

Announced Care Inspection Report 8 March 2018



Kircubbin Dental Practice

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

Address: 70 Main Street, Kircubbin BT22 2SP

Tel No: 028 4273 8729

Inspector: Norma Munn

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with two registered places.

3.0 Service details

Organisation/Registered Provider: Den.Co.Down Limited Responsible Individual: Ms Anne Abraham	Registered Manager: Mrs Alison Rainey
Person in charge at the time of inspection: Ms Anne Abraham	Date manager registered: 17 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 8 March 2018 from 10.50 to 13.50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified 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 recruitment, safeguarding, health promotion and engagement to enhance the patients' experience.

No areas for improvement have been identified during this inspection.

All of the patients who submitted questionnaire responses indicated that they were generally either very satisfied or satisfied with the care and services provided. Comments provided were discussed with Ms Abraham and included the following:

- "Great staff!"
- "Staff are fantastic, dentist good. Building very tired outside and in. Poorly maintained décor. Non-existent disabled access."
- "Only let down – poor timekeeping and poor maintenance of the place, doesn't feel like a clinical business more like an old house."

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

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Abraham, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 28 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 2017.

5.0 How we inspect

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

- 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. Returned completed patient questionnaires were also analysed prior to the inspection. RQIA invited staff to complete electronic questionnaires. No staff questionnaire responses were received following the inspection.

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

During the inspection the inspector met with Ms Abraham, registered person; an associate dentist; and two dental nurses. 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 28 February 2017

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 18 (1) Stated: First time	The registered person must review the staffing levels to ensure that there are sufficient staff employed in the practice at all times to meet the needs of the patients and practice.	Met
	Action taken as confirmed during the inspection: Ms Abraham confirmed that there has been an increase in staffing levels since the previous inspection. Discussion with staff and a review of completed patient questionnaires demonstrated that there was sufficient numbers of staff to fulfil the needs of the practice and patients.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (1) (c)</p> <p>Stated: First time</p>	<p>The registered person must review and increase the provision of dental instruments to meet the needs of the practice requirements.</p> <p>Action taken as confirmed during the inspection: Discussion with staff confirmed that the supply of dental instruments has increased since the previous inspection and following this inspection RQIA received confirmation that new dental hand-pieces have also been ordered.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (3)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the routine practice of manually cleaning dental instruments prior to sterilisation as opposed to using an automated process such as a washer disinfectant must cease with immediate effect.</p> <p>All compatible reusable dental instruments must be cleaned using an automated process.</p> <p>Action taken as confirmed during the inspection: Staff confirmed that the manually cleaning dental instruments prior to sterilisation as opposed to using an automated process has ceased with the exception of the cleaning of dental hand-pieces. This is discussed further in section 6.4 of this report.</p> <p>Following the inspection RQIA received confirmation that the supply of dental hand-pieces had been increased and assurances were given that the practice of manually cleaning dental hand-pieces has ceased. It was confirmed that all compatible reusable dental instruments will be cleaned using an automated process in the future.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 25 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that all emergency escape routes and fire exits are kept clear at all times.</p> <p>Action taken as confirmed during the inspection: On the day of the inspection the emergency escape routes and fire exits were observed to be clear. Ms Abraham confirmed that these areas are checked regularly and kept clear at all times.</p>	<p>Met</p>

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11.1 Stated: Second time	<p>It is recommended that all staff who work in the practice, including self-employed staff, should be provided with a contract/agreement.</p> <p>Records of contracts/agreements should be retained in the personnel files of any new staff recruited.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with Ms Abraham and staff confirmed that not all staff had been provided with a contract/agreement. However, following the inspection RQIA received confirmation that all employed staff have received a contract and self-employed staff are being issued with agreements.</p>	
Area for improvement 2 Ref: Standard 13.2 Stated: First time	<p>The following issues identified in relation to infection prevention and control should be addressed:</p> <ul style="list-style-type: none"> • The cause of the damp area on the wall in surgery one should be investigated and made good. • The damaged dental chair in surgery one should be repaired/reupholstered. • Hand towels dispensers in clinical areas should well stocked. • Sharps boxes should be signed and dated on assembly. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation and discussion with Ms Abraham confirmed that the cause of the damp area in the identified surgery had been investigated and was no longer an issue. The damaged dental chair in surgery one was reupholstered, hand towels dispensers in clinical areas were well stocked and sharps boxes were signed and dated on assembly.</p>	

Area for improvement 3 Ref: Standard 13.4 Stated: First time	The protein residue test should be undertaken weekly and recorded in the washer disinfectant logbook.	Met
	Action taken as confirmed during the inspection: A review of the washer disinfectant log book and discussion with staff confirmed that the protein residue test has been undertaken weekly and recorded.	
Area for improvement 4 Ref: Standard 11.8 Stated: First time	Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	Met
	Action taken as confirmed during the inspection: It was evident that improvements have been made since the previous inspection in relation to quality assurance and governance arrangements in operation within the practice.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient questionnaires demonstrated that there were sufficient numbers of staff in various roles to fulfil the needs of the practice and patients. Ms Abraham confirmed that she has recruited one new dental nurse since the previous inspection.

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

A review of the submitted staffing information and discussion with Ms Abraham confirmed that one new member of staff had 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.

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. 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.

It was confirmed that copies of the regional policy, Co-operating to Safeguard Children and Young People in Northern Ireland and the regional guidance document, Adult Safeguarding Prevention and Protection in Partnership were available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantities needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Ms Abraham 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 an automated external defibrillator (AED) which was not available in the practice. A discussion took place in relation to accessing an AED in a timely manner. Ms Abraham confirmed that an AED was available at the Loughview Medical Centre in Kircubbin however; it was agreed that this AED may not be accessed in a timely manner in accordance with the Resuscitation Council (UK) guidelines. Ms Abraham was advised to seek advice and guidance from the medico-legal advisor in regards to the provision of an AED in the practice. Following the inspection RQIA received confirmation that an AED had been ordered and upon delivered the provision of the AED will be incorporated into the management of medical emergencies policy.

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 with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector and a steam steriliser, had been provided to meet the practice requirements. Following the inspection RQIA received confirmation that the practice will be increasing the supply of decontamination equipment and are considering the use of a DAC Universal.

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.

As discussed staff confirmed that reusable dental hand-pieces were being manually cleaned prior to sterilisation. Best practice outlines that all reusable compatible dental instruments should be cleaned and sterilised using an automated process. Processing of hand-pieces was discussed with Ms Abraham who was advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015, which was issued to all dental practices by the DHSSPS. Following the inspection RQIA received confirmation that the supply of dental hand-pieces had been increased and assurances were given that the practice of manually cleaning compatible dental hand-pieces has ceased. Assurances were given that all compatible reusable dental instruments will be cleaned using an automated process.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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 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 in July 2017 by the RPA demonstrated that most of the recommendations made had been addressed. Following the inspection RQIA received confirmation that all the recommendation made had been actioned.

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. Two of the patients who submitted questionnaire responses made comments regarding the décor and maintenance of the practice. Ms Abraham confirmed that it was her intention to redecorate several areas of the practice and following the inspection RQIA received confirmation that the practice had been repainted internally and new furniture and pictures had been provided. Ms Abraham also confirmed that the signage outside the practice will be replaced with new signage will be provided to improve the external aspect of the building.

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included the servicing of the fire detection system, firefighting equipment and portable appliance testing (PAT).

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

A fire risk assessment had been undertaken and reviewed. Staff demonstrated that they were aware of the action to take in the event of a fire; however; there was no evidence that fire training and fire drills had been completed annually. This was discussed with Ms Abraham and following the inspection RQIA received confirmation that a fire drill had taken place on 19 March 2018 and fire training was being arranged.

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

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

As discussed previously, no staff submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to induction, appraisal and safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Clinical records

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

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

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 health promotion information leaflets had been provided throughout the practice and oral health care products were available for purchase. Ms Abraham and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

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
- waiting times
- review of complaints/accidents/incidents

One of the patients who submitted questionnaire responses made a comment regarding waiting times. Discussion with Ms Abraham confirmed that an audit to review the length of time patients are waiting to be treated had been completed. An action plan will be developed and embedded into practice to address any shortfalls identified.

Communication

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

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All patients who submitted questionnaire responses indicated that their care was effective. Five patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied.

As discussed previously, no staff submitted questionnaire responses.

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 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 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 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 patients who submitted questionnaire responses indicated that staff treat them with compassion. Four patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied.

As discussed previously, no staff submitted questionnaire responses.

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 whom 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.

Mrs Alison Rainey is the registered manager for Kircubbin Dental Surgery and also the registered manager for Ards Dental Surgery. Ms Abraham confirmed that although Mrs Rainey works mainly in the Ards practice she has regular telephone contact with the practice manager in Kircubbin and assists the practice manager in the day to day management of the practice. Ms Abraham also works in the Kircubbin practice one day each week and is available to support the practice manager when needed.

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. Discussion with staff confirmed that complaints have been managed in accordance with best practice.

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.

Ms Abraham 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.

Ms Abraham demonstrated a clear understanding of her 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 patients who submitted questionnaire responses indicated that the care was well managed. Three patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. One patient was neither satisfied nor unsatisfied.

As discussed previously, no staff submitted questionnaire responses.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.

