

# Announced Care Inspection Report 27 April 2017



## Holmview Dental Care

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 8 Holmview Terrace, Campsie Road, Omagh BT79 0AH**  
**Tel No: 02882246466**  
**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Holmview Dental Care took place on 27 April 2017 from 09:50 to 12:30.

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.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Patrick Traynor, 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 recommendation has been made that the safeguarding lead/champion should undertake formal training in safeguarding children and adults in keeping with RQIA training guidance.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Traynor 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 Traynor 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 person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Traynor, 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 28 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Patrick Traynor	<b>Registered manager:</b> Mr Patrick Traynor
<b>Person in charge of the practice at the time of inspection:</b> Mr Patrick Traynor	<b>Date manager registered:</b> 4 November 2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 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
- Returned completed patient and staff questionnaires

During the inspection the inspector met Mr Traynor, registered person, the senior dental nurse and a dental nurse. A tour of some areas of the premises was also undertaken. The senior dental nurse facilitated the inspection.

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 inspections dated 28 September 2016

The most recent inspections of the establishment were announced pre-registration care and premises inspections which were both undertaken on 28 September 2016. The completed Quality Improvement Plans (QIP's) in respect of the pre-registration care and premises inspections were approved by the care and estates inspectors and the registration of the practice was approved.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 28 September 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	The procedure for the decontamination of dental handpieces should be reviewed to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL ) (13) 13. Compatible handpieces should be processed in the washer disinfecter.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A dental nurse confirmed that all compatible handpieces are processed in the washer disinfecter. It was observed that the washer disinfecter had a handpiece port fitted. A washer disinfecter cycle was in progress and it was observed that handpieces were being processed.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The format of Buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance issued to all dental practices during May 2013.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> It was observed that Buccolam pre-filled syringes were available in the practice in keeping with the Health and Social Care Board (HSCB) guidance.</p>	
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time</p>	<p>Portable suction should be provided in the practice in keeping with Resuscitation Council (UK) guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> It was observed that portable suction was available in the practice.</p>	<b>Met</b>
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p>	<p>Records to confirm that recommendations made within the radiation protection advisor reports have been addressed should be retained.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the most recent radiation protection advisor report evidenced that all recommendations made within the report had been addressed.</p>	<b>Met</b>

### 4.3 Is care safe?

#### Staffing

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

No new staff have been recruited since registration with RQIA; however, induction programme templates were in place relevant to specific roles within 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. Training records are retained in the practice.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status. Documentation confirming that all clinical staff who require individual professional indemnity cover was not available for review on the day of the inspection. Mr Traynor readily agreed to submit this information to RQIA and ensure that indemnity certificates are retained in the practice and available for inspection at all times. On 8 May 2017 the professional indemnity certificates for all staff were submitted to RQIA by email.

## **Recruitment and selection**

A review of the submitted staffing information and discussion with the senior dental nurse confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. This was not reviewed during the inspection.

## **Safeguarding**

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011 at a practice meeting during July 2016. It was confirmed that the safeguarding lead had not completed formal training in safeguarding children and adults within the previous two years. A recommendation has been made to address this.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The senior dental nurse confirmed that 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 senior dental nurse confirmed that the policies have been updated to ensure that they fully reflect the regional guidance documents and that the regional guidance documents are available in the practice for staff reference.

## **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. It was observed that the surgeries were wallpapered and Mr Traynor was advised that during the next refurbishment of the surgeries the use of wallpaper should be avoided. 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. The staff kitchen can be accessed through the decontamination room or by using an alternative route. Discussion with staff evidenced that when the decontamination of reusable dental instruments is in progress, they do not access the staff kitchen through the decontamination room.

Appropriate equipment, including a washer disinfector and a steam steriliser have been provided to meet the practice requirements. A second steam steriliser is available for use in the event of the primary steriliser malfunctioning. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during April 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

### **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 staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

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

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

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions during January 2017.

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 dental practice is accommodated within the ground floor of the building. 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 servicing of the gas boiler, firefighting equipment, fire detection system and intruder alarm. Review of documents confirmed that arrangements are in place for the routine inspection of fixed electrical wiring installations and emergency lighting.

It was confirmed that the fire risk assessment completed in house is reviewed annually. Routine tests are undertaken in respect of the emergency lighting and break glass point.

A legionella risk assessment has been completed by an external organisation. Review of records confirmed that all recommendations made in the risk assessment have been addressed. Water temperatures are monitored and recorded as outlined in the legionella risk assessment.

Review of records evidenced that all pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels during April 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

## **Patient and staff views**

Six patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated that they were very satisfied with this aspect of their care. The following comment was included in a questionnaire response:

- "Very friendly and helpful staff."

Five staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and indicated that they were very satisfied with this aspect of patient

care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

The safeguarding lead/champion should undertake formal training in safeguarding children and adults at risk of harm.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.4 Is care effective?

### Clinical records

Mr Traynor and staff 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.

The senior dental nurse confirmed that 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. Mr Traynor confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information leaflets and models are used for information and demonstration purposes during discussions. A hygienist is available in the practice. Some oral health products are available for purchase in the practice and samples of toothpaste are freely distributed. It was confirmed that the practice actively participates in national campaigns such as mouth cancer action month.

### 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 Traynor and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

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

**Patient and staff views**

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

- “Treatment always well explained.”

All five 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. All five indicated that they were very satisfied with this aspect of patient care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

**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 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.

Mr Traynor and staff confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patient's understood what treatment is available to them and that they 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.

### **Patient and staff views**

All six patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All six patients indicated that they are very satisfied with this aspect of their care. The following comment was included in a questionnaire response:

- “Always made feel comfortable to ask any questions I have.”

All five 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. All five staff indicated that they were very satisfied with this aspect of patient care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **4.6 Is the service well led?**

### **Management and governance arrangements**

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Traynor 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 an annual basis. Staff 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 senior dental nurse evidenced 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.

The senior dental nurse confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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

Mr Traynor, registered person, demonstrated a clear understanding of his 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. Mr Traynor confirmed that there is potential for additional surgeries on the first floor of the building. Mr Traynor is aware that a variation to registration application to increase the number of registered dental surgeries must be submitted to RQIA. Mr Traynor is also aware that any newly established dental surgeries must be approved by RQIA prior to them being used to provide private dental care and treatment.

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

### **Patient and staff views**

All six patients who submitted questionnaire responses indicated that they felt that the service is well managed and indicated that they were very satisfied with this aspect of the service. The following comment was included in a questionnaire response:

- "Very good service provided by all staff."

All five submitted staff questionnaire responses indicated that they felt that the service is well led and indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Patrick Traynor, 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](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.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 15.3

**Stated:** First time

**To be completed by:**  
27 June 2017

The safeguarding lead/champion should undertake formal training in safeguarding children and adults, in keeping with RQIA training guidance.

**Response by registered provider detailing the actions taken:**  
Mr P Traynor is the Lead/Champion for the practice on safeguarding and is undertaking a course on 12/06/2017 for formal training in safeguarding children and vulnerable adults in keeping with RQIA training guidance.

*\*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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