

# Announced Care Inspection Report 10 May 2017



## Dentistry @ Markethill Ltd

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

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**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Dentistry @ Markethill Ltd took place on 10 May 2017 from 09:50 to 13:20.

The inspection sought 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 Paul 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 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
<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 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> Dentistry @ Markethill Ltd Mr Paul Reaney	<b>Registered manager:</b> Mr Paul Reaney
<b>Person in charge of the practice at the time of inspection:</b> Mr Paul Reaney	<b>Date manager registered:</b> 12 May 2014
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 4

## 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, registered person, one associate dentist and four dental nurses. A tour some of the areas 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 21 April 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 21 April 2016

As above.

#### 4.3 Is care safe?

##### Staffing

Four dental surgeries are in operation in this practice. Discussion with Mr Reaney and 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 three 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 Mr Reaney confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for 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 not reviewed during this inspection.

## **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 adults however; not all staff had received training in safeguarding children as outlined in the Minimum Standards for Dental Care and Treatment 2011. Following the inspection RQIA received confirmation that all staff had completed training in safeguarding children.

One overarching policy and procedure was in place for the safeguarding and protection of children and adults 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.

Copies of the regional policies 'Co-operating to safeguard children and young people in Northern Ireland' March 2016 and 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 were available for staff reference.

A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' September 2016. Mr Reaney agreed to ensure the procedures are implemented within the practice.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Mr Reaney was advised to increase the stock of Buccolam pre-filled syringes in sufficient quantity and dosage as recommended by the Health and Social Care Board (HSCB). Following the inspection RQIA received confirmation that Buccolam in sufficient quantity and dosage had been provided. 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.

There was a policy for the management of medical emergencies available. Protocols were also 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 two DAC Universals and a steam steriliser have been provided to meet the practice requirements. Staff confirmed that a washer disinfectant is not required as all instruments are processed in the DAC Universals which are sufficient to meet the demand of the practice. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. Staff confirmed 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 the 2017.

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

## **Radiography**

The practice has four surgeries, each of which has an intra-oral x-ray machine. Mr Reaney confirmed that one of the intra-oral x-ray machines has been decommissioned. In addition there is an orthopan tomogram machine (OPG), 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 been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

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

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

## **Environment**

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

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

Arrangements are in place for maintaining the environment including the servicing of the firefighting equipment. A legionella risk assessment had been undertaken by an external provider and water temperatures are monitored and recorded as stated within the risk assessment. A fire risk assessment had been undertaken and staff demonstrated that they were aware of the action to take in the event of a fire. Pressure vessels in the practice have been inspected in keeping with the written scheme of examination during September 2016.

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**

Seventeen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated that they were very satisfied with this aspect of the service. Comments provided included the following:

- "Very clean and tidy dental surgery."
- "Excellent care."
- "Staff are very friendly and welcoming."
- "Very happy with this element, always exceptional."
- "Spotlessly clean. Procedures always explained."
- "Very helpful staff."
- "Staff are very attentive."
- "There always appears to be enough staff available and they are well trained and carry out their roles professionally."
- "Procedures are always followed."
- "I have complete confidence in the excellence of all the staff."

Ten staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “External independent Human Resource Consultant oversees all staff recruitment in line with legal and ethical obligations. Health and Safety independent consultant provides annual review and risk assessment and is available on a retainer basis.”
- “We regularly update our medical emergency training along with policies and procedures to ensure patients receive the best possible care.”
- “All policies and procedures are updated regularly to ensure patients receive the best possible care.”
- “I feel that the practice regularly updates training and ensures the health and safety procedure is in place to protect staff.”
- “Very considerate to others/patients.”

**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**

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 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. A range of health promotion information leaflets was available in the reception area and oral health care products were available for purchase. Mr Reaney and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and the hygienists.

The practice has an excellent health promotion outreach programme involving local schools, sports clubs and the local pharmacy. Mr Reaney discussed how the practice has helped patients with sleep problems related to snoring which has resulted in improving the patient's overall health and wellbeing. A Facebook page has been created which includes information on oral health and hygiene.

## 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 waste management
- clinical records
- review of complaints/accidents/incidents

## Communication

Mr Reaney and staff 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/formal 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 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. All of the patients indicated that they were very satisfied with aspect of the service. Comments provided included the following:

- "Always accommodates my needs."
- "I always get an estimate of cost, which is good to budget."
- "Exceptional level of care."

- “Always available for consultation and advice. Both dentist and hygienist informed and willing to engage.”
- “The care given has been exceptional.”
- “I am always well informed about my care.”
- “I am always involved in making decisions with the dentist.”
- “All staff put the interests of my family as a priority.”

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 and indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “All treatment options are provided to the patients, written estimates of costs and when appropriate written reports for more extensive treatment plans.”
- “We update patients’ records and medical history at each appointment.”

**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 discussed how they 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 ensures that patients understand 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 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All indicated that they were very satisfied with aspect of the service. Comments provided included the following:

- “Treatment is explained to me clearly so I have full understanding of things being carried out.”
- “The practice is patient centred and I always feel that I have the info needed to make an informed decision.”
- “Very happy with this aspect.”
- “Extremely friendly, pleasant and informative.”
- “All staff are very approachable and well informed. I have no concerns about my child receiving treatment.”
- “I have recently availed of a snoring device which has been highly effective and has made a big difference to me. This additional support over and above mainstream dentistry is most beneficial.”
- “Always treated with dignity and respect.”
- “There is a lovely gentle atmosphere from reception and dentists.”

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 and indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Patient feedback encouraged through comment cards, reviews on Facebook and practice patient surveys.”
- “All patients’ info is strictly confidential and patients are treated with dignity and respect.”
- “Treatment plans and all options are discussed with patients prior to any treatment.”
- “Yes all patients are treated with the upmost respect from the start to finish of their journey in our practice.”
- “Very good at treatment planning with patients in the surgery and written copy of plan given home.”
- “All patients are provided with a printed treatment plan with a breakdown of costs.”

**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.

Mr Reaney 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 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 available in the practice. A minor amendment was made to the complaints policy following the inspection. 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 their role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

### **Patient and staff views**

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

- “Staff go out of their way to help patients in a friendly manner.”
- “Exceptional service and care which has continued to be consistent on every visit and indeed with each family member.”
- “Very efficient. The reminder texts are particularly helpful.”
- “Excellent service.”
- “Excellent care and service by the whole dental team. I give them 5 stars!!”
- “Well run practice, very professional.”
- “Treatment is always of an excellent standard.”

- “This dental practice always keeps me well informed and I therefore consider it to be well managed.”
- “I always feel that a good quality service is being provided to me.”
- “It is obvious from all I observe that all aspects of the practice are managed in great detail.”
- “I consider the practice well managed.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Nine staff indicated they were very satisfied with aspect of the service and one indicated they were satisfied. Comments provided included the following:

- “The nature of the small staff numbers suits an informal friendly approach to daily issues with more formal staff reviews provided by the independent Human Resources Consultant.”
- “I am aware who I need to speak to within the practice if I encounter any problems.”
- “Yes easy, confidential access to the practice manager when needed and very approachable.”
- “Very efficiently run practice. Audits presented to myself to conduct at appropriate time scales eg: 6/12 radiographic.”

**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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