

Announced Care Inspection Report

17 June 2016



Johnston Dentists

Type of Service: Dental Service

Address: 14 Railway Road, Coleraine BT52 1PD

Tel No: 028 7034 3151

Inspector: Stephen O'Connor

www.rgia.org.uk

1.0 Summary

An announced inspection of Johnston Dentists took place on 17 June 2016 from 09:50 to 13:05.

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 Johnston, registered person, demonstrated that in the main systems and processes were in place to ensure that care to patients was safe and avoid and prevent harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made in relation to implementing a system for appraising staff performance at least on an annual basis.

Is care effective?

Observations made, review of documentation and discussion with Mr Johnston 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 Johnston 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. As discussed above a recommendation has been made within the domain of is care safe, this relates to quality assurance and good governance.

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	1

Details of the Quality Improvement Plan (QIP) within were discussed with Mr Andrew Johnston, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Mr Andrew Johnston	Registered manager: Mr Andrew Johnston
Person in charge of the service at the time of inspection: Mr Andrew Johnston	Date manager registered: 13 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Andrew Johnston, registered person, an associate dentist 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 July 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 30 July 2015

As above.

4.3 Is care safe?

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 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 Johnston and staff confirmed that no formal arrangements are in place for appraising staff performance. However, should staff performance issues be identified they are managed at the time. A recommendation has been made that a system should be implemented for appraising staff performance at least on an annual basis.

The practice subscribes to an online service that offers verifiable Continuing Professional Development (CPD) for clinical staff, covering core subjects such as medical emergencies, radiology and cross infection. Mr Johnston has access to this online training portal and can monitor CPD courses completed. The practice has also paid the fees for staff to attend core CPD training provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA). The emphasis placed on staff development in this practice is to be commended.

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. It was confirmed that the practice pays for the GDC registration of dental nurses.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Johnston 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.

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. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference.

Policies and procedures were in place for the safeguarding and protection of adults and children. 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.

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. It was observed that the format of buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). When the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB. In addition to the recommended equipment the practice has a fingertip pulse oximeter available for use in the event of a medical emergency to monitor pulse rates and oxygen saturation levels. 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. It was also observed that the practice has a Cardio Pulmonary Resuscitation (CPR) adult manikin for staff to use to practice CPR. The provision of additional training equipment and the opportunities for staff to practice CPR is considered to be excellent practice.

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. 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. Records were available to confirm that staff had attended a NIMDTA core day which included training on infection prevention and control and decontamination.

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 and a steam steriliser have been provided to meet the practice requirements. Mr Johnston confirmed that equipment used in the decontamination process had been validated earlier in the week and that he was awaiting the validation certificates. RQIA received the validation certificates by electronic mail on 17 June 2016 confirming that the equipment had been validated on 15 June 2016. 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 January 2016 and this is due to be repeated during July 2016.

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

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, x-ray audits and direct digital x-ray processing.

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

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

Mr Johnston confirmed that he sought advice and guidance from a service engineer in regards to the routine servicing of the intra-oral x-ray machines and the outcome of this advice was that the machines should be serviced every three years. Mr Johnston confirmed that the servicing of the x-ray machines would be scheduled to coincide with the RPA critical examination. The next RPA critical examination is due during September 2017. Review of records confirmed that Mr Johnston undertakes a monthly check of the intra-oral x-ray machines in keeping with RPA recommendations.

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

Environment

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

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include the annual servicing of oil heating burner, air conditioning units, the intruder alarm and firefighting equipment. Portable appliance testing (PAT) in regards to electrical equipment is undertaken every three years and is next due during May 2019.

A legionella risk assessment has been completed by Mr Johnston and this is reviewed annually. Legionella control measures to include the routine monitoring of water temperatures are in place.

A fire risk assessment has been completed by Mr Johnston and this is reviewed annually. Routine checks in regards to fire prevention measures to include routine testing of emergency lighting, inspection of firefighting equipment and smoke detectors are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

Mr Johnston confirmed that the pressure vessels in the practice had been inspected in keeping with the written scheme of examination during the week prior to the inspection and that he was awaiting the reports of the inspection. RQIA received a copy of the written scheme of examination inspection reports by electronic mail on 17 June 2016 confirming that the pressure vessels had been inspected on the 08 June 2016.

Patient and staff views

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

- “Just couldn’t be better”
- “Always plenty of staff who are very helpful and explain where to go and what is going on. Very clean throughout”

Two staff submitted questionnaire responses, both indicated that they feel that patients are safe and protected from harm. No comments were included under this domain.

Areas for improvement

A system should be implemented for appraising staff performance at least on an annual basis.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and 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.

Policies were available in relation to records management, data protection and confidentiality and consent. It was confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner’s Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations. The practice has an intra-oral camera and this is used when discussing oral hygiene. The provision of an intra-oral camera is considered to exceed best practice guidance. Oral health and hygiene information leaflets are available and samples of toothpaste are freely distributed to patients. It was confirmed that an Oral B demonstration kit and models are used to demonstrate brushing techniques and explain treatment options.

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 Johnston 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 quarterly 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 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

Seventeen 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:

- Great care even outside appointments”
- “Always try to fit you in for cancellation etc. Always check medical history is up to date at every appointment. Very professional and excellent service at all times”

Two 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. No comments were included under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear. Mr Johnston was observed escorting a patient with mobility problems to the reception area following treatment.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures 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 dated July 2015 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 which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

Seventeen patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- Dentist, nurses and receptionists are all excellent"
- "Always treated with dignity and respect. Time is taken to explain what is happening and offers advice re best treatment"
- "I am anxious patient. The staff have always put me at my ease and discussed with me what they intend doing beforehand"

Two submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Management and governance arrangements

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

An underperformance (whistleblowing) policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Johnston 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

Seventeen patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- “Couldn’t be better”
- “Staff are the most caring and lovely people I have ever met. Always a smile. Excellent run surgery and 100% spotless”
- “Excellent dentist would recommend service”
- “Excellent service, professional, friendly and puts anxious patients at ease”
- “Have been attending this practice since a child, would never consider going anywhere else”

Two submitted staff questionnaire responses indicated that they felt that the service is well led. No comments were included under this domain.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

One issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mr Johnston, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 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 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 person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to independant.healthcare@rqia.org.uk 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	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.
Ref: Standard 11	
Stated: First time	Response by registered person detailing the actions taken:
To be completed by: 17 September 2016	



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