

# Announced Care Inspection Report

## 9 June 2016



## Hillsborough Dental Practice

Service type: Dental Service

Address: 22 Lisburn Street, Hillsborough, BT26 6AB

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Inspector: Carmel McKeegan

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Hillsborough Dental Practice took place on 9 June 2016 from 10:30 to 12:30.

The inspection sought to assess progress with any issues raised during and since the previous 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 Mr Kevin McKelvey, Registered Person and staff demonstrated that further development is needed to ensure that care provided to patients is 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. One requirement has been made in relation to radiation safety and one recommendation has been made in relation to the establishment of a staff appraisal process.

### Is care effective?

Observations made, review of documentation and discussion with Mr McKelvey and staff demonstrated that further development is needed to ensure that care provided in the establishment is effective. Areas reviewed included clinical records, health promotion, audits and communication. One recommendation has been made in relation to the recording of staff meetings. In addition, an issue regarding the Infection Prevention Society (IPS) audit tool of compliance with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices was addressed following the inspection.

### Is care compassionate?

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

### Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create 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. A number of quality assurance processes were in place. However, as stated in the 'is care safe' and 'is care effective' domains, issues were identified in relation to radiology, staff appraisal, the recording of staff meetings and the IPS audit, which all relate to quality assurance and good governance. Mr McKelvey responded positively to the issues identified and addressed the IPS audit immediately. No requirements or recommendations have been made regarding this domain.

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>	1	2

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

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Kevin McKelvey	<b>Registered manager:</b> Mr Kevin McKelvey
<b>Person in charge of the service at the time of inspection:</b> Mr Kevin McKelvey	<b>Date manager registered:</b> 17 May 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

### 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 staff questionnaires. No patient questionnaires were received by RQIA.

During the inspection the inspector met with Mr McKelvey, Registered Person, a dental nurse and two receptionists. 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 25 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 25 September 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An AED was in place in the dental practice and staff confirmed they had received training in this regard.	

### 4.3 Is care safe?

#### Staffing

One dental surgery is in operation in this practice. Discussion with staff and a review of completed 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 the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Mr McKelvey and staff confirmed that an informal approach to staff appraisal has been in place and formal records were not retained pertaining to the staff appraisal process. A recommendation has been made that a system for appraising staff performance at least on an annual basis, is implemented, with records retained and available for inspection.

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 McKelvey 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. The policy was comprehensive and reflected best practice guidance.

#### Safeguarding

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

Discussion with staff confirmed they 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. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was not available in the practice for staff reference. However Mr McKelvey obtained a copy of this guidance document during the inspection and confirmed that the practice adult safeguarding policy would be updated in accordance with this guidance document.

The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were provided in the practice.

## **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. As previously stated an AED has been provided in the practice since the previous inspection, and staff confirmed they have received training in this regard.

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.

## **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 uniform policy and hand hygiene.

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. Appropriate equipment, including a washer disinfector, a steam steriliser and a DAC universal have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. Review of records and discussion with Mr McKelvey confirmed that arrangements were in place for annual revalidation of all equipment. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

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

## **Radiography**

The practice has an intra-oral x-ray machine located in the dental surgery.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. Review of the file confirmed the following that a radiation protection advisor (RPA) has been appointed and Mr McKelvey is the radiation protection supervisor (RPS) in the practice.

A review of available documentation indicated the most recent quality assurance check of the intra-oral x-ray machine had been undertaken in 14 March 2012 and a critical examination report was available. A critical examination should be undertaken every three years. A requirement has been made to ensure a critical examination is undertaken at the earliest opportunity and arrangements established to ensure a critical examination is undertaken by the RPA every three years.

A copy of the local rules was on display in the surgery near each the 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. Records confirmed that staff have been authorised by the 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.

Arrangements to ensure that x-ray equipment is serviced and maintained in accordance with manufacturer's instructions have not been established. A recommendation has been made to address this.

Mr McKelvey completes a six monthly quality auditing of radiographs and an audit was in place to ensure justification and clinical evaluation is recorded for each radiograph.

## **Environment**

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

Cleaning schedules were in place for all areas, a record of cleaning undertaken was not retained, the practice was well maintained and noted to be spotlessly clean in all areas viewed. The benefits of retaining a record of cleaning and was discussed with Mr McKelvey. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. A legionella risk assessment was last undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels could not be located during the inspection; however RQIA received an electronic mail on 22 June 2016 with a copy of the pressure vessel test certificate undertaken on 30 May 2015.

## **Patient and staff views**

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

No patient questionnaires were received by RQIA.

### Areas for improvement

A system for appraising staff performance at least on an annual basis should be implemented. Records of staff appraisal should be retained and available for inspection.

A critical examination by the appointed RPA must be undertaken; the subsequent RPA report should confirm that any recommendations made therein have been addressed.

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

### Clinical records

Mr McKelvey 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 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. A dental hygienist also works in the practice and Mr McKelvey confirmed that oral health is actively promoted on an individual level with patients during their consultations.

A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

### 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
- review of complaints/accidents/incidents, as applicable



Discussion with Mr McKelvey and the dental nurse confirmed that the practice had not undertaken the six monthly audit of compliance with HTM 01-05 using the IPS audit tool. Following the inspection, the inspector provided a hard copy of the IPS audit tool and the relevant website link to Mr McKelvey by electronic mail. On 20 June 2016 RQIA received a copy of the completed IPS audit by electronic mail along with written confirmation that a system had been implemented to ensure this audit would be undertaken on a six monthly basis.

## **Communication**

Mr McKelvey 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.

Mr McKelvey and staff advised that staff meetings are held on a regular basis to discuss clinical and practice management issues, however minutes of staff meetings were not recorded. Mr McKelvey and staff stated that there was effective communication in the practice. Minutes of staff meetings should be retained and shared with any staff members unable to attend. A recommendation has been made in this regard.

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**

As previously stated, no patient questionnaires were received by RQIA.

Four 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.

## **Areas for improvement**

Staff meetings minutes should be retained and shared with any staff members unable to attend.

The IPS audit tool of compliance with HTM 01-05 was completed following the inspection and confirmation was received that the audit would be undertaken six monthly.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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.

### Patient and staff views

As previously stated, no patient questionnaires were received by RQIA.

Four 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Management and governance arrangements

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

Mr McKelvey confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan 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 McKelvey demonstrated a clear understanding of his role and responsibility in accordance with legislation. A number of quality assurance processes were in place. However, as stated in the 'is care safe' and 'is care effective' domains, issues were identified in relation to radiology, staff appraisal, the recording of staff meetings and the IPS audit, which all relate to quality assurance and good governance. Mr McKelvey responded positively to the issues identified and addressed the IPS audit immediately.

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**

As previously stated, no patient questionnaires were received by RQIA.

Four submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The registered person/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 person/manager 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 your premises. 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 person meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

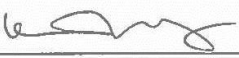
This section outlines the recommended actions based on research, recognised sources and the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 9 August 2016	<p>The registered person must ensure a critical examination of x-ray equipment is undertaken at the earliest opportunity and arrangements established to ensure a critical examination is undertaken by the RPA every three years.</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>One Photon Ltd</i>  <del>Medical Physics Services</del> have been contacted &amp; a new survey arranged.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 9 August 2016	<p>A system for appraising staff performance at least on an annual basis should be implemented. Records of staff appraisal should be retained and available for inspection.</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>A more formal approach will be instigated.</i></p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 11.6  <b>Stated:</b> First time  <b>To be completed by:</b> 9 August 2016	<p>Staff meeting minutes should be retained and shared with any staff members unable to attend.</p> <p><b>Response by registered person detailing the actions taken:</b>  <i>This is already being done</i></p>

<b>Name of Registered Manager/Person Completing QIP:</b>	KEVIN MCKELVEY		
<b>Signature of Registered Manager/Person Completing QIP:</b>		<b>Date completed:</b>	31/8/16
<b>Name of Registered Provider Approving QIP:</b>			
<b>Signature of Registered Provider Approving QIP:</b>		<b>Date approved:</b>	
<b>RQIA inspector Assessing Response</b>	Carmel McKeeghan	<b>Date:</b>	6.9.16.





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