

Announced Care Inspection Report 07 February 2018



Lisburn Road Dental & Implant Clinic

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

Address: 424 Lisburn Road, Belfast, BT9 6GN

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Inspector: Carmel McKeegan

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 three registered places providing NHS and private dental care and treatment.

3.0 Service details

Organisation/Registered Provider: Mr Greg Finnegan	Registered Manager: Mr Greg Finnegan
Person in charge at the time of inspection: Ms Karen Norton, senior dental nurse	Date manager registered: 22 October 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An announced inspection took place on 07 February 2018 from 10.30 to 12.50.

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 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, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area requiring improvement against the regulations was identified to ensure the decontamination equipment is validated on an annual basis and a copy of the most recent validation records are to be submitted to RQIA upon return of the Quality Improvement Plan (QIP). Four areas for improvement against the standards were identified; one area related to the completion of training for the safeguarding lead; one area related to the provision of missing medical emergency equipment; one area related to providing evidence that the relative analgesia gas system had been serviced and the fourth area related to the development of a policy to reduce the risk of prescription pad theft and misuse and sharing this with all staff members.

All of the patients who submitted questionnaire responses indicated a high level of satisfaction with the care and services provided.

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	1	4

Details of the QIP were discussed with Ms Karen Norton, senior dental nurse, 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 07 February 2017

No further actions were required to be taken following the most recent inspection on 07 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 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 were also analysed prior to the inspection. No staff questionnaires were received by RQIA.

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

During the inspection the inspector met with the Ms Norton, senior dental nurse and two dental nurses one of whom also undertakes reception duties. 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 07 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 07 February 2017

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

Three 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.

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 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 staff confirmed that no new staff have 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 is sought and retained for inspection.

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 not yet completed formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area of improvement against the standards has been in this regard.

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' (March 2016) and the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child and oropharyngeal airways in sizes 0,1,2,3 and 4. An automated external defibrillator (AED) was also in place however it was noted that pads suitable for use with a child were not provided. An area of improvement against the standards has been made to provide the missing items.

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. Records confirmed this training had been provided in January 2018.

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 disinfectant, a DAC Universal and a steam steriliser, has been provided to meet the practice requirements. 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. However documentation was not available to confirm when the equipment used in the decontamination process had last been validated. An area of improvement against the regulations was made to ensure the validation of the decontamination equipment is undertaken and a copy of the validation certificates retained in the practice for inspection. A copy of the most recent validation certificates should be provided to RQIA upon return of the QIP.

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 on 28 November 2017.

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

Radiography

The practice has three surgeries, one of which has an intra-oral x-ray machine and an orthopan tomogram machine (OPG) which is located in a separate room. In addition a hand held x-ray device is also provided.

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

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 high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included servicing of fire safety equipment and the security alarm system and portable appliance testing (PAT). Staff stated that the relative anaesthesia (RA) gas system had been serviced however a service record was not available. An area of improvement was made against the standards to provide RQIA with a copy of the most recent service report for the RA gas system.

A legionella risk assessment was last undertaken in August 2016 and water temperatures are monitored and recorded as recommended. The legionella risk assessment is due for review this year, it was suggested that this risk assessment should provide more information. Guidance documentation was emailed to the practice following the inspection which will assist in the review and further development of the legionella risk assessment.

A fire risk assessment had been undertaken and 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.

Pressure vessels have been inspected under the written scheme of examination of pressure vessels.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms however a written security policy had not yet been developed in this regard. An area of improvement against the standards has been to develop a policy to reduce the risk of prescription pad theft and misuse and ensure this is shared with all staff members.

Patient and staff views

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

No staff submitted questionnaire responses. However, staff spoken with indicated that they felt that patients are safe and protected from harm.

Areas of good practice

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

Areas for improvement

The safeguarding lead should complete formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Validation of the decontamination equipment should be undertaken and a copy of the validation certificates should be retained in the practice for inspection. A copy of the most recent validation certificates should be provided to RQIA upon return of the QIP.

A self-inflating bag with reservoir suitable for use with a child, oropharyngeal airways in sizes 0,1,2,3 and 4 and paediatric pads for the AED should be provided.

Provide RQIA with a copy of the most recent service report for the RA gas system, upon return of the QIP.

Develop a policy to reduce the risk of prescription pad theft and misuse and share this with all staff members.

	Regulations	Standards
Total number of areas for improvement	1	4

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.

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. Staff also confirmed that patients are informed about the cost of treatments, choices and options.

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

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

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. It was confirmed that that oral health is actively promoted on an individual level with patients during their consultations. Oral healthcare products are available to purchase and free samples are also distributed to patients. The practice also has a website and Facebook both of which include information on oral health and hygiene

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 waste management
- clinical records
- patient satisfaction

Communication

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

No staff submitted questionnaire responses. However, staff spoken with indicated that they felt that patients get the right care, at the right time and with the best outcome for them.

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 ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report 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 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

No staff submitted questionnaire responses. However, staff spoken with indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care.

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 Finnegan 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 an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed 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.

Staff 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.

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 they felt that the service is well led.

No staff submitted questionnaire responses. However, staff spoken with indicated that they felt that the service is well led.

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 Ms Karen Norton, senior dental nurse, 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 Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (b) Stated: First time To be completed by: 09 April 2018	The registered person shall ensure that validation of the decontamination equipment is completed and a copy of the validation certificates provided to RQIA upon return of the QIP. Response by registered person detailing the actions taken: This has now been completed please find attached certificates.
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 15.3 Stated: First time To be completed by: 09 April 2018	The registered person shall ensure the safeguarding lead undertakes training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Ref: 6.4 Response by registered person detailing the actions taken: A member of staff has completed training and policy updated.

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 09 April 2018</p>	<p>The registered person shall ensure that a self-inflating bag with reservoir suitable for use with a child, oropharyngeal airways in sizes 0,1,2,3 and 4 and paediatric pads for the automated external defibrillator (AED) are provided.</p> <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 09 April 2018</p>	<p>The registered person shall provide RQIA with a copy of the most recent service report for the relative analgesia (RA) gas system, upon return of the QIP.</p> <p>Ref: 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 09 April 2018</p>	<p>The registered person shall develop a policy to reduce the risk of prescription pad theft and misuse and share this with all staff members.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: These have all been ordered and received.</p>
	<p>Response by registered person detailing the actions taken: I have requested this several times from Dekark the company we use and i still have not received this.</p>
	<p>Response by registered person detailing the actions taken: Policy now in place.</p>

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



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