

# Announced Care Inspection Report 7 March 2017



## Fifteen Dental

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: 15 Irish Street, Downpatrick, BT30 6BW**  
**Tel no: 028 44 612249**  
**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Fifteen Dental took place on 07 March 2017 from 10:00 to 14:00.

The inspection sought to assess progress with any issues raised during and 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.

Mr Crutchley, registered person was not present on the day of the inspection and Mr Mark Lindsay, registered manager was treating patients during the inspection. The inspection was facilitated by the practice manager.

### **Is care safe?**

Observations made, review of documentation and discussion with the practice manager, and staff demonstrated that further development is needed to ensure that care provided to patients is 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. Five requirements have been made; one requirement in relation to the validation of the decontamination equipment, one in relation to the undertaking and recording of periodic testing for all equipment used in the decontamination process, one in relation to staff training in infection prevention and control and decontamination, and two in relation to radiology and radiation safety. One recommendation stated during the previous inspection in relation to the damaged operators' chairs has not been addressed and has been stated for a second time. An additional seven recommendations have been made during this inspection in relation to providing safeguarding training for staff, the provision of medical emergency equipment, to de-clutter the identified surgery, the provision of separate logbooks for each piece of equipment used in the decontamination process, undertake meaningful audits of compliance with HTM 01-05 Decontamination in primary care dental practices, the servicing of the x-ray units and to review the legionella risk assessment.

### **Is care effective?**

Observations made, review of documentation and discussion with the practice manager 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 the practice manager 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 some deficits in terms of leadership and governance arrangements. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents, alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A requirement has been made to submit application of minor variation to RQIA in relation to the renovation and conversion work that has been undertaken since the previous inspection.

There has been a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure improvements are sustained. A recommendation has been made to review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

The findings of the inspection was discussed with Lynn Long , senior inspector in RQIA, following which a decision was made to undertake a follow-up inspection in order to seek assurances that the issues identified in the Quality Improvement Plan (QIP) have been addressed. Following the inspection Mr Crutchley was informed that an unannounced follow-up inspection will be undertaken at Fifteen Dental.

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>	6	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with the practice manager 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 04 June 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Fifteen Dental Mr Ian Crutchley	<b>Registered manager:</b> Mr Mark Lindsay
<b>Person in charge of the practice at the time of inspection:</b> Mr Mark Lindsay	<b>Date manager registered:</b> 26 March 2012
<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 with the practice manager, an associate dentist and a trainee dental nurse. The inspector also met briefly with Mr Mark Lindsay, registered manager. A tour of some 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 04 June 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 4 June 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                      A review of the submitted staffing information and discussion with the practice manager confirmed that one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that an enhanced AccessNI check had been undertaken and received prior to commencement of employment.</p>	<p><b>Met</b></p>

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the identified dental chair is replaced and the identified clinicians' operator chairs are repaired.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the practice manager and observation confirmed that the identified dental chair had been repaired or replaced. However, the practice manager confirmed that the two clinicians' operators chairs identified during the previous inspection had not been repaired or replaced and were still in use.</p> <p>This recommendation has not been fully addressed and the unaddressed component has been stated for a second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that oropharyngeal airways and oxygen face masks should be provided in the different sizes as recommended by the Resuscitation Council (UK) guidelines. The expiry dates of all emergency equipment (where applicable) should be included in the monthly checking procedure</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Oropharyngeal airways and oxygen face masks have been provided and the expiry dates of equipment were included in the checking procedure.</p>	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the personnel file for the staff member recruited since the previous inspection demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p>		

#### 4.3 Is care safe?

##### Staffing

There are five surgeries in this practice. Four surgeries are registered for private dental care and treatment. Assurances were provided that the unregistered dental chair would not be used for private dental care and treatment.

On the day of the inspection only three surgeries were operational.

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 review of records evidenced that an induction had been completed for the most recently recruited staff member.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. However, the most recent appraisals reviewed had been carried out during 2015. The practice manager has agreed to commence staff appraisals within the next three months. The practice manager was advised that appraisals should be completed on an annual basis. Staff confirmed that they felt supported and involved in discussions about their personal development.

Staff spoken with confirmed that they keep themselves updated with their GDC continuing professional development (CPD) requirements.

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**

As previously discussed one member of staff had been recruited since the previous inspection. A review of the personnel file for this staff member 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 amended during the inspection to include the name of the person responsible for recruitment, the procedure in relation to obtaining a medical health check and a full employment history. The amended policy was comprehensive and reflected best practice guidance.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. The practice manager was aware of this and had contacted the Northern Ireland Medical and Dental Training Agency (NIMDTA) regarding providing training. However, a date had not yet been arranged for staff to attend. A recommendation has been made in this regard.

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.

The regional policies and guidance "Adult Safeguarding Prevention and Protection in Partnership" (July 2015) and "Co-operating to Safeguard Children and Young People in Northern Ireland" (March 2016) had been provided for staff reference. The practice manager has agreed to revise the safeguarding policies to reflect 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) with the exception of Aspirin medication which was provided in 75mg doses. It was advised that the Aspirin medication provided in 75 mg tablets should be replaced with Aspirin 300 mg tablets as recommended. 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 a child. A recommendation has been made.

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.

Two policies were in place for the management of medical emergencies. One of the policies reflected best practice guidance. However, the second policy detailed inaccurate information regarding the location of the emergency medicine and equipment. The practice manager was advised to have one overarching policy detailing accurate information. This issue was addressed on the day of the inspection. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

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

Three of the surgeries and the decontamination area 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 with the exception of two of the clinicians' operators chairs as discussed previously. However, the fourth surgery was not fit for purpose; this surgery was cluttered with various items and needed to be deep cleaned and de-cluttered. The practice manager confirmed that this surgery had been used as a storage area during the recent refurbishment and was not operational on the day of the inspection. The practice manager confirmed that this surgery would not be operational until it is deep cleaned, de-cluttered and fit for purpose. A recommendation has been made.

Fabric cushions were observed in clinical areas. The practice manager has agreed to remove these items from all clinical areas.

Staff were observed adhering to best practice in terms of the uniform and hand hygiene policies.

The practice manager 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 two steam sterilisers have been provided to meet the practice requirements. However, there was no evidence that the equipment used in the decontamination process had been validated in keeping with best practice. This was discussed with the practice manager and a requirement has been made to ensure that all decontamination equipment is validated annually. On completion a copy of the validation certificates should be submitted to RQIA.

The practice manager confirmed that there was no logbook available for one of the steam sterilisers. A review of the logbook for the second steam steriliser evidenced that the periodic tests had not been undertaken and recorded in keeping with HTM 01-05 Decontamination in primary care dental practices. The most recent entry in the log book for the washer disinfectant was dated February 2016, which was over one year ago. These issues were discussed with the practice manager. A requirement has been made to ensure that periodic testing for all equipment used in the decontamination process is undertaken and recorded as outlined in HTM 01-05. A recommendation has been made to ensure that separate logbooks are established for each piece of equipment associated in the decontamination process.

The logbooks should contain the following information:

- details of the machine and location
- commissioning report
- daily/weekly test record sheets
- quarterly test record sheets
- annual service/validation certification
- fault history
- process log
- records to show staff have been trained in the correct use of the machine; and relevant contacts e.g. service engineer

The issues identified in relation to infection prevention and control and decontamination demonstrated that a lack of understanding of infection prevention and control and decontamination policies and procedures. A requirement has been made to ensure that all staff involved in the decontamination process received training in infection prevention and control and decontamination in keeping with best practice. Training records should be made available for inspection.

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 December 2016. Given the issues identified during the inspection a recommendation has been made that the IPS audit is to be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

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

## **Radiography**

The practice has four surgeries registered, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

The practice manager confirmed that there is a fifth intra-oral x-ray machine that is no longer operational.

An intra-oral x-ray machine had been recently installed in the newly constructed surgery. The practice manager confirmed that a critical examination had been carried out by the installer. However, the critical examination report was not available to review and there was no evidence that the appointed RPA had endorsed the report. The practice manager was advised that the identified newly installed x-ray machine must not be operational until the critical examination report has been reviewed and endorsed by the RPA and any recommendations made addressed. The most recent visit by the RPA during September 2014 referred only to the intra oral x-ray machines and did not include the OPG machine. The most recent RPA critical examination of the OPG was undertaken in February 2013; this should be carried out every three years. A requirement has been made to address the issues identified.

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. However, the file was incomplete and did not include the following:

- evidence that the recommendations made by the RPA during the most recent visit in September 2014 had been addressed
- records pertaining to the servicing and maintenance of radiology equipment
- records of radiology training
- an inventory of all x-ray equipment

A requirement has been made to address the issues identified.

Measures were taken to optimise dose exposure to include x-ray audits however; the practice manager confirmed that rectangular collimation is not always used. This was discussed and it was advised that rectangular collimation should be in use in keeping with best practice guidance.

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 x-ray equipment had not been serviced and maintained in accordance with manufacturer's instructions. A recommendation has been made.

## **Environment**

The environment was maintained to a good standard of maintenance and décor with the exception of the identified surgery that was not in operation.

One of the surgeries had been completely refurbished to a high standard since the previous inspection. The practice manager discussed recent damage caused during the refurbishment which resulted in a leakage of water under the flooring which needs to be addressed. The practice manager confirmed that neither patients nor staff are at risk from the damage caused.

Detailed cleaning schedules and a colour coded cleaning system was in place.

The practice manager confirmed that a legionella risk assessment had recently been undertaken during February 2017 by an external organisation however there was no evidence that this had been reviewed or that any recommendations made had been addressed. The practice manager confirmed that water temperatures are monitored and recorded monthly. However, records were not available to review. A recommendation has been made that the legionella risk assessment is reviewed and actions taken to address any issues identified.

The practice manager confirmed that a fire risk assessment had been undertaken. Staff demonstrated that they were aware of the action to take in the event of a fire.

### **Patient and staff views**

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

One comment provided included the following:

- “Staff friendly and approachable.”

Nine 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. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

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

A self-inflating bag with reservoir suitable for use with a child should be provided.

The identified clinicians' operator chairs should be repaired or replaced.

The identified surgery should be de-cluttered, deep cleaned and fit for purpose in keeping with HTM 01-05 prior to becoming operational.

All equipment used in the decontamination process must be validated on an annual basis. On completion a copy of the validation certificates should be submitted to RQIA with the returned QIP.

Periodic testing for all equipment used in the decontamination process must be undertaken and recorded as outlined in HTM 01-05.

Separate logbooks should be established for each piece of equipment associated in the decontamination process.

The IPS audit tool should be revisited to ensure that it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

All clinical staff involved in the decontamination process must receive training in infection prevention and control and decontamination in keeping with best practice. Training records should be made available for inspection.

The RPA must complete a report of the critical examination check carried out by the installer for the newly installed x-ray unit prior to use. A critical examination by the RPA must be carried out for the OPG. On receipt of the RPA reports, any recommendations made by the RPA should be actioned and a record retained to evidence this.

The radiation protection file must be reviewed to include a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed, records pertaining to the servicing and maintenance of radiology equipment, records of radiology training and an inventory of all x-ray equipment in the practice.

All x-ray equipment should be serviced and maintained in keeping with manufacturer's instructions.

Review the legionella risk assessment recently undertaken and any recommendations made therein should be addressed. Records should be retained for inspection.

<b>Number of requirements</b>	5	<b>Number of recommendations</b>	8
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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 manager confirmed that 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. Oral health is actively promoted on an individual level with patients during their consultations. A dental hygienist service is available within the practice for patients to attend if required. A range of health promotion information leaflets are displayed throughout the practice.

The practice has a health promotion outreach programme that includes a "Kids Days" held regularly within the practice to help educate patients and their families and the wider community on the importance of good 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
- clinical records
- disabled access
- review of complaints/accidents/incidents

As previously discussed, the IPS audit was completed during December 2016. As outlined in the previous domain, areas for improvement have been identified. Issues in relation to infection control should have been identified and addressed through regular six monthly auditing using the IPS HTM 01-05 audit. The practice manager was advised to revisit the IPS audit and again every six months to ensure it is meaningful in identifying issues in relation to infection prevention and control and a recommendation has been made.

## Communication

The practice manager confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a frequent basis to discuss clinical and practice management issues. Review of documentation demonstrated that a record of the date, who attended and the main topic discussed was recorded for the most recent staff meeting held. The practice manager was advised to record and retain the minutes of any future staff meetings held. 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.

The practice manager confirmed that a breaking bad news policy in respect of dentistry was in place.

## Patient and staff views

All of the 19 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:

- "100%."
- "Dental care and privacy at reception is always first class."

All nine 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.

One comment provided included the following:

- "We offer a wide range of treatment options/specialities at the practice. Our emergency cover is excellent. Record keeping is accurate and contemporaneous and measures to be constantly improving this."

## 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 demonstrated 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 patients understand what treatment is available to them and can make an informed choice.

The practice manager confirmed that the practice undertakes patient satisfaction surveys. The most recent summary report was not available to review. The practice manager has agreed to compile a summary report of the most recent surveys and develop an action plan, if needed, to improve services. The summary report should be made available to patients.

A policy and procedure was in place in relation to confidentiality.

#### Patient and staff views

All of the 19 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:

- "I have been a patient of xxx for many years, he always asks about my family and even attended a funeral for a family member."
- "The staff are polite and helpful and I feel very welcome."
- "Always."
- "Girls at the front desk always helpful as are surgery staff."
- "Excellent care at all times."

All nine 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.

One comment provided included the following:

- "The team as a whole works hard to put patients first."

## 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

On the day of the inspection five dental chairs were observed in the practice. Fifteen dental is currently registered to provide private dental care and treatment for four dental chairs.

Following the inspection Mr Crutchley, registered person, confirmed that there had been no changes made to the number of registered chairs since the previous inspection. He confirmed the location of the four dental chairs registered as follows: one on the ground floor, and three on the upper floor. Since the previous inspection the larger surgery in the middle floor had been decommissioned. A previously unregistered dental surgery that was not operational had been renovated into a new dental surgery.

An application of minor variation in relation to the work undertaken had not been submitted to RQIA. A requirement has been made to submit an application of minor variation to RQIA in relation to the renovation and conversion work that has been undertaken to create a new surgery. Following the inspection documentation in relation to this was forwarded to Mr Crutchley for completion.

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.

The practice manager confirmed that Mr Crutchley works in the practice two or three days per week and has overall responsibility for the day to day management of the practice. He is supported by the registered manager and the practice manager.

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.

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 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.

The practice manager confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. As previously discussed the IPS audit needs to be meaningful in identifying issues in relation to infection prevention and control.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

The practice manager 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.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe care, all of which have an impact on quality assurance and good governance. Six requirements and eight recommendations have been made in order to progress improvement in identified areas. There has been a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. Therefore, an additional recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

### **Patient and staff views**

All of the 19 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- "Excellent practice."
- "Reception staff very good and both always have a smile."
- "I would highly recommend this practice."
- "xxx is very good."
- "The staff are always very polite and smiling."
- "Friendly, professional staff."

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

One comment provided included the following:

- "The team is extremely well led; our manager is extremely approachable and deals with any concerns appropriately and professionally."

### **Areas for improvement**

An application of minor variation must be submitted to RQIA in relation to the renovation and conversion work that has been undertaken.

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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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 the practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/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](mailto: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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 May 2017</p>	<p>The registered person must ensure that all equipment used in the decontamination process is validated on an annual basis.</p> <p>On completion a copy of the validation certificates should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> The practice has entered into a service agreement with DBG for annual servicing of all decon equipment and xray units, the earliest visit we could get with an engineer is 24th and 25<sup>th</sup> May 2017 when this has been completed i will forward all certificates to Norma Munn.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2017</p>	<p>The registered person must ensure that periodic testing as outlined in HTM 01-05 for all equipment used in the decontamination process, must be undertaken and recorded.</p> <p>Records are to be retained in the log books provided for each piece of equipment.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Record log books are now being completed on a daily basis.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 18 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2017</p>	<p>The registered person must ensure that all clinical staff involved in the decontamination process receive training in infection prevention and control and decontamination in keeping with best practice.</p> <p>Training records should be made available for inspection.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Staff recently attended a core cpd held by denplan and further training will be organised throughout the year.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 15 (1) (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 April 2017</p>	<p>The registered person must ensure that the RPA completes a report of the critical examination check carried out by the installer for the newly installed x-ray unit prior to use. On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this.</p> <p>A critical examination by the RPA must be carried out for the OPG. On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this.</p> <p>Confirmation that these issues have been actioned should be provided to RQIA as a matter of urgency.</p> <p><b>Response by registered provider detailing the actions taken:</b> Critical exam certificate was emailed to Estelle Walker who discussed the certificate with practice manager and as there was no recommendations verbally agreed the new xray unit was ok to use. a copy of the critical exam certificate was also emailed to Norma Munn.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 15 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2017</p>	<p>The registered person must ensure that the radiation protection file is reviewed. The radiation protection file should include:</p> <ul style="list-style-type: none"> <li>• a copy of the most recent RPA report(s) and confirmation that any recommendations made within the report(s) have been addressed</li> <li>• records pertaining to the servicing and maintenance of radiology equipment</li> <li>• records of radiology training</li> <li>• an inventory of all x-ray equipment</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The xray file will be reviewed with Estelle Walker during her visit to the practice Friday 5<sup>th</sup> May 2017</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 30 (h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 April 2017</p>	<p>The registered person must submit an application of minor variation to RQIA in relation to the renovation work undertaken to relocate a dental surgery.</p> <p><b>Response by registered provider detailing the actions taken:</b> This has been completed</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 7 May 2017</p>	<p>It is recommended that the identified clinicians' operator chairs are repaired.</p> <p><b>Response by registered provider detailing the actions taken:</b> Mr Crutchley will be replacing the chairs in his new surgery at his earliest opportunity, the nurses chair which was the worse has now been removed from surgery.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2017</p>	<p>Ensure that all staff receive safeguarding adults at risk of harm and safeguarding children training as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) should be included in the training provided.</p> <p><b>Response by registered provider detailing the actions taken:</b> I am waiting for Kiri from NIDTMA to confirm a suitable date with the practice.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 April 2017</p>	<p>A self-inflating bag with reservoir suitable for use with a child should be provided.</p> <p><b>Response by registered provider detailing the actions taken:</b> completed</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2017</p>	<p>The identified surgery should be de-cluttered, deep cleaned and fit for purpose in keeping with HTM 01-05 prior to becoming operational.</p> <p><b>Response by registered provider detailing the actions taken:</b> This surgery has been cleaned and is fit for purpose although it is currently not being used, this surgery is for full refurbishment before the end of this year.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 March 2017</p>	<p>Separate logbooks should be established for each piece of equipment associated in the decontamination process.</p> <p>The logbooks should contain the following information:</p> <ul style="list-style-type: none"> <li>• details of the machine and location</li> <li>• commissioning report</li> <li>• daily/weekly test record sheets</li> <li>• quarterly test record sheets</li> <li>• annual service/validation certification</li> <li>• fault history</li> <li>• process log</li> <li>• records to show staff have been trained in the correct use of the machine; and relevant contacts e.g. service engineer</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> log books are being kept daily</p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 April 2017</p>	<p>The IPS audit is to be revisited to ensure it is meaningful in identifying issues in relation to infection prevention and control. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.</p> <p><b>Response by registered provider detailing the actions taken:</b> This is due again in June and will be action planned accordingly.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2017</p>	<p>Ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p><b>Response by registered provider detailing the actions taken:</b> We have new service agreement with DBG that will be completing annual servicing</p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 May 2017</p>	<p>Review the legionella risk assessment recently undertaken and any recommendations made therein should be addressed.</p> <p>Records should be retained for inspection.</p> <p><b>Response by registered provider detailing the actions taken:</b> The practice manager has a meeting with the legionella risk assessor 10/05/2017 this was the earliest time that suited the assessor and an action plan will be put into place.</p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2017</p>	<p>Review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p><b>Response by registered provider detailing the actions taken:</b> currently review</p>

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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