

Announced Care Inspection Report 18 July 2016



Denise Lundy Dental Practice

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Denise Lundy Dental Practice took place on 18 July 2016 from 09:55 to 12:55.

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 Ms Denise Lundy, registered person, and the dental nurse 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. Issues identified in relation to the provision of emergency equipment, infection prevention and control, safeguarding training and the environment were addressed either on the day of the inspection or immediately following the inspection. No requirements or recommendations have been made.

Is care effective?

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

Is the service well led?

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

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

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

1.1 Inspection outcome

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

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

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

| | |
|--|--|
| Registered organisation/registered provider: Ms Denise Lundy | Registered manager: Ms Denise Lundy |
| Person in charge of the service at the time of inspection: Ms Denise Lundy | Date manager registered: 14 May 2012 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 1 |

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 Lundy, registered person and a dental nurse. 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 May 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 5 May 2015

| Last care inspection recommendations | | Validation of compliance |
|---|---|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> | <p>It is recommended that Glucagon medication is stored in keeping with the manufacturer’s guidance. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date check list to reflect that the cold chain has been broken. If being stored in a fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> | Met |
| <p>It was observed that the Glucagon medication had been stored out of the fridge and the expiry date had been revised.</p> | | |

| | | |
|---|--|------------|
| Recommendation 2 Ref: Standard 12.4 Stated: First time | It is recommended that the advice and guidance from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice is actioned. | Met |
| | Action taken as confirmed during the inspection: An AED has been provided in the practice and Ms Lundy confirmed that the staff have been trained in the use of the AED. | |

4.3 Is care safe?

Staffing

One dental surgery is in operation in this practice. Discussion with Ms Lundy, the dental nurse 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 the dental nurse confirmed that appraisals had taken place. The dental nurse felt supported and involved in discussions about her personal development. A review of the dental nurse’s appraisal evidenced that the it 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 Lundy 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. A minor amendment was made to the policy following the inspection. The amended policy was sent to RQIA by electronic mail on 22 July 2016.

Safeguarding

The dental nurse was 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.

Discussion with Ms Lundy confirmed that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment

2011. However, records of recent refresher training in safeguarding were not available to review. Following the inspection documentation was sent to RQIA by electronic mail on 29 July 2016 confirming that all staff had attended refresher training in safeguarding of children and adults.

Policies and procedures were in place for the safeguarding and protection of adults and children. 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. The new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was provided for staff reference. Ms Lundy agreed to update the policy for safeguarding adults in keeping with the new regional guidance.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of Buccal Midazolam retained was not the format recommended by the Health and Social Care Board (HSCB). Ms Lundy was advised that when the current format of Buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with children. Following the inspection RQIA received an electronic mail on 22 July 2016 confirming that the self-inflating bag with reservoir had been ordered and delivered to 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 Ms Lundy and the dental nurse 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 the dental nurse 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 generally intact and easy to clean. An area of the floor covering in the surgery had not been sealed where the cabinetry meets the flooring and gaps had not been appropriately sealed in the identified worktop in the decontamination room. Following the inspection RQIA received an electronic mail on 22 July 2016 confirming that the areas identified had been sealed. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. The dental nurse was aware of best practice in terms of uniform and hand hygiene policies.

Discussion with Ms Lundy and the dental nurse demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. They 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 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 2016.

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

Radiography

The practice has one surgery 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 the x-ray machine and appropriate staff had signed to confirm that they had read and understood these. The dental nurse 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.

Ms Lundy confirmed that 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. It was suggested that a wipeable pull cord for the light is installed in toilet facility. Detailed cleaning

schedules were in place for all areas. A colour coded cleaning system was in place, however, this was not the same colour coding as recommended by the National Patient Safety Agency (NPSA) guidance. It was suggested that the NPSA colour coding is adopted and this was readily agreed to. Following the inspection RQIA received confirmation by electronic mail on 22 July 2016 that the pull cord in the identified toilet had been appropriately covered and colour coded cleaning equipment as recommended had been provided.

Arrangements were in place for maintaining the environment that included the servicing of the fire detection system, firefighting equipment and portable appliance testing (PAT) of electrical equipment. The height of the step on entry to the toilet area was discussed and Ms Lundy has agreed to display a hazard sign to alert patients.

A legionella risk assessment was last undertaken in July 2016 and water temperatures are monitored and recorded as recommended.

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

Patient and staff views

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

Comments provided included the following:

- 'Very safe.'
- 'The staff are excellent, very friendly, helpful and kind.'
- 'Very safe.'

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm. Ms Lundy and the dental nurse spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

Issues identified in relation to the provision of emergency equipment, infection prevention and control, safeguarding training and the environment were addressed either on the day of the inspection or immediately following the inspection.

No further areas for improvement were identified during the inspection.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.4 Is care effective?

Clinical records

Ms Lundy 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 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. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

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

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion information leaflets available in the reception area. Ms Lundy 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
- review of complaints/accidents/incidents

Communication

Ms Lundy 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. The dental nurse confirmed that informal meetings are also held every Friday to facilitate in house training sessions.

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

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All of the 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:

- 'The care given is excellent by all the staff.'
- 'Well informed.'

Both 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. Ms Lundy and the dental nurse spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Dignity, respect and involvement in decision making

Ms Lundy and the dental nurse demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. They confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Although there were no patients attending the practice the dental nurse demonstrated how she converses with patients, builds up a rapport, conducts telephone enquiries discreetly and deals with sensitive issues in a very 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. Ms Lundy and the dental nurse demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on a six monthly basis. The frequency of these surveys 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 of the 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:

- 'Yes, very much so.'
- 'I am very well treated, especially with dignity and respect, I am always asked my opinions on my care.'
- 'Very caring.'

Both 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. Ms Lundy and the dental nurse spoken with during the inspection concurred with this.

One comment was provided as follows:

- 'All staff are very helpful.'

Areas for improvement

No areas for improvement were identified during the inspection.

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| 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 the dental nurse was able to describe roles and responsibilities of staff and was aware of who to speak to if they had a concern. The dental nurse confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Ms Lundy has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. The frequency of review exceeds best practice. The dental nurse was 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 within the patient guide. Ms Lundy agreed to also display the complaints procedure in the reception area. The dental nurse 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.

Ms Lundy developed a policy in relation to the management of incidents following the inspection. Ms Lundy discussed how to investigate and report notifiable incidents to RQIA or other relevant bodies as appropriate. A system was 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 Lundy 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 the dental nurse confirmed that they were aware of who to contact if they had a concern.

Ms Lundy demonstrated a clear understanding of their role and responsibility in accordance with legislation. 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 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- 'The service is excellent.'
- 'The service is excellent and I am very happy.'

Both submitted staff questionnaire responses indicated that they felt that the service is well led. The dental nurse spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|----------|-----------------------------------|----------|
| Number of requirements | 0 | Number of recommendations: | 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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