

Announced Care Inspection Report 10 October 2016



Dublin Road Dental Practice

Type of service: IH - Dental Treatment

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Inspectors: Gerry Colgan and Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Dublin Road Dental Practice took place on the 10 October 2016 from 10.00 to 12.00.

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

Is care safe?

Observations made, review of documentation and discussion with Mr Mark McKelvey, 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. A requirement had been made during the previous inspection in regards to staff personnel files. This had, in the main, been met with the exception of retaining criminal conviction declarations and two written references. A recommendation has been made to address this. An additional recommendation has been made to review the most recent radiation protection advisor's report and action all recommendations made within the report.

Is care effective?

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

Is the service well led?

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

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr McKelvey, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 October 2015.

2.0 Service details

Registered organisation/registered person: Mr Mark McKelvey	Registered manager: Mr Mark McKelvey
Person in charge of the practice at the time of inspection: Mr Mark McKelvey	Date manager registered: 8 November 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

3.0 Methods/processes

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

During the inspection the inspectors met with Mr McKelvey, Registered Person and two dental nurses. 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 12 October 2015

The most recent inspection of the Dublin Road Dental Practice 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 12 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time	The registered person must ensure that the following issues in relation to enhanced AccessNI checks are addressed: <ul style="list-style-type: none"> • an enhanced AccessNI checks must be undertaken for the identified staff member; • enhanced AccessNI checks must be received prior to any new staff commencing work in the practice; and • enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice. 	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that an enhanced AccessNI check had been received for the staff member identified during the previous inspection. Review of submitted staffing information evidenced that two new staff have	

	commenced work in the practice since the previous inspection. Review of the corresponding staff personnel files evidenced that enhanced AccessNI disclosure checks had been received prior to them commencing work and that the checks had been handled in keeping with the AccessNI Code of Practice.	
Requirement 2 Ref: Regulation 19 (2) (d) Schedule 2 Stated: First time	The registered person must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>As discussed, two new staff have commenced work in the practice since the previous inspection. Review of the corresponding staff personnel files evidenced that the files included most of the records as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. It was observed that neither file included a criminal conviction declaration and one file did not contain any written references.</p> <p>This is discussed further in section 4.3 of this report.</p> <p>This requirement has, in the main, been met. A recommendation has been made in regards to retaining criminal conviction declarations and two written references for staff employed in the future.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that Mr McKelvey should consult with his medico-legal advisor in regards to the provision of an AED and any recommendations made should be addressed.	Met
	Action taken as confirmed during the inspection: Mr McKelvey confirmed that he did seek advice in regards to the provision of an automated external defibrillator (AED) following which the practice purchased an AED. An AED was observed to be available in the practice and discussion with staff confirmed that all staff were trained on the use of the AED.	
Recommendation 2 Ref: Standard 9 Stated: First time	It is recommended that arrangements are established to generate a summary report detailing the findings of the patient satisfaction surveys at least on an annual basis.	Met
	Action taken as confirmed during the inspection: A patient satisfaction report was completed in June 2016 and Mr McKelvey confirmed that it will be done annually.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of two staff files evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

As discussed, review of the submitted staffing information and discussion with Mr McKelvey confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that most of the information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. It was observed that neither file included a criminal conviction declaration and one file did not contain any written references.

These issues were discussed with Mr McKelvey who informed the inspectors that he thought the AccessNI checks and criminal convictions declarations were the same thing and that he had sought verbal references for the staff member who did not have written references. The procedure for obtaining criminal conviction declarations and documenting verbal references, if obtained, was discussed with Mr McKelvey. A recommendation has been made to address the issues identified.

There was a recruitment policy and procedure available. The 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 all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults at risk of harm 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.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

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

Infection prevention control and decontamination procedures

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

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

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

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a DAC Universal and Statim steriliser have been provided to meet the practice requirements. Staff confirmed that all reusable dental instruments are decontaminated using the DAC Universal and that the DAC Universal adequately meets the demands of the practice. A review of documentation evidenced that 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 September 2016.

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

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure to include x-ray audits and direct digital processing.

A copy of the local rules was on display near each x-ray machine and 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 evidenced that a number of recommendations had been made. Discussion with Mr McKelvey and review of the radiation protection file evidenced that not all recommendations within the RPA report had been addressed. It was confirmed that staff had not signed the local rules to confirm they had read and understood them and that staff entitlements had not been completed by the RPS. These issues were discussed with Mr McKelvey and a recommendation has been made to address them.

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 most 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 which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include routine servicing of the firefighting equipment and fire detection system and that the electrical installations.

A legionella risk assessment had been completed by an external organisation during 2011 and Mr McKelvey confirmed that arrangements are in place for this to be reviewed annually.

A fire risk assessment had been undertaken in February 2016 and staff confirmed fire training had been completed. 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. The following comment was included in a questionnaire response:

- "Very safe"

Six staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response:

- "Complete confidence in the care provided"

Areas for improvement

Criminal convictions declarations and two written references should be retained for new staff.

The RPA report should be reviewed. All recommendations made within the report should be addressed and records retained to confirm actions taken.

Number of requirements	0	Number of recommendations	2
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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 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. A range of information leaflets were available. A television in the waiting room played slideshows on dental care. A range of dental care products were available for purchase. A dental hygienist service is available in the practice and a nurse is qualified in oral health. Mr McKelvey confirmed that oral health is actively promoted on an individual level with patients during their consultations. Two intra-oral cameras are available in the practice. The provision of intra-oral cameras exceeds best practice guidance.

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

Communication

Mr McKelvey confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held every three months 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 in house training sessions.

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

Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was included in a questionnaire response:

- “Very good care”

Six 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. The following comment was included in a questionnaire response:

- “Very professional service”

Areas for improvement

No areas for improvement were identified during the inspection.

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

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

Six submitted staff questionnaire responses indicated that they feel 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. The following comment was included in a questionnaire response:

- "Excellent service from all members of the team"

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0		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 McKelvey has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Discussions with Mr McKelvey confirmed that policies and procedures will be indexed, dated and systematically reviewed on a three yearly basis or more frequency when required. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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 McKelvey 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 would be 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.

The registered provider/manager demonstrated a clear understanding of his 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 19 patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was included in a questionnaire response:

- "Excellent staff. Well motivated"

Six submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was included in a questionnaire response:

- "Well organised practice. Complete satisfaction"

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr McKelvey, Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 11.1

Stated: First time

To be completed by:
30 November 2016

Staff personnel files for all new staff who commence work in the practice in the future should include a criminal conviction declaration and two written references (one of which should be from the present or most recent employer).

Response by registered provider detailing the actions taken:
A note of this has been made in employment file and future employees will provide declarations and 2 references.

Recommendation 2

Ref: Standard 8.3

Stated: First time

To be completed by:
30 November 2016

The most recent radiation protection advisor (RPA) report should be reviewed. All recommendations made within the report should be addressed and records retained to confirm actions taken.

Response by registered provider detailing the actions taken:
RPA has been reviewed ,all staff have signed local rules and staff entitlements have been signed.



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