

Announced Care Inspection Report 8 November 2017



Maghera Dental Care

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

Address: 27 Church Street, Maghera BT46 5EA

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Inspector: Norma Munn

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: Mrs Lynne Henderson	Registered Manager: Mrs Lynne Henderson
Person in charge at the time of inspection: Mrs Lynne Henderson.	Date manager registered: 24 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An announced inspection took place on 08 November 2017 from 10:50 to 14:10.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, the management of medical emergencies and radiology. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area for improvement under the regulations has been identified in relation to the servicing and maintenance of the relative analgesia (RA) equipment. Two areas for improvement have been identified in relation to updating the safeguarding policy and addressing issues in regards infection prevention and control.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, and 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Henderson, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 August 2016

No further actions were required to be taken following the most recent inspection on 22 August 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

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

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

During the inspection the inspector met with Mrs Lynne Henderson, registered person; two associate dentists; one trainee dental nurse; and one receptionist. A tour of some areas 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 Mrs Henderson at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 August 2016

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

6.2 Review of areas for improvement from the last care inspection dated 22 August 2016

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

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.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of three evidenced that induction programmes had been completed when new staff joined 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 Mrs Henderson confirmed that three staff members had 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 had been sought and retained with the exception of a criminal conviction declaration in one of the files reviewed. Following the inspection RQIA received confirmation that the criminal conviction declaration had been sought and assurances were given that a criminal conviction declaration would be sought and retained for any new staff employed in the future.

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 completed training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children 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. The policy reviewed did not fully reflect the regional policies and best practice guidance. An area for improvement under the standards has been made in this regard.

Copies of the regional policy 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016), the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and the 'Adult Safeguarding Operational Procedures' (September 2016) were sent to the practice following the inspection by electronic mail. Mrs Henderson has agreed to ensure that these documents are made available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A discussion took place in regards to the procedure for the safe administration of Buccolam and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and the BNF. Mrs Henderson has given assurances that in the event of a medical emergency Buccolam will be administered as recommended by the HSCB and the BNF.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. Mrs Henderson confirmed that annual training in the management of medical emergencies was due to take place during September 2017 however, this training did not take place. A date has now been scheduled for January 2018 and Mrs Henderson has confirmed that the management of medical emergencies training would be updated on an annual basis in the future in keeping with best practice guidance. Mrs Henderson has discussed various medical emergency scenarios with staff on an informal basis to ensure they have been kept updated.

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. However, the floor covering in the decontamination room was stained around the edges. This was discussed with Mrs Henderson and following the inspection the floor covering was deep cleaned and the stains were removed. Fixtures, fittings, and equipment were generally free from damage, dust and visible dirt. Issues were identified, which are not in keeping with best practice in relation to infection prevention and control, are as follows:

- the identified damaged/ripped dental chair should be repaired or replaced
- the identified waste bins should be replaced with foot or sensor operated bins

These issues were discussed with Mrs Henderson and an area for improvement under the standards has been made in this regard. Following the inspection RQIA received confirmation that the base of the identified damaged/ripped dental chair is to be replaced on 11 December 2017.

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 two steam sterilisers 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 October 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, each of which has an intra-oral x-ray machine. In addition, there is an orthopan tomogram machine (OPG), which is located in a separate room. One of the intra oral x-ray machines had been newly installed and a critical examination and acceptance test had been undertaken.

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.

The Radiation Protection Advisor (RPA) completes a quality assurance check every three years. The most recent visit by the RPA was carried out during November 2016. Mrs Henderson confirmed that the recommendations made by the RPA detailed in the report had been addressed.

A copy of the local rules was on display near each x-ray machine; however, the local rules displayed were dated 2013 and had not been updated following the most recent visit by the RPA. Mrs Henderson agreed to replace these with the most up to date local rules on the day of the inspection. Appropriate staff had signed to confirm that they had read and understood the local rules. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

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. Mrs Henderson confirmed that the small holes observed in the wall of one of the surgeries were made good following the inspection and the area painted.

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

Arrangements were in place for maintaining the environment. This included the servicing of lift, fire detection systems and fire-fighting equipment.

There was no evidence to confirm that the relative analgesia (RA) equipment had been serviced and maintained in keeping with manufacturer's instructions. Mrs Henderson has agreed to address this issue. An area for improvement under the regulations has been made in this regard.

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

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.

Review of records confirmed that the pressure vessels in the practice have been inspected during March 2017 in keeping with the written scheme of examination.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

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

- "Maybe could be cleaner."
- "Yes, they wear disposable gloves."

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

Areas of good practice

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

Areas for improvement

The safeguarding policy for adults and children should be further developed to ensure it is fully reflect regional and best practice guidance. The updated policy should be shared with staff.

Issues identified in relation to infection prevention and control should be addressed.

The RA equipment should be serviced and maintained in keeping with manufacturer's instructions.

	Regulations	Standards
Total number of areas for improvement	1	2

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.

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

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

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

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A variety of literature was available relating to oral health for children and adults. Mrs Henderson confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

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

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

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a four to six weekly 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.

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

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eight patients indicated that they were very satisfied with this aspect of care and four indicated that they were satisfied. One comment was provided in respect of long waiting times and this was discussed with Mrs Henderson. Mrs Henderson has agreed to address this issue.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them, and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. One comment was provided and included the following:

- “Providing quality dental care is time consuming so there may be a little wait in some instances because of the volume of patients we provide our best efforts.”

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 ensures that 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. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality.

Patient and staff views

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

- “Lovely helpful staff.”

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. Ten staff were very satisfied with this aspect of care and one staff member did not respond. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “All patients are treated with respect and are aware of informed consent with regard to decisions.”
- “Patients are always given options for their treatment recommended by the dentist. This is vital as they are entitled to a choice of their own.”

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.

Mrs Henderson is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three 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. Mrs Henderson agreed to include the details of the Health and Social Care Board (HSCB) to the complaints procedure in relation to NHS patients. 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.

Mrs Henderson 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.

Mrs Henderson 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 patients who submitted questionnaire responses indicated that they felt that the service is well led. Eight patients indicated that they were very satisfied with this aspect of the service and four indicated that they were satisfied. No comments were included in submitted questionnaire responses.

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

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 Mrs Henderson, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, 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: 8 December 2017	The registered person shall ensure that the relative analgesia (RA) equipment is serviced and maintained in keeping with manufacturer's instructions. Ref: 6.4 Response by registered person detailing the actions taken: Henry Schein will collect both the RA machines on Monday 11 th December 2017 and send them to Astrodent McCasson in England for servicing.
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: 8 January 2018	The registered person shall ensure that the safeguarding policy/policies for adults and children are reviewed and further developed to fully reflect the regional policies and best practice guidance. The updated policy/policies should be shared with staff. Ref: 6.4 Response by registered person detailing the actions taken: I have already reviewed and rewritten my safeguarding policies this year but I have now rewritten again to separate adult and children policies and updated to fully reflect the regional policies and best practice guidance in accordance with the 3 large documents e-mailed to me by Norma Munn. I have shared these documents and policies with all the staff.
Area for improvement 2 Ref: Standard 13 Stated: First time	The registered person shall address the following issues identified in relation to infection prevention and control: <ul style="list-style-type: none"> • repair or replace the identified damaged/ripped dental chair • provide pedal or sensor operated waste bins in the identified areas

To be completed by: 8 January 2017	in keeping with HTM 01-05 Ref: 6.4
	Response by registered person detailing the actions taken: The ripped dental chair base will be replaced on 11 th December 2017 at a cost of £1500 as already reported The waste bins in the surgeries will be replaced by drawers with a spring opening mechanism in January 2018 by Mid Ulster Kitchens These will spring open with knee pressure.

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



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