

# Announced Care Inspection Report 1 November 2017



## Laganside Dental Practice

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

**Address: 1A Lockview Road, Belfast, BT9 5FH**

**Tel No: 028 9038 1445**

**Inspector: Norma Munn**

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

<b>Organisation/Registered Provider:</b> Mr. Timothy Crooks	<b>Registered Manager:</b> Mr. Timothy Crooks
<b>Person in charge at the time of inspection:</b> Mr. Timothy Crooks	<b>Date manager registered:</b> 11 April 2012

<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2
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#### 4.0 Inspection summary

An announced inspection took place on 1 November 2017 from 10.00 to 12.10.

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 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, recruitment, safeguarding, the management of medical emergencies, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area requiring improvement was identified under the regulations in relation to the validation of the decontamination equipment.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied with all aspects of care in the practice.

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
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mr Timothy Crooks, 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 21 December 2016

No further actions were required to be taken following the most recent inspection on 21 December 2016.

## 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 previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

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

During the inspection the inspector met with Mr Crooks, registered person 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

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 21 December 2016

The most recent inspection of the practice was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 21 December 2016

There were no areas for improvement made as a result of the last care inspection.

## 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 Mr Crooks and the dental nurse and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and Mr Crooks confirmed that appraisals had taken place. The dental nurse 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 Crooks confirmed that no new staff had been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was not reviewed during this inspection.

## **Safeguarding**

Mr Crooks and the dental nurse 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. Mr Crooks confirmed that, as the safeguarding lead, he has arranged to attend 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. Mr Crooks was advised to further develop both policies in keeping with the regional policy and guidance. Following the inspection Mr Crooks confirmed that the policies had been reviewed and amended.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference. Following the inspection the 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Mr Crooks has advised that he will ensure that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF.

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 Mr Crooks and the dental nurse 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.

A policy for the management of medical emergencies was in place. 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. The dental nurse was aware of best practice in terms of the uniform and hand hygiene policies.

Discussion with the dental nurse demonstrated that she had an understanding of infection prevention and control policies and procedures and was aware of her role and responsibility. The dental nurse confirmed that she had 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. It was confirmed that the practice uses a DAC Universal to clean and sterilise all reusable dental instruments, therefore a separate washer disinfectant or steriliser is not required. The dental nurse confirmed that the DAC Universal is sufficient to meet the practice demands.

A review of documentation evidenced that the DAC Universal had not been validated since September 2015. The validation certificate had a review date of September 2017. Mr Crooks was advised that equipment used in the decontamination process should be validated in keeping with best practice and manufacturer's instructions. An area for improvement under the regulations has been made in this regard. On the day of the inspection Mr Crooks contacted the engineers to arrange for the validation of the DAC Universal.

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.

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. Mr Crooks has a 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 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 reviewed annually and water temperatures have been monitored and recorded as recommended.

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

Mr Crooks confirmed that any pressure vessels in the practice have been inspected in keeping with the written scheme of examination.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms.

## **Patient and staff views**

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and that they were very satisfied with this aspect of care. Comments provided included the following:

- "I have never had a second's anxiety about safety and cleanliness."
- "Always feel safe and protected."
- "My family has had a very long association with Laganside Dental Practice and cannot speak highly enough of the care and treatment provided."
- "Staff are always friendly and approachable."
- "Very friendly staff."
- "Excellent care and conditions."
- "Have confidence in the care."

- “Great caring environment.”
- “Very safe.”
- “Staff exceptionally approachable- on phone and face to face.”
- “Very clean and well maintained environment and always plenty of staff.”
- “Extremely clean environment and staff are always helpful and friendly.”
- “Always well staffed and always feels a safe and clean environment.”
- “I have never had any doubts about being safe and protected in this environment.”

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and that they were very satisfied with this aspect of care. The dental nurse spoken with during the inspection concurred with this. One comment was provided and included the following:

- “Patients are treated with respect and treated depending on their individual needs. For example; if they have to use a wheelchair.”

**Areas of good practice**

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, the management of medical emergencies, radiology and the environment.

**Areas for improvement**

The DAC Universal should be validated in keeping with manufacturer’s guidance and HTM 01-05.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

**6.5 Is care effective?**

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

**Clinical records**

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

Mr Crooks and the dental nurse 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 were available in the reception area and waiting room. On the notice board in the waiting room a dedicated health promotion area for patients was observed displaying information on various health promotion topics. Mr Crooks confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and hygienist. Oral health products were either freely distributed to patients or available to purchase.

### **Audits**

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents
- patient medical histories

### **Communication**

Mr Crooks 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 the minutes of the most recent staff meeting held during September 2017 have been retained. The dental nurse confirmed that meetings also facilitated informal/formal in house training sessions.

The dental nurse 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 and that they were very satisfied with this aspect of care. Comments provided included the following:

- "I've found xxx to be an excellent listener and explainer about all dental matters."
- "No problems at all."
- "Communication is excellent."
- "Treatment always explained."

- “Treatment always discussed in great detail.”
- “Always the best care taken.”
- “I have had a few choices and unbiased advice and understanding when I have changed my mind.”
- “My concerns are always listened to and I am given sufficient information about my care plans.”
- “Always treated with respect and given the best treatment and care needed.”
- “Always able to listen to concerns or questions. Consistently provides clear guidance.”
- “I have been with xx for approximately 30+ years and have moved as xxx has moved. I cannot ever contemplate going to anyone else and I have total confidence.”

All 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 and that they were very satisfied with this aspect of care. The dental nurse spoken with during the inspection concurred with this. One comment was provided and included the following:

- “I feel very strongly that patients get the right care at this practice.”

### 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
<b>Total number of areas for improvement</b>	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

Mr Crooks and the dental nurse demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. The dental nurse confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected.

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.

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 of the patients, who submitted questionnaire responses indicated that they are treated with dignity and respect, are involved in decision making affecting their care and that they were very satisfied with this aspect of care. Comments provided included the following:

- “I have been attending xxx for decades ever since he cured my phobia about dentistry when he was practising at Dundonald. Extremely compassionate, gentle and caring.”
- “Again these aspects have always been very reassuring.”
- “Dignity and privacy always respected.”
- “Have been a patient of xxx for over 30 years . Now and always have found to be very caring and compassionate. Treating me as a whole person and not just a set of teeth.”
- “I have been treated with the highest dignity and respect at every visit.”
- “Always treated with dignity and respect.”
- “Treated with great dignity by all staff. Compassionate care to the highest standards.”
- “I felt very informed about my treatment before making a decision on my teeth.”
- “Always treated with dignity and respect. If nervous about treatment I am always out at ease.”
- “Always treated with respect and made to feel valued.”
- “Over the 30 years we have developed a respectful and professional relationship which has recognised each other’s ups and downs of life. Xxx and assistants has always shown compassionate care and has always treated me with dignity and respect and informed of any other support as appropriate.”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect, are involved in decision making affecting their care and that they were very satisfied with this aspect of care. The dental nurse spoken with during the inspection concurred with this. Comments were provided that included the following:

- “Very much so.”
- “All patients are treated fair, with care and dignity. They are always treated with the utmost respect, treated according to their individual needs. They are reassured and made aware of any treatments required.”

### **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
<b>Total number of areas for improvement</b>	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 the dental nurse was able to describe her role and responsibilities and was aware of who to speak to if they had a concern. The dental nurse confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Crooks 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 yearly basis. The dental nurse was 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 Crooks 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. The dental nurse confirmed that she was aware of who to contact if they had a concern.

Mr Crooks 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service. Comments provided included the following:

- “Practice runs like clockwork, with courteous and professional staff at all levels.”
- “Very well managed and controlled.”
- “As previously stated staff at Laganside have always been very helpful, pleasant and when necessary very understanding.”
- “Staff always provide a high standard of care.”
- “Very good practice. I would be happy to recommend it”
- “A great practice, friendly staff, extremely high standard of care.”
- “I am impressed at the efficient way in which the service is managed.”
- “Always find staff very helpful and well informed.”
- “I feel the service is managed very well with a wonderful team of staff.”
- “Seems to be a good respectful relationship between dentists and support staff.”
- “Kept well informed of changes. Staff are very helpful and knowledgeable.”
- “Staff are excellent.”
- “I feel this practice is very well managed and would recommend it to friends/family.”
- “All staff are enthusiastic and professional.”
- “I am always made aware of any changes in the practice and in Denplan. If appointments (which I personally make 3 months in advance) need to be changed I am informed well in advance. Everyone in the practice works to a very professional standard.”

All submitted staff questionnaire responses indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service. The dental nurse spoken with during the inspection concurred with this. One comment was provided and included the following:

- “It is great working at Laganside, all the staff members genuinely care and respect each other. Xxx and xxx are both very approachable and accommodating. They inform us of all procedures and staff training.”

### 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
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Crooks, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2)  <b>Stated:</b> First time	The registered person shall ensure that the DAC Universal used in the decontamination process is validated in keeping with Health Technical memorandum (HTM) 01-05 and manufacturer's guidance.  Ref: 6.4
<b>To be completed by:</b> 01 December 2017	<b>Response by registered person detailing the actions taken:</b> The Dac Universal has been validated for 2 years and our procedures have been reviewed and amended to ensure compliance

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



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