

Announced Care Inspection Report 21 December 2016



Laganside Dental Practice

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

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

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Inspector: Norma Munn

1.0 Summary

An announced inspection of Laganside Dental Practice took place on 21 December 2016 from 10:00 to 12:30.

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

Is care safe?

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

Is care effective?

Observations made, review of documentation and discussion with Mr Crooks and the dental nurse demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Crooks and the dental nurse demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Timothy Crooks, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 December 2015.

2.0 Service details

Registered organisation/registered person: Mr Timothy Crooks	Registered manager: Mr Timothy Crooks
Person in charge of the practice at the time of inspection: Mr Timothy Crooks	Date manager registered: 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Crooks, registered person and a dental nurse who also undertakes reception duties. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 December 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	Further develop the DAC Universal logbook to ensure that the details of the daily automatic control test (ACT) are recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the dental nurse and a review of the log book for the DAC Universal confirmed that the details of the ACT have been recorded.	

4.3 Is care safe?

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.

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 Mr Crooks confirmed that appraisals had taken place. The dental nurse confirmed that she felt supported and involved in discussions about her personal development. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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 one 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

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.

Policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Mr Crooks and the dental nurse demonstrated knowledge of the regional guidance documents entitled “Adult Safeguarding Prevention and Protection in Partnership” issued in July 2015 and “Co-operating to Safeguard Children and Young People in Northern Ireland” issued in March 2016 and copies of these documents are 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), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. 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 Mr Crooks 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.

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. It was observed that venetian blinds were provided in one of the dental surgeries. The appropriateness of having venetian blinds in clinical areas was discussed and Mr Crooks provided assurances that the window blinds are routinely cleaned. The dental nurse had sound knowledge of best practice in terms of the uniform and hand hygiene policies.

Discussion with Mr Crooks and the dental nurse demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Both confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. It was confirmed that Laganside Dental Practice uses a DAC Universal to clean and sterilise all reusable dental instruments, therefore a separate washer disinfectant or steriliser is not required. It was also confirmed that the DAC Universal is sufficient to meet the practice demands.

Review of documentation evidenced that the DAC Universal has been appropriately validated. A review of the DAC Universal logbook 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 November 2016.

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

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation 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. The dental nurse demonstrated sound knowledge of the local rules and associated practice.

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

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

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

Environment

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

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

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

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

A fire risk assessment had been undertaken and Mr Crooks confirmed 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.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- "Staff are professional and no request or query goes unanswered."
- "Standards in the practice are excellent."
- "Very high standard of cleanliness. Staff always friendly and attentive."
- "Excellent care at all times."
- "I am fully satisfied."
- "Staff show a friendly and professional attitude."
- "Very well maintained surgery."
- "All staff are very caring and helpful in this respect."
- "The patient is made to feel completely at ease and confident that they are in good hands."
- "The practice always looks immaculate."
- "Always good staff available. Great client care, attention to any of my concerns."

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The dental nurse spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Clinical records

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

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

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

Policies were available in relation to records management, data protection and confidentiality and consent.

The 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.

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
- review of complaints/accidents/incidents

Communication

Mr Crooks confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a quarterly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Mr Crooks confirmed that informal meetings are held weekly and the practice also facilitates informal 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.

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

Patient and staff views

All of the 18 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

Comments provided included the following:

- “As someone whose dental care is challenging, I have always had confidence in the care provided.”
- The practice provides all necessary advice, in a friendly manner, using terms I can understand.”
- “Information is provided readily.”
- “Care is very effective and I would highly recommend this dental practice.”
- “When I had to consider a referral for implants xxx gave me lots of patience, time and care.”
- “I have attended the practice for nearly 20 years. I can never imagine being a patient anywhere else.”
- “I have been a patient at this practice for 26 years and have always been very satisfied with the treatment.”
- “Fantastic treatment.”
- “Everything is always well explained.”
- “I feel staff are approachable and that I could ask any questions relevant to my care.”

All four 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. The dental nurse spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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 staff needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. The dental nurse discussed how she converses with patients and conducts 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 patients understand what treatment is available to them and can make an informed choice. Mr Crooks 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 which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the 18 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- "Involved at all stages of treatment and made to feel that I have choice albeit with the necessary guidance from staff."
- "Customer care is very good. I feel confident that I am listened to and my queries or concerns are taken on board in a professional manner."
- "Great care is always taken to ensure pain is reduced (to well below acceptable level)."
- "I am provided privacy and encouraged to have a say in my treatment plan."
- "Staff are professional in every way."
- "Have been a patient for over 30 years now and have always felt well cared for."
- "Excellent treatment."
- "I am always made aware of any treatment I may need – it is always thoroughly explained by the excellent staff."
- "Absolutely."

All of the four 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. The dental nurse spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Management and governance arrangements

There was a clear organisational structure within the practice and Mr Crooks and the dental nurse were able to describe their roles and responsibilities. The dental nurse was aware of who to speak to if she had a concern and confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Crooks has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. 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. The complaints procedures in place did not fully reflect legislative and best practice guidance. This was discussed with Mr Crooks who agreed to review the policy with immediate effect. RQIA received an email on 23 December 2016 to confirm that the complaints policy and procedure had been revised. Mr Crooks and the dental nurse demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr 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. Discussion with the dental nurse confirmed that she was aware of who to contact if she 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 18 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- “Always feel informed and involved in the quality of care provided. Confidence in the leadership of the service.”
- “The service is very well led. This is demonstrated by well managed appointment lists and the first rate dental treatment provided.”
- “A well led professional service is provided at this practice.”
- “The service is very well managed. I have been a patient for almost 30 years here.”
- “Xxx and xxx led by compassionate, confident care, always with good humour. The staff appear happy and motivated. I have always felt respected, treated as an adult and well cared for.”
- “The staff are extremely friendly and helpful - can answer any queries I have with ease.”
- “Very well managed.”
- “Always made aware of changes with emails, posters etc.”
- “All the staff are friendly and motivated.”
- “I am satisfied that I am receiving a professional service in every way.”

All of the four submitted staff questionnaire responses indicated that they felt that the service is well led. The dental nurse spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

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



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