Announced Care Inspection Report
15 May 2017

Clear Dental Bangor

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 4 Hamilton Road, Bangor, BT20 4LE
Tel no: 028 9127 0056
Inspector: Norma Munn

1.0 Summary

An announced inspection of Clear Dental Bangor took place on 15 May 2017 from 09:50 to 13:15.

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 Ms Nichola Cunningham, registered manager and staff demonstrated that further development is needed to ensure that care provided to patients is 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. Three recommendations have been made; one in relation to providing safeguarding training for staff, one in relation to further development of the safeguarding policy and one in relation to periodic testing of the DAC Universal.

Is care effective?

Observations made, review of documentation and discussion with Ms Cunningham and staff 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 Ms Cunningham and staff 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place to create 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. One requirement has been made to ensure a six monthly unannounced monitoring visit of the practice is undertaken by the registered person or their delegated representative, and one recommendation has been made in relation to incident management.

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	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Cunningham, registered manager, 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.

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 17 June 2016.

2.0 Service details

Registered organisation/registered person: Clear Dental Care (NI) Limited Mr Mark Tosh	**Registered manager:** Ms Nichola Cunningham
Person in charge of the practice at the time of inspection: Ms Nichola Cunningham	**Date manager registered:** 25 July 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 4

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
- returned completed patient and staff questionnaires

During the inspection the inspector met with Ms Nichola Cunningham, registered manager, one associate dentist and five dental nurses. A tour of some of the areas 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 17 June 2016

The most recent inspection of the establishment was an unannounced follow up pre-registration 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 17 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 1.4 **Stated:** First time	The name of the practice on the signage on the front of the building should be changed to reflect the name of the practice.	**Met**
	Action taken as confirmed during the inspection: The signage at the front of the building had been changed to reflect the new name of the practice.	

4.3 Is care safe?

Staffing

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

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

Ms Cunningham discussed her intention to commence appraising staff performance commencing the end of May. 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 Cunningham confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff 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 spoken with 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 and discussion with Ms Cunningham confirmed that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made.

A policy and procedure was 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.

Copies of the regional policies 'Co-operating to safeguard children and young people in Northern Ireland' March 2016 and 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 were available for staff reference. Ms Cunningham was advised to further develop the policy and procedure for safeguarding to fully reflect the regional policy documents for both adults and children. A recommendation has been made.

A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' September 2016. Ms Cunningham agreed to ensure the procedures are implemented within 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 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.

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. Ms Cunningham was advised to remove any protocols displayed dated 2009 that were not in keeping with best practice guidance.

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. 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. Appropriate equipment, including a washer disinfector, a DAC Universal and three steam sterilisers, have been provided to meet the practice requirements. However, on the day of the inspection staff were manually cleaning dental handpieces prior to steriliation as the DAC Universal had broken down the week prior to the inspection and was awaiting repair. As well as a DAC Universal, Clear Dental Bangor also have a washer disinfector which can be used to process dental handpieces. The washer disinfector was not used during the period of time the DAC Universal was out of action. It is advised that should the DAC Universal be out of action in the future staff should ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Following the inspection RQIA received confirmation on 22 May 2017 that the DAC Universal had been repaired and all dental handpieces were being processed using a validated process.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that in general periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. However, only a daily automatic control test (ACT) has been undertaken and recorded in respect of the DAC Universal. As this machine serves the functions of both a washer disinfector and a steriliser, the appropriate periodic tests for a washer disinfector should also be undertaken and recorded and the logbook further developed to facilitate this. A recommendation has been made in this regard.

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 May 2017.

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

Radiography

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

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

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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

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

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

Environment

The environment was maintained to a good standard of maintenance and décor. One small damp area was observed on the ceiling of one of the surgeries. Ms Cunningham has agreed to investigate the cause and address this issue.

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

Arrangements are in place for maintaining the environment including the servicing of the fire detection systems, fire-fighting equipment and fixed electrical wiring installation.

A legionella risk assessment had been undertaken during 2016 and reviewed in 2017 and water temperatures have been monitored and recorded as stated within the risk assessment.

A fire risk assessment had been undertaken during 2016 and reviewed in 2017. 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 in the practice have been inspected in keeping with the written scheme of examination during May 2016.

Ms Cunningham confirmed that arrangements were in place for the management of prescription pads/forms. A written security policy was in place to reduce the risk of prescription theft and misuse. However, the policy needed to be further developed to fully reflect the recommendations made by the Health and Social Care Board (HSCB). Following the inspection, advice and guidance was provided and RQIA received confirmation that the policy had been further developed in keeping with the HSCB recommendations.

Patient and staff views

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

- "Excellent standard of hygiene and I am kept well informed re: treatment with constant reassurance."

Fifteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eleven staff indicated that they were very satisfied with this aspect of patient care and four indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Training on the safeguarding of adults and children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011) in accordance with best practice guidance.

Further develop the policy and procedure for safeguarding to fully reflect the regional policy documents for both adults and children.

Ensure the relevant periodic tests for the DAC Universal are undertaken and recorded and the logbook further developed to facilitate this. These should include tests for both a washer disinfector and a steriliser as outlined in HTM 01-05.

Number of requirements	0	**Number of recommendations**	3

4.4 Is care effective?

Clinical records

Staff spoken with 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. There was information available in regards to oral health and hygiene in the waiting area of the practice. It was confirmed that oral health is actively promoted on an individual level with patients during their consultation and a hygienist service is available. The practice also has a Facebook page, which contains information in relation to 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 records
- review of complaints/accidents/incidents

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 three 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 informal meetings are also held and these facilitate 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 of the three patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and indicated that they were very satisfied with this aspect of their care. One comment provided included the following:

- "Recently attended with a broken tooth. It was dealt with quickly and efficiently."

All 15 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. Twelve staff indicated that they were very satisfied with this aspect of patient care and three indicated that they were satisfied. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- "Very favourable. We see pain patients on same day/emergency cover each week night and waiting lists are not long."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with 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 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. Ms Cunningham discussed plans to improve the accessibility and distribution of questionnaires in the future. 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 three patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All three patients indicated that they were very satisfied with this aspect of their care. One comment provided included the following:

- "xxx also discusses my treatment with me and gives lots of reassurance."

All 15 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. Eleven staff indicated that they were very satisfied with this aspect of patient care and four indicated that they were satisfied. Staff 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

4.6 Is the service well led?

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.

Ms Cunningham is the nominated individual with overall responsibility for the day to day management of the practice. Ms Cunningham confirmed that Mr Mark Tosh, registered person, undertakes visits to the premises and is in regular contact by telephone and electronic mail. Discussion with Ms Cunningham and a review of documentation confirmed that an unannounced visit had taken place during May 2017. However the frequency of the visits and the contents of the report were not in accordance with legislation. As Mr Tosh is not in the practice on a daily basis, in accordance with legislation, he must undertake an unannounced monitoring visit to the practice on a six monthly basis. A written report of the visit should be prepared on the conduct of the establishment and be available in the establishment for inspection. Guidance on the content of this report was provided to the practice following the inspection and a requirement has been made in this regard.

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. 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. Ms Cunningham was advised that the details of the Health and Social Care Board (HSCB) should also be included in the policy and procedure in respect of NHS dental care and treatment. Ms Cunningham agreed to amend the policy on the day of the inspection. 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.

Discussion with Ms Cunningham evidenced that an adverse incident affecting a patient had occurred in the practice since the previous inspection. Although this had been recorded in the patient's notes RQIA should have been notified of the incident. Ms Cunningham readily agreed to submit a retrospective notification in this regard and the notification was submitted to RQIA on 18 May 2017. A recommendation has been made in regards to incident management.

A system was 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 Cunningham 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 Cunningham demonstrated a clear understanding of her 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 three patients who submitted questionnaire responses indicated that they felt that the service is well managed and indicated that they were very satisfied with this aspect of the service. One comment provided included the following:

- "xxx explains any changes that occur and the reason for such changes."

All 15 submitted staff questionnaire responses indicated that they felt that the service is well led. Eleven staff indicated that they were very satisfied with this aspect of the service and four indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Mr Mark Tosh must undertake an unannounced monitoring visit to the practice on a six monthly basis. A written report of the visit should be prepared on the conduct of the establishment and be available in the establishment for inspection.

Any adverse incidents should be reported to RQIA in keeping with legislation and best practice guidance.

Number of requirements	1	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Cunningham, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

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Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref**: Regulation 26 **Stated:** First time **To be completed by:** 30 June 2017	Mr Tosh or a nominated representative must undertake a visit to the practice on at least a six monthly basis and generate a report detailing the main findings of their quality monitoring visit. The report must include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated.
	Response by registered provider detailing the actions taken: Mr Tosh visits the practice every 6-8weeks A table has been devised to include all the matters identified to be reported on.
Recommendations	
Recommendation 1 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 15 July 2017	Training on the safeguarding of adults and children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011) in accordance with best practice guidance.
	Response by registered provider detailing the actions taken: We are currently seeking training for the member of staff who did not receive any training.
Recommendation 2 **Ref**: Standard 15.3 **Stated:** First time **To be completed by:** 15 July 2017	Further develop the policy and procedure for safeguarding to fully reflect the regional policy documents for both adults and children.
	Response by registered provider detailing the actions taken: Policy & procedures have been further developed
Recommendation 3 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 15 May 2017	Ensure the relevant periodic tests are undertaken and recorded for the DAC Universal as outlined in HTM 01-05.
	Response by registered provider detailing the actions taken: Periodic tests have been updated to be in line with HTM 01-05

Recommendation 4 **Ref**: Standard 14.7 **Stated:** First time **To be completed by:** 15 May 2017	Any adverse incidents should be reported to RQIA in keeping with legislation and best practice guidance.
	Response by registered provider detailing the actions taken: Adverse Incident has been reported to RQIA.

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address*

The Regulation and Quality Improvement Authority

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