

# Announced Care Inspection Report

## 30 May 2017



## David Reaney & Associates Dental Practice

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 28 Dungannon Street, Moy, Dungannon BT71 7SH**

**Tel No: 028 8778 4977**

**Inspector: Emily Campbell**

## 1.0 Summary

An announced inspection of David Reaney & Associates Dental Practice took place on 30 May 2017 from 9.45 to 13.20.

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

### Is care safe?

Observations made, review of documentation and discussion with Mr David Reaney, registered person, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

### Is care effective?

Observations made, review of documentation and discussion with Mr Reaney 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 Reaney 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 his 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr David Reaney, registered person, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> David Reaney & Associates Ltd Mr David Reaney	<b>Registered manager:</b> Mr David Reaney
<b>Person in charge of the practice at the time of inspection:</b> Mr David Reaney	<b>Date manager registered:</b> 5 April 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

## 3.0 Methods/processes

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

During the inspection the inspector met with Mr Reaney, an external consultant, an associate dentist, two dental nurses, one of whom also carries out reception duties and a 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 10 May 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 10 May 2016**

As Above

#### **4.3 Is care safe?**

##### **Staffing**

Five 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 two 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. A review of a sample of three 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 Mr Reaney and the external consultant confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for two of these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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

A staff register was observed to be in place and up to date. The staff register was further developed during the inspection to facilitate the date of leaving.

### **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 policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

### **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 practice had one medical emergency involving a relative of a patient. Discussion with Mr Reaney and the external consultant confirmed that the medical emergency was appropriately handled. A staff debriefing was undertaken following the incident along with review of the

management of a medical emergency policy which led to some further development of the policy to provide more clear and concise guidance. This is good practice.

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

## **Infection prevention control and decontamination procedures**

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and three steam sterilisers, has 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 were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

## **Radiography**

The practice has five surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine, which is located in a separate room.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have 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 digital x-ray processing. Arrangements were established during the inspection for clearer information to be recorded in respect of the x-ray quality grading and justification and clinical evaluation recording audits which are undertaken.

A copy of the local rules was on display near each x-ray machine. Recently recruited staff had not been authorised by the radiation protection supervisor (RPS) for their relevant duties and they had not signed to confirm they had read and understood the radiation protection file and local rules. Mr Reaney provided email confirmation on 12 June 2017 that this had been addressed.

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 high standard of maintenance and décor. Three of the five dental surgeries were reviewed during a tour of the premises.

Cleaning schedules and a colour coded cleaning system were in place.

Arrangements are in place for maintaining the environment. This included electrical testing, portable appliance testing (PAT), boiler servicing, fire equipment servicing and a review of risk assessments.

A legionella risk assessment had been undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and a logbook was in place to monitor fire safety arrangements in the practice. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels had been inspected in keeping with the written scheme of examination of pressure vessels.

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**

Ten patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Nine patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. The following comment was provided in a submitted questionnaire response.

- "The surgery and environment is very well maintained."

Ten staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Nine staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care effective?

### Clinical records

Mr Reaney and staff 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.

Electronic records are maintained and 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. These were not reviewed during the inspection.

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. Some information leaflets promoting oral health were on display; however, the emphasis on oral health promotion is at the chairside with patients on an individual level. This is reiterated by the hygienist who reviews patients every three months.

### 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
- patient satisfaction



The clinical records audit was not dated, however, it was confirmed that this was a recent audit and assurances were provided that future audits would be dated.

## Communication

Mr Reaney and the associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a 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 facilitated informal in house training sessions. A half day away day is held with associate dentist approximately six monthly to discuss clinical and practice related matters.

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

## Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All patients indicated they were very satisfied with this aspect of care. Comments provided included the following:

- “Very effective by dentists.”
- “Top class service every time.”
- “The staff are very courteous and professional and provide a very good service.”

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. Nine staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 is accessible to patients with a disability and an interpreter service is available.

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. This was not reviewed during the inspection.

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Nine patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- “I get step by step guidance.”
- “I know the staff by their first names and always find them to be polite and helpful. Many of the staff have been in post for a number of years – which is great for patients ongoing care and treatment.”

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. Nine staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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. An external consultant had been contracted prior to the last inspection on 1 April 2016 to review the systems and processes in place in the practice and to provide support to staff. Staff spoken with during the inspection spoke positively regarding the new arrangements.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a regular 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. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Reaney 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 Reaney demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they felt that the service is well managed. Nine patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Comments provided included the following:

- "First class service."
- "I always find staff to be open and also informative. The interaction between staff is excellent, so there is obviously good morale. It's a very efficiently run practice."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Nine staff indicated they were very satisfied with this aspect of the service and one indicated

they were satisfied. 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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