

Announced Dental Practice Care Inspection Report 25 April 2016



Abbey Dental Care

Address: 604 Shore Road, Whiteabbey, BT37 0SN

Tel No: 028 9085 1597

Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Abbey Dental Care took place on 25 April 2016 from 09:55 to 13:40.

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 McNally, registered provider, and staff demonstrated that a number of issues need to be addressed 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. Two requirements were made in relation to obtaining enhanced AccessNI checks prior to new staff commencing employment and ensuring that professional indemnity is in place for relevant staff. The requirement regarding professional indemnity was stated as a recommendation during the previous inspection. Eleven recommendations were made in relation to staff induction and appraisal, General Dental Council (GDC) continuing professional development (CPD) review arrangements, the development of a staff register, recruitment and selection procedures, policy and protocol development, safeguarding training, infection control and decontamination auditing and radiology safety.

Is care effective?

Observations made, review of documentation and discussion with Mr McNally and staff demonstrated that a number of issues need to be addressed to ensure that care provided in the establishment is effective. Areas reviewed included clinical records, health promotion, audits and communication. Recommendations were made in relation to the establishment of a programme of audit to monitor and review the effectiveness and quality of care delivered to patients and to establish regular staff meetings.

Is care compassionate?

Observations made, review of documentation and discussion with Mr McNally 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 a number of issues need to be addressed to ensure that effective leadership and governance arrangements are in place and 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 person's understanding of their role and responsibility in accordance with legislation. As discussed above a number of issues were identified within the domains of is care safe and is care effective, which relate to quality assurance and good governance. Whilst Mr McNally demonstrated a clear understanding of his role and responsibility in accordance with legislation and registration with RQIA, he has been consistently late in submitting completed QIPs within the specified timescales. In addition one requirement and four recommendations made during the previous inspection were either only partially met or not met. Recommendations were made regarding the submission of information to RQIA in a timely manner and addressing requirements and recommendations within the specified timescales. There is a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure improvements are sustained. A recommendation was made to review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Due to the significance and number of issues identified during this inspection, a follow-up inspection will be undertaken, in due course, to Abbey Dental Care to review progress on these matters.

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	2	16

Details of the QIP within this report were discussed with Mr Damian McNally, 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.

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 person: Mr Damian McNally	Registered manager: Mr Damian McNally
Person in charge of the service at the time of inspection: Mr Damian McNally	Date manager registered: 10 July 2013
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 and returned completed staff and patient questionnaires.

During the inspection the inspector met with Mr McNally, a hygienist and two dental nurses, who also undertake receptionist duties. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical records
- 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 06 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 06 May 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 25 (2) (c) Stated: Second time	A written protocol should be drawn up with the contracted cleaning service detailing the arrangements for the cleaning of the practice. This should include the colour coding of cleaning equipment.	Met
	The written protocol should be included in the cleaning and maintaining the environment policy.	
	Action taken as confirmed during the inspection: Observation of the protocol and cleaning and maintaining the environment policy evidenced that this requirement has been addressed.	
Requirement 2 Ref: Regulation 25 (2) (b) Stated: First time	The registered person must ensure that the flooring in the identified surgeries is replaced.	Met
	Action taken as confirmed during the inspection: Observations made evidenced that new vinyl flooring had been provided in the identified surgeries.	
Requirement 3 Ref: Regulation 15 (6) Stated: First time	The registered person must ensure that a robust system is implemented to monitor the expiry dates of emergency medicines and equipment.	Met
	Ensure that medicines and equipment which have expired are removed and replaced.	
	Action taken as confirmed during the inspection: Mr McNally confirmed that a robust system had been implemented to monitor the expiry dates of emergency medicines and equipment. Review of the emergency medicines and equipment confirmed that they were all within their dates of expiry.	

Requirement 4 Ref: Regulation 21 (3) Schedule 3 Part II (8) Stated: First time	<p>The registered person must ensure that staff personnel files are retained in the practice and be available for review by RQIA.</p> <p>Personnel files for any new staff recruited should include the information as detailed in regulation 19 (2) Schedule 2 of The independent Healthcare Regulations (Northern Ireland) 2005.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that staff personnel files have been developed in respect of all staff.</p> <p>However, one new staff member has been recruited since the previous inspection and review of the personnel file evidenced that not all the information as detailed in regulation 19 (2) Schedule 2 of The independent Healthcare Regulations (Northern Ireland) 2005 was obtained. This matter is discussed further in section 4.3 of the report and one requirement and two recommendations were made pertaining to recruitment and selection.</p>	<p>Partially Met</p>
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	<p>The floor coverings in clinical areas should be sealed where cabinetry meets the flooring.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observations made during a tour of the premises evidenced that this recommendation has been addressed.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed.</p> <p>The protocol for the management of epilepsy should be updated to reflect the use of buccal as opposed to parental midazolam.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An overarching policy for the management of medical emergencies had not been developed. Review of the protocol for the management of epilepsy evidenced that it reflected both the use of buccal and parental midazolam.</p> <p>This recommendation had not been addressed and is stated for the second time. This matter is discussed further in section 4.3 of the report.</p>	<p>Not Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that portable suction is provided for use in the event of a medical emergency.</p> <p>The availability of an automated external defibrillator (AED) should be reviewed. Mr McNally should seek advice and guidance from his medico-legal advisor in this regard.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of the equipment to be used in the event of a medical emergency evidenced that portable suction was available.</p> <p>An AED has not been provided in the practice, however, Mr McNally and staff confirmed that they had timely access to a community AED from a local shop. This arrangement was not included in the protocol for cardiac emergencies and the recent update training in the management of a medical emergency provided in the practice on 15 April 2016 did not include training in the use of an AED.</p> <p>Whilst this recommendation has been addressed, a recommendation was made, during this inspection, regarding further development of the management of cardiac emergencies protocol and staff training in its use. This matter is discussed further in section 4.3 of the report.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>It is recommended that copies of job descriptions, contracts of employment/agreement and induction programmes should be filed in personnel files.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of four staff personnel files evidenced that contracts of employment/agreement were retained.</p> <p>The personnel file of the most recently recruited staff member did not include a copy of the induction programme. Discussion with Mr McNally and staff confirmed that although induction training is provided, this is not documented. This matter is discussed further in section 4.3 of the report and the unaddressed aspect of this recommendation has been subsumed in a recommendation made during this inspection to develop and implement formal induction programmes.</p>	<p>Partially Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a staff register is established containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation has not been addressed and was stated for the second time. Further details can be seen in section 4.3 of the report.</p>	<p>Not Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p>	<p>It is recommended that a robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover.</p> <hr/> <p>Action taken as confirmed during the inspection: This recommendation had not been addressed and a requirement was made in this respect during this inspection. Further details can be seen in section 4.3 of the report.</p>	<p>Not Met</p>

4.3 Is care safe?

Staffing

There are four surgeries in this practice, however the one surgery located on the ground floor is not operational. Mr McNally confirmed it would not be made operational until the surgery has been refurbished. Discussion with staff and review of completed staff and patient questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

There has been one new member of staff recruited since the previous inspection. A review of the personnel file identified that it did not contain an induction programme. Discussion with Mr McNally and staff confirmed that induction training is provided for new staff; however, this is not documented. A recommendation was made that formal written induction programmes, relevant to specific roles and responsibilities, should be developed and implemented when new staff join the practice and copies retained in staff personnel files.

Mr McNally and staff confirmed that staff appraisal has not been undertaken in a number of years. A recommendation was made that a system should be implemented for appraising staff performance at least on an annual basis.

A review of records confirmed that a system was in place to review the General Dental Council (GDC) registration status of all clinical staff.

Staff spoken with confirmed that they keep themselves updated with their GDC continuing professional development (CPD) requirements; however, there is no oversight of this by the practice. Mr McNally was advised that he must have systems in place to satisfy himself that all staff in the practice, including self-employed staff, are keeping themselves updated. Review of individual staff member's professional development also feeds into the appraisal process and assist in the identification of training needs to meet the needs of the practice. A recommendation was made in this regard.

During the previous inspection, a recommendation was made that a robust system should be established to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. Mr McNally advised that he had not implemented a system and that it was the responsibility of the relevant staff to ensure they had the appropriate indemnity. Copies of Mr McNally's and another staff member's indemnity were obtained and made available during the inspection. These indemnity records were observed to be current and Mr McNally's indemnity included cover for dental nursing staff. The importance for Mr McNally, as the registered person, to satisfy himself that all clinicians working in the practice are appropriately indemnified was emphasised and it was agreed that Mr McNally should obtain copies of professional indemnity certificates for all relevant staff and establish a system to review these at the time of annual renewal. A requirement was made in this regard.

A recommendation was made during the previous inspection that a staff register should be established containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. Mr McNally provided a copy of the staffing information submitted to RQIA as his staff register, however, this did not contain details of dates of birth or the precise date of commencement of employment. A staff member's name, who had left employment, had been scored out. It was explained to Mr McNally that a separate staff register should be developed with the above information and that this document should be updated as staff commence and leave employment. Staff names should not be removed from the register when they leave but a date of leaving should be entered. This recommendation has been stated for the second time.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr McNally confirmed that one new staff member has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The following was noted:

- positive proof of identity, including a recent photograph
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications
- evidence of current GDC registration

The following information was not available in the personnel file reviewed and a recommendation was made that recruitment procedures should be developed to include this information which should be retained in the personnel files of any new staff recruited:

- written references
- criminal conviction declaration
- confirmation that the person is physically and mentally fit to fulfil their duties

Mr McNally advised that a verbal reference was obtained in respect of the staff member, however, there was no record made in the personnel file in this regard.

An enhanced AccessNI check had been undertaken in respect of the staff member, however, this was not obtained until six months after the commencement of employment. A requirement was made that enhanced AccessNI checks must be undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.

The practice does not have a recruitment policy available and a recommendation was made that this should be developed. The policy should be comprehensive and reflective of 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. Staff were aware of who the nominated safeguarding lead was.

Mr McNally and staff confirmed that refresher safeguarding training has not been provided as outlined in the Minimum Standards for Dental Care and Treatment (2011). A recommendation was made in this regard. Mr McNally was informed that new regional guidance was issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and he was advised that this should be downloaded and included in the refresher training.

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, with the exception of an AED. Mr McNally and staff confirmed that they had timely access to a community AED from a local shop. However, this arrangement was not included in the protocol for cardiac emergencies and the recent update training in the management of a medical emergency provided in the practice on 15 April 2016 did not include training in the use of an AED. A recommendation was made that the management of cardiac emergencies protocol should be further developed to include the arrangements for access to the AED and staff should be trained in its use.

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 records confirmed that training in the management of medical emergencies is updated on an annual basis in keeping with best practice guidance. Staff confirmed this is also included in the induction training, however, as previously discussed no formal induction records were retained.

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.

During the previous inspection, a recommendation was made that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed and the protocol for the management of epilepsy should be updated to reflect the use of buccal Midazolam as opposed to parental Midazolam. As discussed previously the policy has not been developed and the protocol for the management of epilepsy evidenced that it reflected both the use of buccal and parental Midazolam. The use of parental midazolam should not be included in the protocol. A recommendation stated for the second time has been made.

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 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 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 and two steam sterilisers have 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.

Mr McNally confirmed that the practice has not audited compliance with HTM 01-05 for some time. A recommendation was made that compliance with HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool. Mr McNally downloaded and commenced the IPS audit during the inspection.

Radiography

The practice has four surgeries, each of which has an intra-oral x-ray machine; as discussed; one surgery is not currently operational.

The practice had a dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information. A review of the radiation protection file evidenced that the radiation protection advisor (RPA) completes a quality assurance check every three years. The report of the most recent visit by the RPA on 13 February 2015 included recommendations that were to be actioned. It was noted that a number of these recommendations had not been addressed. These included staff signing to confirm they have read and understood the local rules, authorisation and entitlement of duty holders, six monthly audits of x-ray quality grading and annual audits of justification and clinical evaluation recording. A recommendation was made that the recommendations made by the RPA are actioned and records retained in the radiology protection file to confirm this.

A copy of the local rules was on display near each x-ray machine and rectangular collimation was observed to be in use. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

Environment

The environment was maintained to a fair standard of maintenance and décor. The practice reception, waiting area, operational surgeries and the decontamination room are located on the first floor of the practice which can be accessed by stairs or a stair lift. The stairs are carpeted and it was noted that there is some fraying of the carpet on the treads of the steps. Although there is no obvious risk to patients or staff from tripping, this should be kept under review.

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

Mr McNally confirmed that arrangements are in place for maintaining the environment. Review of records confirmed that portable appliance testing was carried out in April 2016.

Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- “Staff are very helpful and everyone makes you feel at ease. The establishment is always clean and tidy.”
- “The staff in the practice are highly professional and competent.”
- “I used to be extremely nervous about dental work but I can only speak in the highest terms as to how this practice has given me a feeling of security.”
- “Been attending for many years and have had excellent treatment. Mostly check-ups.”

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

- “Every effort is taken to ensure safety for staff and patients.”

Areas for improvement

Enhanced AccessNI checks must be undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.

Copies of current professional indemnity records in respect of all clinical staff who require individual professional indemnity should be obtained and a robust system established to review the indemnity status at the time of their annual renewal. Records should be retained and be available for inspection.

Formal written induction programmes, relevant to specific roles and responsibilities, should be developed and implemented and copies retained in staff personnel files.

A system should be implemented for appraising staff performance at least on an annual basis.

A system should be implemented to monitor and ensure that GDC CPD requirements are met by all clinical staff in the practice.

A staff register should be established.

Recruitment procedures should be developed to include the information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

A recruitment policy should be developed which is comprehensive and reflective of best practice guidance.

Refresher safeguarding adults at risk of harm and safeguarding children training should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).

An overarching policy for the management of medical emergencies reflecting best practice guidance should be developed and the protocol for the management of epilepsy should be updated to reflect the use of buccal as opposed to parental Midazolam.

The management of cardiac emergencies protocol should be further developed to include the arrangements for access to the AED and staff should be trained in its use.

Compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool.

The recommendations made by the RPA in the most recent report should be actioned and records retained in the radiology protection file to confirm this. X-ray quality grading audits and justification and clinical evaluation recording audits should be undertaken and re-audited on a six monthly and annual basis respectively.

Number of requirements:	2	Number of recommendations:	11
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4.4 Is care effective?

Clinical records

Mr McNally and 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 that treatment plans are developed in consultation with patients. A 'VELscope' machine is available in the practice which is used to assist in the early detection of oral cancer if required. It was confirmed that patients are informed about the cost of treatments, choices and options. Mr McNally advised that written treatment plans are provided to patients.

Both manual and computerised records are maintained by the practice. 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.

Review of documentation demonstrated that the practice is registered with the Information Commissioner's Office (ICO).

Health promotion

Mr McNally and staff confirmed that the practice has a strategy for the promotion of oral health and hygiene. There was a variety of information available in the waiting area promoting oral health. Mr McNally and the hygienist confirmed that oral health is actively promoted on an individual basis with patients during their consultations.

Audits

Mr McNally confirmed that there are no auditing arrangements in place. A recommendation was made to establish a programme of audit to monitor and review the effectiveness and quality of care delivered to patients at appropriate intervals. It is suggested that the following should be included in the first instance:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05
- clinical waste management
- clinical record recording
- review of complaints/accidents/incidents, if applicable

An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

It was confirmed that there have been no complaints, accidents or incidents in the practice since the previous inspection.

Communication

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

Staff advised that staff meetings are held on an ad hoc basis only. This was confirmed by Mr McNally, who acknowledged that staff meetings should be held on a more regular basis to discuss clinical and practice management matters. Minutes of staff meetings, when held, are not retained. However, staff confirmed that management is approachable and they feel that they can raise any issues or concerns they may have with management. A recommendation was made that staff meetings should be held on a regular basis and minutes retained.

Staff confirmed that there are good working relationships and there is an open 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. The following comments were provided:

- “I live 20 miles away and will not change dentist.”
- “Before any treatment takes place the process is explained to me step by step. If there are alternative treatments the pros and cons are explained so I can make an informed decision.”
- “I feel totally secure when the staff are working on me.”
- “... have not needed very much treatment – therefore treatment is effective.”

All submitted staff questionnaire responses indicated that they feel 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.

Areas for improvement

A programme of audit should be established to monitor and review the effectiveness and quality of care delivered to patients.

Staff meetings should be established and held on a regular basis and minutes retained.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Mr McNally and 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.

Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment.

Clinical staff confirmed that treatment options, risks and benefits were discussed with each patient to ensure they understood what treatment was available in order that they could make an informed choice. Discussion with staff demonstrated how consent would be obtained.

A patient satisfaction survey was undertaken in May 2015 and review of the 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. Mr McNally was advised that surveys should be undertaken on an annual basis.

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. The following comments were provided:

- "I find it most helpful to see the linkage between care and compassion. This practice shows both"
- "All staff treat me with respect and I feel all my dental needs are met."
- "No compassion needed – luckily – but I do feel that they care about me."

All submitted staff questionnaire responses indicated that they feel 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 the management were responsive to any suggestions or concerns raised. Mr McNally is the nominated individual with overall responsibility for the day to day management of the practice.

A range of policies and procedures were available for staff reference and Mr McNally confirmed these are reviewed at least on a three yearly basis. As discussed previously, recommendations were made to develop or further develop some policies, procedures or protocols. Staff spoken with were aware of the policies and how to access them.

Mr McNally confirmed that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff spoken with demonstrated 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. It was confirmed that 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.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Whilst Mr McNally demonstrated a clear understanding of his role and responsibility in accordance with legislation and registration with RQIA, he has been consistently late in submitting completed QIPs, following the issue of inspection reports, within the specified timescales. This matter has been discussed on a number of occasions with Mr McNally. A recommendation was made that any information requested by RQIA, and specifically the completion of a QIP, is submitted within the timescales specified.

Review of the previous QIP identified that one of four requirements and four of six recommendations were either only partially met or not met. The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame. A recommendation has been made in this regard.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. Two requirements and 15 recommendations have been made in order to progress improvement in identified areas. There is a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. An additional recommendation was made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Patient and staff views

All patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comments were provided:

- “The quality of service and care I receive is of the highest order to date and I have no reason to believe it will not be maintained in the future.”
- “I find there is an easy caring relationship between staff members.”
- “I had to cancel very late – last week. There was no problem and I was booked in a week later.”

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

Areas for improvement

Any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.

The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Number of requirements:	0	Number of recommendations:	3
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Damian McNally, registered provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ 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 person/ manager 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 your premises. 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 person/s 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 the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (3) Stated: First time To be completed by: 9 May 2016	<p>The registered person must obtain copies of current professional indemnity records in respect of all clinical staff who require individual professional indemnity.</p> <p>A robust system should be implemented to review the indemnity status at the time of their renewal dates.</p> <p>Records should be retained and be available for inspection.</p> <p>Response by registered person detailing the actions taken:</p> <p>Staff Indemnity certificates provided by all staff + copies + kept in personnel files</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be completed by: 25 April 2016	<p>The registered person must ensure enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.</p> <p>Response by registered person detailing the actions taken:</p> <p>Will be done for all new staff</p>

<p>Recommendations</p> <p>Recommendation 1</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should develop and implement formal written induction programmes, relevant to specific roles and responsibilities, and retain copies in staff personnel files.</p> <p>Response by registered person detailing the actions taken:</p> <p>Induction programme currently being developed for all staff</p>
<p>Recommendation 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should implement a system for appraising staff performance at least on an annual basis.</p> <p>Response by registered person detailing the actions taken:</p> <p>Appraisal system currently being created</p>
<p>Recommendation 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should implement a system to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff.</p> <p>Response by registered person detailing the actions taken:</p> <p>All staff to have CPD checked yearly</p>

<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 25 May 2016</p>	<p>A staff register should be established containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Staff register being created currently</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2016</p>	<p>The registered person should further develop the recruitment procedures to include the following information as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005:</p> <ul style="list-style-type: none"> • two written references, one of which should be from the current/ most recent employer • criminal conviction declaration • confirmation that the person is physically and mentally fit to fulfil their duties <p>Information should be retained in the personnel files of any new staff recruited.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>written references obtained for newest member of staff + placed in personnel folder - personnel files created for all staff members</p>

<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should develop a recruitment policy which is comprehensive and reflective of best practice guidance.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>recruitment policy to be updated + developed</p>
<p>Recommendation 7</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should ensure that refresher safeguarding adults at risk of harm and safeguarding children training is provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) should be included in the refresher training.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>This training will be undertaken by all staff</p>
<p>Recommendation 8</p> <p>Ref: Standard 12.1</p> <p>Stated: Second time</p> <p>To be completed by: 25 July 2016</p>	<p>It is recommended that an overarching policy for the management of medical emergencies reflecting best practice guidance should be developed.</p> <p>The protocol for the management of epilepsy should be updated to reflect the use of buccal as opposed to parental midazolam.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Overarching policy currently being created</p>

<p>Recommendation 9</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should further develop the management of cardiac emergencies protocol to include the arrangements for access to the AED.</p> <p>Staff should be trained in the use of an AED.</p> <p>Response by registered person detailing the actions taken:</p> <p>Protocol currently being developed</p>
<p>Recommendation 10</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should audit compliance with HTM 01-05 on a six monthly basis using the IPS audit tool.</p> <p>Response by registered person detailing the actions taken:</p> <p>This will be audited 6/12</p>
<p>Recommendation 11</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 25 May 2016</p>	<p>The registered person should ensure the recommendations made by the radiation protection advisor (RPA) in the most recent report are actioned and records retained in the radiology protection file to confirm this.</p> <p>X-ray quality grading audits and justification and clinical evaluation recording audits should be undertaken and re-audited on a six monthly and annual basis respectively.</p> <p>Response by registered person detailing the actions taken:</p> <p>X-ray audits to be carried out + grading + justification undertaken for every x-ray</p>

Recommendation 12

Ref: Standard 8.1

Stated: First time

To be completed by:
25 July 2016

The registered person should establish a programme of audit to monitor and review the effectiveness and quality of care delivered to patients at appropriate intervals. It is suggested that the following should be included in the first instance:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05
- clinical waste management
- clinical record recording
- review of complaints/accidents/incidents, if applicable

An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

Response by registered person detailing the actions taken:

D. McNally TO create a programme
of audit to monitor all.

Recommendation 13

Ref: Standard 11.6

Stated: First time

To be completed by:
27 June 2016

The registered person should establish regular staff meetings. Minutes of staff meetings should be retained and shared with any staff who were unable to attend the meeting.

Response by registered person detailing the actions taken:

monthly meetings to be
carried out + minutes to be
taken.

Recommendation 14 Ref: Standard 8.5 Stated: First time To be completed by: 25 May 2016	<p>The registered person should ensure that any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.</p> <p>Response by registered person detailing the actions taken:</p> <p>apologies for delay</p>
Recommendation 15 Ref: Standard 8.5 Stated: First time To be completed by: 25 April 2016	<p>The registered person should ensure that any requirements and/or recommendations made during an inspection and reflected in the QIP are addressed within the stated time frame.</p> <p>Response by registered person detailing the actions taken:</p> <p>D. McNally To oversee all requirements + recommendations.</p>
Recommendation 16 Ref: Standard 8 Stated: First time To be completed by: 27 June 2016	<p>The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Response by registered person detailing the actions taken:</p> <p>D. McNally To review current systems + improve systems if possible</p>

**Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk.*

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews