Announced Care Inspection Report
20 February 2018

Keady Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 56 Kinelowen Street, Keady BT60 3SU
Tel No: 028 3753 1057
Inspector: Norma Munn

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 four registered places.

3.0 Service details

Registered Organisation/registered persons Mr Eamon Mallon Mrs Anne Marie Mallon	**Registered Manager:** Mr Eamon Mallon
Person in charge at the time of inspection: Mr Eamon Mallon	**Date manager registered:** 29 October 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

4.0 Inspection summary

An announced inspection took place on 20 February 2018 from 11.00 to 13.30.

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 previous inspection on 13 March 2017 resulted in a failure to comply notice (FTC) being issued. An enforcement compliance inspection was carried out on 4 April 2017 and compliance with the FTC notice was achieved.

This inspection assessed progress with any areas for improvement identified 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.

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

One area for improvement made against the standards during the previous inspection in relation to updating the safeguarding policies has not been fully addressed therefore this has been stated for the second time.

One further area requiring improvement against the standards was identified. This relates to the provision of paediatric pads for use with the automated external defibrillator (AED).

Patients who submitted questionnaire responses to RQIA indicated that they were very satisfied with all aspects of care in this service. One comment provided included the following:

- "Care and treatment is always well explained and carried out. Very pleased with all aspects of care."

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Mallon, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 13 March 2017

As a result of the previous care inspection on 13 March 2017 a failure to comply notice (FTC) was issued. An enforcement compliance inspection was carried out on 4 April 2017 and compliance with the FTC notice was achieved.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from 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. RQIA invited staff to complete electronic questionnaires. Returned completed patient and staff questionnaires were also analysed prior to and following the inspection.

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

During the inspection the inspector met with Mr Mallon, registered person, two associate dentists and one dental nurse. A tour of the premises was also undertaken.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 April 2017

An enforcement compliance inspection was carried out on 4 April 2017 and at that time we were satisfied that full compliance had been achieved.

6.2 Review of areas for improvement from the last care inspection dated 13 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 11 **Stated:** First time	A system should be implemented for appraising staff performance at least on an annual basis. Records should be retained and available for inspection.	**Met**
	Action taken as confirmed during the inspection: A review of documentation and discussion with staff confirmed that appraisals had taken place during 2017 and records had been retained.	
Area for improvement 2 **Ref:** Standard 15.3 **Stated:** First time	Training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011). Training records should be retained and available for inspection The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) should be included in the training provided.	**Met**
	Action taken as confirmed during the inspection: A review of a sample of training records and discussion with staff confirmed that training in safeguarding adults and children has been provided as outlined in the Minimum Standards for Dental Care and Treatment (2011). Training records were retained and available for inspection	

Area for improvement 3 **Ref:** Standard 15.3 **Stated:** First time	The policies and procedures in respect of safeguarding children and adults at risk of harm and abuse should be updated to ensure they fully reflect the regional policies and guidance documents.	**Partially Met**
	Action taken as confirmed during the inspection: The policies and procedures in respect of safeguarding children and adults had been updated since the previous inspection. However, the revised policies were not fully reflective of the regional policies and procedural guidance in respect of safeguarding for adults and children. Further information was provided to the practice following the inspection in relation to the regional policies and guidance documents. This area for improvement has not been fully addressed and has been stated for the second time.	
Area for improvement 4 **Ref:** Standard 13 **Stated:** First time	Address the following issues identified in relation to infection prevention and control: • the floor and work surfaces in the OPG room should be cleared and remain clear to allow for effective cleaning to take place • the overflow in the identified hand wash basin should be blanked off and sealed using a stainless steel plate and anti-bacterial mastic and the plug should be removed • repair or replace the identified damaged/ripped operators chairs • provide pedal or sensor operated waste bins in clinical areas • all posters in clinical areas should be laminated to allow for effective cleaning to take place	**Met**
	Action taken as confirmed during the inspection: Observation and discussion with Mr Mallon confirmed that the issues identified in relation to infection prevention and control had been addressed.	

Area for improvement 5 **Ref:** Standard 12.5 **Stated:** First time	Staff should be provided with fire safety awareness training and fire drills should be undertaken annually.	**Met**
	Action taken as confirmed during the inspection: A review of a sample of training records and discussion with staff confirmed that fire training and a fire drill had taken place during July 2017.	
Area for improvement 6 **Ref:** Standard 8 **Stated:** First time	Mr Mallon should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	**Met**
	Action taken as confirmed during the inspection: A review of documentation and discussion with Mr Mallon confirmed that the monitoring systems within Keady Dental Surgery have been reviewed to ensure effective quality assurance and governance arrangements are in operation.	

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

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

As discussed 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 Mallon confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member 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 with the exception of a full employment history. This was discussed with Mr Mallon and he advised that this had been discussed at interview however; a record had not been retained. Mr Mallon gave assurances that a full employment history will be sought and retained for any new staff commencing work in the future.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

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 safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. As discussed, the policies had been reviewed since the previous inspection. However, the revised policies were not fully reflective of the regional policies and procedural guidance in respect of safeguarding for adults and children. This area for improvement against the standards has been stated for the second time.

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. Following the inspection, further information was provided by email to the practice in relation to the most recent regional policies and 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). The Glucagon medication was stored out of the fridge and the expiry date had not been revised on the packaging and the expiry date check list in accordance with the manufacturer's instruction. This was discussed with staff and addressed on the day of the inspection. A discussion took place regarding 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. Mr Mallon agreed to increase the supply of Buccolam accordingly. Mr Mallon has given

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 with the exception of paediatric pads for use with the AED. This was discussed with Mr Mallon who confirmed that the adult pads provided are suitable for use with a child. However, there was no evidence available to review to confirm this and an area for improvement against the standards has been made.

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 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 two washer disinfectors 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.

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.

Radiography

The practice has four 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 and x-ray audits.

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 fair standard of maintenance and décor. Mr Mallon has agreed to replace or clad over the wall paper in the surgeries during the next refurbishment.

Detailed cleaning schedules and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included weekly checks of the fire detection system and servicing of the firefighting equipment. Portable appliance testing(PAT) of electrical equipment was undertaken during March 2017.

A legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and as discussed 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 review of the written scheme of examination confirmed that pressure vessels had been inspected since the previous inspection and records retained.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Nineteen 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.

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment was included in one of the questionnaire responses in relation to the inspector. This comment was discussed with Mr Mallon following the inspection.

Areas of good practice

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

Areas for improvement

The policies and procedures in respect of safeguarding children and adults should be updated to ensure they fully reflect the regional policies and guidance documents.

Provide paediatric pads for use with the AED.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

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 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 range of practice information leaflets were available in the reception area. A dedicated health promotion area for patients was observed in one of the surgeries displaying the amount of sugar in contained within various drinks, food and cereal. Staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A dental hygienist service is available within the practice for patients to attend if required.

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

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a regular 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

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.

Both 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. Both staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this.

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

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 were aware of how 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 ensures that patients understand 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 June 2017 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.

Both 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. Both staff

indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this.

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 Mallon 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 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 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 Mallon 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 Mallon demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 service is well led and were very satisfied with this aspect of the service.

Both submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Mallon, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 15.3 **Stated:** Second time **To be completed by:** 20 April 2018	The policies and procedures in respect of safeguarding children and adults at risk of harm and abuse should be updated to ensure they fully reflect the regional policies and guidance documents. Ref: 6.2 and 6.4
	Response by registered person detailing the actions taken: Policy to be updated
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 20 April 2018	The registered person shall ensure that paediatric pads are provided for use with the automated external defibrillator (AED). Ref: 6.4
	Response by registered person detailing the actions taken: Paediatric pads being sourced

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

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