

Announced Care Inspection Report 22 September 2016



Family Dental Care

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

Address: 5 Queen Street, Ballymoney, BT53 6HZ

Tel no: 028 2766 2166

Inspector: Emily Campbell

1.0 Summary

An announced inspection of Family Dental Care took place on 22 September 2016 from 9:55 to 13:10.

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 Ms Roisin O’Kane, registered person, Mr James Pirie, registered manager, 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 was made that the recommendations made as a result of the recent legionella risk assessment should be addressed.

Is care effective?

Observations made, review of documentation and discussion with Ms O’Kane, Mr Pirie 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. A recommendation was made that minutes of staff meetings are maintained and made available to staff.

Is care compassionate?

Observations made, review of documentation and discussion with Ms O’Kane, Mr Pirie 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. A suggestion was made in light of two comments received in staff questionnaire responses that the structure and roles Ms O’Kane and Mr Pirie are discussed at the next staff meeting and feedback sought from staff.

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 Ms Roisin O’Kane, registered person and Mr James Pirie, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 30 September 2015.

2.0 Service details

Registered organisation/registered person: Ms Roisin O’Kane	Registered manager: Mr James Pirie
Person in charge of the practice at the time of inspection: Ms Roisin O’Kane Mr James Pirie	Date manager registered: 13 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

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. Six patient and six staff questionnaires were received by RQIA prior to the inspection. A further seven patient

and three staff questionnaires were received following the inspection and were collated prior to the issuing of the report.

During the inspection the inspector met with Ms O’Kane, Mr Pirie, an associate dentist, the lead nurse/receptionist, the lead decontamination dental nurse and a receptionist. 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 30 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 30 September 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	It is recommended that a refurbishment plan should be established to ensure that the complete flooring in the identified dental surgeries is impervious and coved or sealed at the edges.	Met
	Action taken as confirmed during the inspection: Observations made confirmed that new flooring had been laid in the identified surgeries that was impervious and coved at the edges.	

Recommendation 2 Ref: Standard 11.1 Stated: First time	It is recommended that prior to the disposal of original enhanced AccessNI disclosure certificates a record should be retained of the dates the check was applied for and received, the unique identification number and the outcome of assessment of the check.	Met
	Action taken as confirmed during the inspection: Review of information pertaining to enhanced AccessNI checks of the four staff recruited since the previous inspection, confirmed that it was recorded as recommended, with the exception of the date the check was applied for. This information was entered in the records during the inspection and the template for recording AccessNI information was also amended to facilitate the recording of the date of application.	

4.3 Is care safe?

Staffing

Three 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 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 a sample of three 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

A review of the submitted staffing information and discussion with Ms O’Kane and Mr Pirie confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for two of 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.

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.

The new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available in the practice and arrangements established to discuss with staff.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child and paediatric pads for use with the automated external defibrillator (AED). Evidence that these items had been ordered on the day following the inspection was emailed to RQIA on 27 September 2016. The AED has recently been provided and arrangements have been established for this to be accessible for use in the event of a cardiac emergency within the local community.

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. Additional training was provided to staff in the use of the AED when the AED had been purchased.

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.

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. In house refresher decontamination training is also provided on an annual basis to dental nursing staff by the lead decontamination nurse. 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 washer disinfectant, a DAC Universal and two steam sterilisers, has been provided to meet the practice requirements. 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.

Dental unit waterlines (DUWLs) are maintained in line with manufacturer's instructions and quarterly testing is carried out.

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.

Radiography

The practice has three 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, x-ray audits and digital x-ray processing.

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

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

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

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

Environment

The environment was maintained to a 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. This included fire safety equipment checks and servicing, gas boiler servicing, fixed electrical wiring testing, portable appliance testing, fire risk and legionella risk assessments and review of health and safety and control of substances hazardous to health (COSHH) risk assessments.

A legionella risk assessment was last undertaken in September 2016 by an external contractor. Ms O’Kane and Mr Pirie confirmed that some recommendations made as a result of the legionella risk assessment still have to be addressed and a recommendation was made in this regard.

The fire risk assessment had been reviewed in September 2016. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels had been inspected in keeping with the written scheme of examination of pressure vessels.

Patient and staff views

Six patient and six staff questionnaires were received by RQIA prior to the inspection and these were discussed with Ms O’Kane and Mr Pirie during the inspection. A further seven patient and three staff questionnaires were received following the inspection, prior to the issuing of the report. These were collated following the inspection and communicated to Ms O’Kane by email on 27 September 2016 and by telephone with Mr Pirie on the same date.

All 13 patients who submitted questionnaire responses to RQIA indicated that they felt safe and protected from harm. Comments provided included the following:

- “I have always found the staff at the Family Practice meet all the criteria for safe care.”
- “I’ve felt very safe every time I attend. Staff are always very friendly and helpful.”

All nine staff questionnaire responses submitted indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Recommendations made as a result of the legionella risk assessment should be addressed.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

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.

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. There was information available in regards to oral health displayed in the waiting area and the practice take part in campaigns such as oral cancer awareness and national smile month. Mr Pirie and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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
- management of periodontal disease
- binding agents
- clinical photography
- dental treatment and dementia
- six month short term orthodontic treatment
- review of complaints/accidents/incidents
- patient satisfaction

Communication

Mr Pirie and the associate dentist confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Minutes of these meetings are not retained and a recommendation was made in this regard. The lead nurse has weekly meetings with dental nursing staff and minutes are retained of these meetings. In addition a briefing meeting is held each morning to discuss the arrangements for the day ahead. Staff spoken with confirmed that meetings 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.

Patient and staff views

All 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:

- “I like the way the dentist explains what and why he is about to do.”
- “I am always made aware of what the treatment entails and have the procedure explained fully.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Minutes of staff meetings should be maintained and made available to staff.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

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 is accessible to patients with a disability and an interpreter service is available if required. Ms O’Kane advised that staff have been provided with update training in dementia care and that the practice is progressing towards being a dementia and learning disability friendly practice.

The practice undertakes patient satisfaction surveys on an six monthly basis 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 patient information pack was provided in the main waiting area of the practice and included the statement of purpose, the patient guide, the complaints procedure and the report of the most recent patient satisfaction survey.

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- “I have always been treated with dignity and am informed of treatment required. I have never had to query any aspect of my treatment.”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. 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.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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. However, one staff questionnaire response indicated that there was a lack of clarity on this matter. This was discussed with Ms O’Kane and Mr Pirie during the inspection for consideration and action.

Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. However, two issues were raised by staff in submitted questionnaire responses which should be followed up. This matter is discussed further below.

There was a 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 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms O’Kane and Mr Pirie 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.

Ms O’Kane and Mr Pirie demonstrated a clear understanding of their roles 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 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 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- “Excellent dentist.”
- “Overall staff and dentist treat you well. I would have no problem recommending them, they are brilliant.”
- “The practice has the air of confidence from the desk staff and dental staff and I have never had less than fully satisfactory treatment.”
- “Superb service and care.”

As discussed previously, six staff questionnaires were received by RQIA prior to the inspection. All responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “The “lines of accountability” are blurred, in my opinion. In some cases, responsibility for decisions are passed from one person to another as it suits.”

This was discussed with Ms O’Kane and Mr Pirie and assurances were provided that they would discuss this at the next staff meeting.

Following the inspection a further three staff questionnaires were received. Two of the three staff indicated that they felt that the service is well led, however, one staff member did not and the following comment was provided:

- “Jamie is very approachable, very understanding and a good acting principal. Would like to see Roisin in the practice more often if possible because if the owner is not there I feel this makes staff, especially the younger and new members, de-motivated. It’s always good to lead by example.”

This comment was communicated to Ms O’Kane by email on 27 September 2016 and by telephone with Mr Pirie on the same date, with advice that staff interaction should be given consideration in view of the two comments provided. A suggestion was made that the structure and roles Ms O’Kane and Mr Pirie are discussed at the next staff meeting and feedback sought from staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Roisin O’Kane, registered person, and Mr James Pirie, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk 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 14.2 Stated: First time To be completed by: 22 December 2016	Recommendations made as a result of the legionella risk assessment undertaken in September 2016 should be addressed. Response by registered provider detailing the actions taken: Recommendations made as a result of the legionella risk assessment are currently being implemented and should be completed by 22 December 2016.
Recommendation 2 Ref: Standard 11.6 Stated: First time To be completed by: 23 September 2016	Minutes of staff meetings should be maintained and made available to staff. Response by registered provider detailing the actions taken: This recommendation has been implemented and minutes of all staff meetings are available for any member of staff to view in the practice office.

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews