

Announced Care Inspection Report 1 March 2017



Jordan Dental Care

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

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Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Jordan Dental Care took place on 1 March 2017 from 10:15 to 12:35.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr David Jordan, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mr Jordan 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 Jordan 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.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr David Jordan, registered person, 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.

1.2 Actions/enforcement taken following the most recent care inspection

The most recent care inspection was undertaken on 21 December 2015 during which an issue of concern was identified in relation to the recruitment and selection of staff. A failure to comply notice was issued to Jordan Dental Care on 7 January 2016 regarding poor practice in the recruitment and selection of staff.

Compliance monitoring inspections were undertaken on 10 March 2016 and 11 April 2016 at which time evidence was available to confirm that systems and processes had been implemented to address the deficits identified with recruitment and selection of staff. RQIA was satisfied that full compliance had been achieved with the failure to comply notice.

2.0 Service details

Registered organisation/registered person: Mr David Jordan	Registered manager: Mr David Jordan
Person in charge of the practice at the time of inspection: Mr David Jordan	Date manager registered: 22 December 2011
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.

During the inspection the inspector met with Mr David Jordan, registered person, an associate dentist and two dental nurses. A tour of some areas 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 21 December 2015

The most recent inspection of the establishment was an announced premises inspection on 7 February 2017. The completed QIP is due to be returned to RQIA on or before the 15 March 2017.

The most recent care inspection of the establishment was a compliance monitoring inspection undertaken on 11 April 2016, which confirmed that compliance was achieved. The most recent annual announced care inspection of the establishment was undertaken on 21 December 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 21 December 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (d) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that staff personnel files of any staff that commence work in the future contain all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Action taken as confirmed during the inspection: Review of submitted staffing information and discussion with Mr Jordan evidenced that one staff member has commenced employment in the practice since the previous inspection. Review of the identified staff member's personnel file evidenced that all documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p>	<p>Met</p>

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that the oropharyngeal airways that have been removed from their original packaging are replaced.</p> <p>Action taken as confirmed during the inspection: It was observed that oropharyngeal airways in their original packaging in various sizes were available in the practice.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a record of induction is retained for staff who commence work in Jordan Dental Care in the future.</p> <p>Action taken as confirmed during the inspection: A record of induction for the staff member recruited since the previous inspection was available for review.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that all staff including self-employed staff have a contract of employment/agreement and a job description.</p> <p>Action taken as confirmed during the inspection: A contract of employment and job description were observed for the newly recruited staff member. Mr Jordan and staff confirmed that all staff including self-employed staff have a contract of employment/agreement and a job description.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that AccessNI enhanced disclosure checks are handled in keeping with the AccessNI Code of Practice.</p> <p>Action taken as confirmed during the inspection: Review of documentation evidenced that a template has been developed to record all relevant information in respect of AccessNI enhanced disclosure certificates. This template had been completed for the most recently recruited staff member. It was confirmed that AccessNI enhanced disclosure certificates are handled in keeping with the AccessNI Code of Practice.</p>	Met

Recommendation 5 Ref: Standard 9.4 Stated: First time	It is recommended that arrangements are established to consult with patients about the quality of treatment and other services provided. An annual summary report detailing the findings of the patient satisfaction questionnaires should be generated.	Met
	Action taken as confirmed during the inspection: A report dated November 2016 detailing the findings of the patient satisfaction questionnaires was reviewed during the inspection. One hundred completed patient satisfaction questionnaires were used to generate the report. Mr Jordan is aware that a summary report should be generated annually. In addition to the in house summary report a Denplan Excel patient consultation report is generated every three years. The next Denplan report is due to be generated during March 2017. It was suggested that the summary report should include all means by which patients comment in regards to the standard of care received to include Facebook and online reviews.	

4.3 Is care safe?

Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one 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

As discussed, a review of the submitted staffing information and discussion with Mr Jordan confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member evidenced that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

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.

Mr Jordan and staff confirmed that all staff receive training in safeguarding children and adults during induction and that refresher training in keeping with The Minimum Standards for Dental Care and Treatment 2011 had been provided during April 2016, facilitated by an external training company.

Mr Jordan confirmed that one overarching safeguarding policy to include adults and children is in place. 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.

A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mr Jordan by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mr Jordan readily agreed to update the practice safeguarding policy to ensure it fully reflects the regional guidance and to share the updated policy with all 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A discussion took place in regards to the storage of Glucagon. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. 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.

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 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. The sterilisers available in the practice are capable of processing wrapped or unwrapped cycles. It was confirmed that instruments are processed using unwrapped cycles only. A discussion took place in regards to the periodic testing regime to be implemented should the sterilisers be used to processed wrapped cycles.

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 February 2017.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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. It was suggested that copies of the associate dentists x-ray audits are retained in the radiation protection file.

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 to include annual servicing of the firefighting equipment, air conditioning units, and intruder alarm. Portable appliance testing (PAT) of electrical equipment is undertaken annually. The practice is scheduling the inspection of the fixed electrical wiring installations.

A fire detection system has been installed during February 2017. It was confirmed that the fire detection system will be serviced and maintained in keeping with the manufacturer's instructions. Arrangements are in place to undertake routine tests in respect of the newly installed fire detection system.

The fire risk assessment was completed by an external organisation at the beginning of 2017, and the action points within the risk assessment are currently being addressed. Fire drills are routinely undertaken and recorded and all staff have completed fire safety awareness training.

The legionella risk assessment was undertaken by an external organisation during January 2017 and legionella control measures are in place and water temperatures are monitored and recorded.

Mr Jordan confirmed that the fire and legionella risk assessments are reviewed annually.

Review of documentation evidenced that the pressure vessels in the practice have been inspected, in keeping with the written scheme of examination of pressure vessels, during January 2017.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was included in a submitted questionnaire response:

- "Staff caring and helpful"

Nine 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 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
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4.4 Is care effective?

Clinical records

Mr Jordan and staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

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

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

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr Jordan and staff confirmed that oral health and hygiene is actively promoted on an individual level with patients during their consultations. A range of resources are available for use during discussions with patients to include information leaflets, models for demonstration purposes and an educational software package. An intra-oral camera is also available in the practice. The provision of an intra-oral camera exceeds best practice guidance.

It was confirmed that a range of oral healthcare products are available for purchase in the practice and samples of toothpaste and mouthwash are freely distributed. One nurse in the practice is an oral health educator and an associate dentist has presented an oral hygiene awareness session in local schools.

Mr Jordan confirmed that information in regards to oral health and hygiene to include instructional video clips are available on the practice Facebook page and the practice website.

Mr Jordan also confirmed that the practice participates in national campaigns to include no smoking day and national smile week.

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 Jordan and the associate dentist 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 average every month 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

All 18 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comment was included in a submitted questionnaire response:

- “Makes me feel at ease”

All nine 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. Comments provided included the following:

- “I think we provide excellent patient care and meet patient’s needs as much as we possibly can”
- “Sometimes kept waiting, running behind”

The comments included in the questionnaire responses were shared with Mr Jordan.

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.

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 dated November 2016 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

All 18 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:

- "I have a fear of dental treatment Mr XXXX always makes me relax and supports me"
- "Always a very professional yet personal service. The dentist always has enough time and makes you feel at ease. Especially with children"
- "Very helpful"

All nine 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
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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 Jordan is the nominated individual with overall responsibility for the day to day management of the practice. It was confirmed that a dental nurse in the practice is undertaking a practice manager's course.

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.

Mr Jordan 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 Jordan, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

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

Patient and staff views

All 18 patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was included in a submitted questionnaire response:

- “Excellent service and staff”

All nine submitted staff questionnaire responses indicated that they felt that the service is well led. 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
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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