

Announced Care Inspection Report 23 February 2018



Helen's Bay Dental Practice

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

Address: 1B Station Square, Helen's Bay, Bangor BT19 1TN

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Inspector: Norma Munn

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places providing private dental care and treatment.

3.0 Service details

Registered Provider: Mr Gareth Small	Registered Manager: Mr Gareth Small
Person in charge at the time of inspection: Mr Gareth Small	Date manager registered: 20 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 23 February 2018 from 10.00 to 13.50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified 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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

No areas for improvement were identified during this inspection.

All of the patients who submitted questionnaire responses to RQIA indicated that they were very satisfied with all aspects of care in this service. Three comments provided included the following:

- "All aspects of care and treatment are excellent. Cannot give enough praise."
- "I was a very nervous patient and now after being treated at Helens Bay practice am much more relaxed and confident about my appointments."
- "It is excellent in all areas couldn't be better."

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Gareth Small as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 24 March 2017

No further actions were required to be taken following the most recent inspection on 24 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection.

Staff had the opportunity to complete questionnaires prior to the inspection. Returned completed staff questionnaires were analysed following the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Gareth Small, registered person, the practice manager, the dental therapist and two dental nurses one of which is also the treatment co-ordinator.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to Mr Small, registered person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 March 2017

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 March 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there is sufficient 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. 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 Mr Small confirmed that three staff had 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.

There was a recruitment policy and procedure available. The policy was not reviewed during this inspection.

Safeguarding

Staff 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. It was confirmed that the practice manager has been appointed as the safeguarding champion and has completed formal training in safeguarding adults and children in keeping with best practice guidance. The practice manager discussed her role as the safeguarding champion and confirmed that a second member of staff in the practice will also attend this level of training to support the practice manager in her role.

One overarching policy was 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.

It was confirmed that copies of the regional policy Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016) and the regional guidance document Adult Safeguarding Prevention and Protection in Partnership (July 2015) were both available for staff reference. The revised Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the new SBNI Procedures Manual (November 2017) were discussed and emailed to the practice following the inspection. The practice manager confirmed that two separate safeguarding policies in respect of adults and children, will be developed to reflect of the revised regional policy and procedural 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). A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. During the inspection additional stock of Buccolam was ordered from the local pharmacy. Mr Small provided assurances that in the event of a medical emergency Buccolam will be administered as recommended by the HSCB and the BNF.

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.

There was a policy for the management of medical emergencies in place. This policy was not reviewed during this inspection. 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 aware of 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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, 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.

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 with the exception of the protein tests in respect of the DAC Universal. This was addressed during the inspection and a protein test was carried out. Staff confirmed that the protein test would be carried out on a weekly basis and recorded in keeping with best practice guidance.

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 January 2018.

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

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine located in a separate room.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. A review of the files and discussion with Mr Small confirmed that staff have been authorised by the radiation protection supervisor 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. Discussion with Mr Small and a review of the reports of the most recent visits by the RPA in respect of the intra-oral x-ray machines and the CBCT 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 high standard of maintenance and décor. Detailed cleaning schedules and a colour coded cleaning system were in place.

Arrangements were in place for maintaining the environment that included the routine servicing and maintenance of the fire detection system and firefighting equipment.

A fire risk assessment had been completed and reviewed on an annual basis. Fire safety awareness training has been undertaken, fire drills are carried out and staff demonstrated that they were aware of the action to take in the event of a fire.

It was confirmed that the legionella risk assessment had been completed and arrangements were in place to review this on an annual basis. Water temperatures are monitored and recorded.

Review of records confirmed that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care.

Six staff submitted questionnaire responses. Three staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. One comment provided included the following:

- “I believe service users, our patients, receive brilliant care and individual attention. Staff are friendly. Good and modern equipment is used. Cross-infection measures are taken very seriously. Patients are well informed and given plenty of time to consider their treatment options...”

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

Staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

Staff confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Mainly computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

The practice 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. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Patients can also be treated by the dental therapist or dental hygienist upon request.

A range of information and health promotion leaflets are available. The television in the waiting area displayed information in relation to the staff who worked in the practice and the services offered to patients.

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
- patient satisfaction survey
- waiting times
- hand hygiene
- workstation
- disability access
- clinical records
- review of complaints/accidents/incidents

Communication

Staff 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. 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 during the inspection that there are good working relationships and there is an open and transparent culture within the practice. One comment made in a returned staff questionnaire regarding communication between management and staff was discussed with the practice manager following the inspection.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All of the patients indicated they were very satisfied with this aspect of care.

All of the submitted staff questionnaire responses indicated that they were very satisfied with this aspect of effective care.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

The practice has developed a new role of a treatment co coordinator. The patient can make an appointment initially with the treatment co coordinator who will explain the choices available and will be involved in the treatment plan throughout the patient’s journey explaining the risks and benefits of each treatment. This ensures that patients understand what treatment is available to them and can make an informed choice. The treatment coordinator helps to reassure the patient and give emotional support throughout their visit.

The reception area was observed to be a comfortable calming environment with background music playing and an aromatherapy candle burning. Staff demonstrated how patients can request their own choice of music to be played during their treatment. These initiatives help to make patients who are very nervous or fearful of dental treatment, feel relaxed.

Staff 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 discussed how they converse with patients and conduct telephone enquiries in a professional and confidential manner.

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

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All of the patients indicated they were very satisfied with this aspect of care.

All of the submitted staff questionnaire responses indicated that they were very satisfied with this aspect of compassionate care.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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 Small is the nominated individual with overall responsibility for the day to day management of the practice. He is supported by the practice manager and the treatment co-ordinator.

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 displayed 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 2016 to 31 March 2017.

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

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

Mr Small 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.

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the care is well led and were very satisfied with this aspect of the service.

One staff member indicated they were very satisfied, one was satisfied and three were neither satisfied nor dissatisfied with this aspect of the service. One staff member indicated that they were not satisfied with this aspect of the service. Some comments were received from staff regarding how the practice could improve; these included improving communication between management and other staff and increasing the training opportunities for staff. All comments included in submitted questionnaire responses were discussed with the practice manager following the inspection.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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