

Announced Care Inspection Report 19 July 2016



Loughridge Dental Care

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 116 Upper Lisburn Road, Belfast, BT10 0BD
Tel No: 028 9061 1880
Inspector: Emily Campbell

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Loughridge Dental Care took place on 19 July 2016 from 09:50 to 12:50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service 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 Loughridge, registered person, Ms Lapping, lead dental nurse, and staff 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. One recommendation was made in relation to medical emergency medications and equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr Loughridge, Ms Lapping 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. Good oral health is actively promoted with all patients, including children, being referred to the hygienist service. A show and tell 'treasure box' is used as a motivational tool to promote oral hygiene with children in a fun way. It was evident that there is good team involvement in the running of the service through daily, weekly and six weekly discussions/meetings. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A variety of aids are available for patients with conditions such as sight, hearing and dexterity issues and arrangements are in place accommodate patients with specific individual needs. 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. Arrangements have recently been put in place to formalise staff appraisal. 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	1

Details of the Quality Improvement Plan (QIP) within were discussed with Ms Karen Lapping, lead dental nurse at the conclusion of the inspection and with Mr Chris Loughridge, registered person on 27 July 2016, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: ETC[NI] Ltd T/A Loughridge Dental Care Mr Chris Loughridge	Registered manager: Mr Chris Loughridge
Person in charge of the service at the time of inspection: Ms Karen Lapping	Date manager registered: 28 August 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

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 two dental nurses, a hygienist and a receptionist. The inspection was facilitated by Ms Karen Lapping, lead dental nurse. A tour of the premises was also undertaken. Mr Chris Loughridge, registered person was not available during the inspection, however, the inspector spoke with Mr Loughridge on 27 July 2016 by phone as part of the inspection process.

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 07 May 2015

The most recent inspection of the establishment 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 07 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	<p>The registered person must ensure that an enhanced AccessNI check is undertaken and received in respect of the identified staff member and for any new staff recruited prior to the commencement of employment.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation evidenced that an enhanced AccessNI check had been undertaken and received in respect of the identified staff member.</p> <p>There have been no new staff employed since the previous inspection. However, Ms Lapping confirmed that arrangements had been established to ensure that enhanced AccessNI checks are undertaken and received prior to new staff commencing work in the practice. This information was also observed to have been included in a recruitment checklist which has been established.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11 Stated: First time	It is recommended that recruitment and selection procedures are further developed to ensure the following are obtained and information retained in staff personnel files of any new staff recruited: <ul style="list-style-type: none"> • evidence that an enhanced AccessNI check is received prior to commencement of employment; • two written references, including one from the current/most recent employer; • details of full employment history, including an explanation of any gaps in employment; • criminal conviction declaration on application; and • confirmation that the person is physically and mentally fit to fulfil their duties. 	Met
	Action taken as confirmed during the inspection: As discussed above, there have been no new staff employed since the previous inspection. However, a recruitment check list has been developed which includes details of all relevant information to be obtained prior to new staff commencing work, including those noted above. A criminal conviction declaration proforma has also been developed to be completed by potential employees.	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with Mr Loughridge, Ms Lapping and 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 have recently been put in place to formalise staff appraisal and staff confirmed that they have been provided with appraisal forms to complete as part of this process. Prior to this appraisal was undertaken in an informal way and records were not retained. Ms Lapping confirmed that it is intended that formal staff appraisal will be undertaken on a yearly basis thereafter.

There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. A record of training is retained to provide an overview of training and address any deficits identified.

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 Lapping 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 would be sought and retained for inspection.

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 demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available in the practice. Ms Lapping confirmed that the new guidance will be discussed with staff at the next six weekly team meeting which is held in a different location from the practice. The adult safeguarding policy will also be updated.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The glucagon medication is stored in the fridge; however, daily fridge temperature records were not retained to confirm the medication has been stored between 2 and 8 degrees centigrade as per manufacturer's instructions. The format of buccal Midazolam retained was not in keeping with the Health and Social care Board (HSCB) guidance. Ms Lapping is aware that when the buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. Emergency medicines are retained in condition specific zipped pouches along with the associated protocols to facilitate quick and easy access in the event of a medical emergency.

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 an automated external defibrillator (AED). However the practice has timely access to a community AED, which is located nearby. The use of an AED is included in the annual management of a medical emergency training.

A recommendation was made that:

- daily fridge temperatures should be undertaken and recorded to evidence that the glucagon medication is stored between 2 and 8 degrees centigrade as per manufacturer's instructions

- a self-inflating bag with reservoir suitable for use with a child should be provided

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.

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 uniform policy and hand hygiene.

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 disinfectant, a DAC Universal and steam steriliser has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

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 2016.

Radiography

Two of the three surgeries has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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 measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits. Intra-oral x-rays are processed chemically; OPG x-rays are processed digitally.

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 a high standard of radiation protection was in place. A three year review was undertaken by the RPA on 7 July 2016 and the practice has not yet been provided with the RPA report. It was confirmed that any recommendations made by the RPA would be 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. Plans have been established to refurbish the staff/kitchen/office area of the practice in August 2016. These were available for review and staff confirmed that they had an active role in establishing the refurbishment plans.

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

Arrangements were in place for maintaining the environment. This included servicing of fire safety equipment, fire safety testing, servicing of dental chairs, review of health and safety risk assessments and Control of Substances Hazardous to Health (COSHH) risk assessments. On discussion with Mr Loughridge on 27 July 2016, it was confirmed that the boiler is serviced on an annual basis. Mr Loughridge was advised that records of the servicing should be retained in the practice.

The legionella risk assessment was reviewed on an annual basis and water temperatures were monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training had been completed. Fire drills are undertaken on a six monthly basis. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels is in place and pressure vessels have been inspected in keeping with the written scheme.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “I have had some major dental treatment over the past few years and always felt 100% safe.”
- “Welcoming warm atmosphere – clean and comfortable surroundings/waiting room/reception.”
- “I find the all-round care of the surgery second to none.”
- “I always feel very secure and well cared for.”
- “High standards of hygiene. Treatment always discussed.”

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “CPD is encouraged, staff training is regular and diverse skills across the team ensure all subjects are covered.”

Areas for improvement

Daily fridge temperatures should be undertaken and recorded to evidence that the glucagon medication is stored between 2 and 8 degrees centigrade as per manufacturer’s instructions and a self-inflating bag with reservoir suitable for use with a child should be provided.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Clinical records

Mr Loughridge, Ms Lapping and staff spoken with confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice. This was confirmed by Mr Loughridge during the phone conversation on 27 July 2016.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers. It was confirmed that patients are informed about the cost of treatments, choices and options. Written treatment plans including approximate costs are provided to patients as appropriate.

Manual and computerised records are maintained. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

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. The television in the waiting room promotes the services available in the practice and includes information pertaining to oral health promotion. A show and tell 'treasure box' is used as a motivational tool to promote oral hygiene with children in a fun way. A variety of literature is available relating to oral health and aids are used for demonstration purposes. Mr Loughridge, Ms Lapping and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. All patients including children are referred to the hygienists. The practice participates in the oral cancer awareness month each year.

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

Mr Loughridge, Ms Lapping and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

All staff on duty partake in the daily morning 'pow wow' to discuss the schedule for the day. Staff advised that this provides a good start to the day and identifies any specific arrangements which need to be considered. Staff meetings are held at lunch time on a weekly basis to discuss clinical and practice management issues and minutes are retained. In addition staff meetings are held away from the practice in a different location on one morning every six weeks to discuss business objectives and set targets; again minutes are retained.

The most recent six weekly meeting included staff involvement in the planning and choosing of furniture/cabinetry for the staff/kitchen/office area refurbishment to be carried out in August 2016.

Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

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

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. Comments provided included the following:

- “I have received excellent care and advice over the past 30+ years that I have been a patient and my dental problems have not always been straightforward.”
- “Informative and meticulous attention to detail - reassuring – in good expert hands.”
- “Time is always taken at every visit to inform me exactly what is going to happen.”
- “Staff take time to discuss options.”

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. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “We have very thorough record keeping.”

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

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. The practice is accessible to patients with a disability and a variety of aids are available for patients with conditions such as sight/hearing and dexterity issues. Arrangements are put in place to accommodate patients with specific individual needs, for example, scheduling appointments at quieter times, providing appropriate background music, more frequent visits to the hygienist to provide a routine for the patient. An interpreter service is available, if required, for patients who do not speak English.

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. Written treatment plans are provided as appropriate. 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.

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. Comments provided included the following:

- “You feel like part of extended family right through to home telephone call after treatment.”
- “Friendly and compassionate service – feel in “secure hands”. Professional and 1st class treatment.”
- “All staff are pleasant, caring and approachable.”

All 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. Staff spoken with during the inspection concurred with this.

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 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. As discussed previously, procedures have recently been put in place to formalise staff appraisal. There was a 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. 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 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 Loughridge and Ms Lapping 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.

Mr Loughridge 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 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- "All staff seem well motivated and overall a very friendly service."
- "Staff at Loughridge Dental Care are pleasant, caring and very professional in their roles."
- "Nothing is too much trouble."
- "The service is excellently managed."
- "The service is efficient and staff are professional in their manner."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Karen Lapping, lead dental nurse, at the conclusion of the inspection and with Mr Chris Loughridge, registered person on 27 July 2016, as part of the inspection process. The timescales for completion 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 the 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 may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return 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.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2016</p>	<p>Daily fridge temperatures should be undertaken and recorded to evidence that the glucagon medication is stored between 2 and 8 degrees centigrade as per manufacturer's instructions.</p> <p>A self-inflating bag with reservoir suitable for use with a child should be provided.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Daily Fridge Temperature log has been created and Self-inflating bag with reservoir suitable for use with a child has been ordered and is now with emergency kit. Staff have been updated on the addition of new item to emergency kit.</p>

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



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