:

- 'We do our best to meet our patients needs daily. We maintain high standards of clinical records.'
- 'Achieving a high level of care for each patient is the highest priority.'

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. Ms McKiernan and 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

All of the 16 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:

- 'Everybody in the practice treats me with dignity and discretion. I am always involved in treatment decisions'
- 'Treatment in Ladybrook is outstanding'
- 'I cannot recommend this surgery highly enough. I have been attending on many occasions when I have been suffering with poor health and the staff have been sensitive to my needs.'

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. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'We spend time ensuring our patients understand their treatment options and that all their decisions are informed.'
- 'All patients are treated with the highest level of respect.'

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 a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms McKiernan 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.

Ms McKiernan demonstrated a clear understanding of her 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 16 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- ‘The service is very well managed. Text messages reminders of appointments are extremely useful.’
- ‘I am provided with excellent care and feel very safe and well cared for.’
- ‘At each visit paperwork is always updated. Staff very knowledgeable.’
- ‘I have been with this surgery from the year it opened and that speaks for itself. Always good and available at short notice. If you are in need they will find the time.’
- ‘Excellent managed surgery. I’m always well informed. The staff are friendly and efficient.’

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Roisin McKiernan, registered person, 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: First time To be completed by: 18 January 2017	The identified dental chair should be reupholstered to provide an intact surface to enable effective cleaning. Response by registered provider detailing the actions taken: An engineer has inspected the dental chair, and arrangements are in progress to address this issue in the new year.
Recommendation 2 Ref: Standard 13 Stated: First time To be completed by: 18 January 2017	The Infection Prevention Society (IPS) audit tool should be completed on a six monthly basis. Response by registered provider detailing the actions taken: An new IPS audit has been started, and we shall continue to complete one every six months.

<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 18 January 2017</p>	<p>Water temperature testing of hot and cold water should be undertaken as stated in the legionella risk assessment with a record maintained.</p>
	<p>Response by registered provider detailing the actions taken: We shall continue water testing, and now record the results more efficiently, as recommended.</p>



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