

Announced Care Inspection Report 30 August 2016



Elite Dental

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 246 – 248 Ravenhill Road, Belfast BT6 8GJ
Tel No: 028 9045 9696
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Elite Dental took place on 30 August 2016 from 09:50 to 12:20.

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

Is care safe?

Observations made, review of documentation and discussion with Mrs Lida Fartash, 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. Two recommendations have been made, one recommendation relates to the validation of the Statim steriliser and the other recommendation relates to issues identified in regards to radiology and radiation safety.

Is care effective?

Observations made, review of documentation and discussion with Mrs Fartash 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 Mrs Fartash 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 Mrs Fartash, registered person and 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/ registered provider: Mrs Lida Fartash	Registered manager: Mrs Lida Fartash
Person in charge of the service at the time of inspection: Mrs Lida Fartash	Date manager registered: 6 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 Mrs Fartash, registered person, the practice manager, an associate dentist and a dental nurse. A tour of some 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 28 September 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 28 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) 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"> • enhanced AccessNI checks must be undertaken and received for the identified staff members; • enhanced AccessNI checks must be undertaken and received prior to the commencement of employment for any new staff recruited; 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 staff personnel files demonstrated that AccessNI enhanced disclosure checks had been undertaken and received for the staff members identified during the previous inspection.	

	<p>Review of submitted staffing information demonstrated that three new staff have commenced work in the practice since the previous inspection. Review of documents evidenced that AccessNI enhanced disclosure checks had been undertaken and received prior to the identified staff commencing work in the practice.</p> <p>Records of documents evidenced that AccessNI enhanced disclosure checks have been handled in keeping with the AccessNI Code of Practice.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>In addition the registered person must ensure that proof of identity including a recent photograph is added to existing staff personnel files.</p> <p>Action taken as confirmed during the inspection:</p> <p>As discussed three new staff have commenced work in this practice since the previous inspection. Review of the staff personnel files evidenced that information as specified within Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p> <p>Review of staff personnel files evidenced that positive proof of identity including a recent photograph was provided in the existing staff personnel files.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that the following issues in relation to emergency medicines and equipment are addressed:</p> <ul style="list-style-type: none"> • the format of Midazolam retained should be reviewed in keeping with the Health and Social Care Board (HSCB) letter issued during May 2013; • clear face masks suitable for use with children should be provided; and • Mrs Fartash should consult with her medico-legal provider in regards to the provision of an external automated defibrillator (AED) and any recommendations made should be addressed. 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of the medicines available for use in the event of a medical emergency evidenced that the format of buccal Midazolam available was in keeping with the HSCB guidance. It was also observed that a self-inflating bag with reservoir and face mask suitable for use with a child was available.</p> <p>Mrs Fartash confirmed that she consulted with her medico-legal provider in regards to the provision of an AED and that as a result of this the practice purchased an AED. An AED was observed to be available in the practice.</p>	
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4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice, however only three of the surgeries are routinely used. 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.

The practice was approved as a training practice by the Northern Ireland Medical and Dental Training Agency (NIMDTA). A dental foundation year one (DF1) trainee is undergoing a current placement in the practice.

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. The professional indemnity arrangements in place includes the provision of online verifiable Continuing Professional Development (CPD) for dental nurses, covering core subjects such as medical emergencies, radiology and cross infection.

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 Mrs Fartash and the practice manager 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.

The practice manager confirmed that there was a recruitment policy and procedure available and that it 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 and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Mrs Fartash confirmed that copies of the new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 and the new regional guidance entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference. Mrs Fartash also confirmed that the policies and procedures had been updated to fully reflect the new regional policy and guidance documents.

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.

It was confirmed that 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.

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. It was observed that a dedicated hand washing basin was not available in the decontamination room. However, a dedicated hand washing basin is available in the staff toilet directly outside of the decontamination room and a dental nurse confirmed this basin is used to perform hand hygiene prior to and following the decontamination of reusable dental instruments.

Appropriate equipment, including a washer disinfectant, a DAC Universal and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated, with the exception of a Statim steriliser which had been previously validated during July 2015. It was confirmed that validation of this Statim steriliser has been scheduled during September 2016. A recommendation has been made that a copy of the validation certificate for the Statim steriliser is submitted to RQIA upon return of the Quality Improvement Plan (QIP). A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during May 2016.

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

Radiography

The practice has four surgeries, three of which have an intra-oral x-ray machine. 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 evidenced that staff entitlements confirming that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties have not been completed for all relevant staff. The file did not include records to confirm staff had received local training in relation to their duties. These issues were discussed with Mrs Fartash and a recommendation has been made to address them.

It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and direct 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, with the exception of staff entitlements and training records as previously discussed.

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

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

Environment

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

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 the annual servicing of the fire detection system and firefighting equipment, intruder alarm and gas boiler. Portable appliance testing (PAT) of electrical equipment is undertaken every three years.

It was confirmed that a fire risk assessment has been completed by an external organisation and that arrangements are in place to review this annually. Routine fire drills are undertaken and arrangements are in place to provide fire awareness training. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that a legionella risk assessment has been undertaken and arrangements are in place to review this annually. Water temperatures are monitored and recorded as recommended.

Review of records evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels during April 2016.

Patient and staff views

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "Always find the staff very helpful & friendly"
- "Appointments not in time"
- "Have no complaints"

Seven staff submitted questionnaire responses. Six indicated that they felt that patients are safe and protected from harm and one did not provide an answer. No comments were included in submitted staff questionnaires.

Areas for improvement

A copy of the validation certificate for the Statim steriliser should be submitted to RQIA upon return of the Quality Improvement Plan (QIP).

The issues identified in relation to radiology and radiation safety should be addressed.

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 also confirmed that patients are informed about the cost of treatments, choices and options.

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. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. The practice has a range of resources available for use when discussing oral health and hygiene. It was established that an intra-oral camera, models and an electronic education programme are used, when appropriate during discussions about oral health. The provision of an intra-oral camera is considered to exceed best practice guidance. A range of oral health and hygiene information leaflets are available. A range of oral health products are available for purchase in the practice and samples of toothpaste are freely distributed to patients. In addition two nurses have additional qualifications in oral health education.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents

Communication

Mrs Fartash 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 every two 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 informal 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 seven 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:

- “Very happy with Elite Dental Care”
- “The care provided is first class, everyone very helpful”
- “I doubt very much that anyone could find room to improve on the service supplied”

Of the seven submitted staff questionnaire responses six indicated that they felt that patients get the right care, at the right time and with the best outcome for them and one did not provide an answer. No comments were included in submitted staff questionnaires.

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 converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

The practice 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. The practice also has a Facebook page which facilitates patients to leave comments and rate the service.

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 seven 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:

- "Always treated with dignity and respect"
- "The service is first class"

All seven 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. No comments were included in submitted staff questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 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. Mrs Fartash is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. 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, review of documentation and discussion with the practice manager 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.

Mrs Fartash and 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. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A milling machine was observed in surgery two. This milling machine produces crowns in a very short timeframe. The use of this machine for restorative dentistry improves the quality of restorative treatment provided as it reduces the number of visits to the practice and results in a better fitting crown. The availability of this machine means that patients can have their restorative treatment completed in a single day. The investment in this machine demonstrates a drive to improve the standard and quality of treatment provided in the practice.

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

Mrs Fartash demonstrated a clear understanding of her 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

Of the seven patients who submitted questionnaire responses six indicated that they feel that the service is well managed and one did not provide an answer. Comments provided included the following:

- “The staff are very considerate, very pleasant and helpful, wouldn’t be there if not”
- “Staff knowledgeable and provide a high quality service”

All seven submitted staff questionnaire responses indicated that they felt that the service is well led. No comments were included in submitted staff questionnaires.

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 Mrs Lida Fartash, registered person and 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 the 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return 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

<p>Recommendation 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2016</p>	<p>A copy of the validation certificate for the Statim steriliser should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).</p> <p>Response by registered provider detailing the actions taken: Validation i booked for 10th October 2016</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The following issues in relation to radiology and radiation safety should be addressed:</p> <ul style="list-style-type: none"> • the radiation protection supervisor (RPS) should ensure that entitlements authorising staff to undertake duties in respect of radiology are completed • records confirming that all appropriate staff have received local training in relation to radiology should be retained <p>Response by registered provider detailing the actions taken: Completed</p>



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