

Announced Care Inspection Report 2 August 2016



Monkstown Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
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Inspectors: Emily Campbell and Gerry Colgan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Monkstown Dental took place on 2 August 2016 from 10:00 to 13:30.

The inspection sought 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 Philip Burns, registered person, Mrs Linda Fletcher, practice manager and Ms Jessica Larmour, deputy practice manager, 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. The systems and processes in place at this dental practice promote learning and development and ensure that care provided to patients is safe. Robust systems are in place to ensure that all areas pertaining to safety are reviewed. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mr Burns, Mrs Fletcher, Ms Larmour 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. There is a strong focus on auditing in this practice. Staff meetings and team away days facilitate staff training, along with discussion and identification of objectives within the practice's five year corporate and business development plan. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Burns, Mrs Fletcher, Ms Larmour and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Patient satisfaction surveys are carried out every six months and arrangements are put in place to accommodate patients with any specific need when appointments are being scheduled. 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. 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Philip Burns, registered person, Mrs Linda Fletcher, practice manager and Ms Jessica Larmour, deputy practice manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered provider: Mr Philip Burns Ms Kathryn Gordon Mr Stephen Best Mr Brian Alton Mr Mark Kirk	Registered manager: Mr Philip Burns
Person in charge of the service at the time of inspection: Mr Philip Burns	Date manager registered: 02 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 8

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 inspectors met with Mr Burns, registered person, Mrs Fletcher, practice manager, Ms Larmour, deputy practice manager, two associate dentists and six dental nurses. 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 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 September 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 07 September 2015

As above.

4.3 Is care safe?

Staffing

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

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

Procedures were in place for appraising staff performance on an annual basis and informal 'job chats' are held every quarter with individual staff. Records are retained of appraisals and job chats. Staff spoken with confirmed that appraisal is undertaken and that they find the quarterly job chats very useful and beneficial.

Continual professional development (CPD) is discussed at appraisal and 'job chat' meetings and 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. It was evident that there is a strong culture regarding staff development within the practice with a number of staff having undertaken or are in the process of undertaking additional training in areas such as sedation nurse training and radiography. An associate dentist is currently undertaking a Master of Science degree in orthodontics and the deputy practice manager will be commencing a recognised course in practice management in October 2016.

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 Fletcher and Ms Larmour confirmed that three staff have been recruited since the previous inspection. A review of the personnel files for two of these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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.

Safeguarding is included as a topic covered at induction and refresher training is provided on an annual basis. This frequency of training exceeds best practice guidance. Training records are retained.

A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available in the practice. Ms Larmour advised training in the new guidance would be discussed at the next quarterly team away day and confirmed that the policy would also be revised.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on a quarterly basis. The quarterly training update is provided in-house at the team away days and includes scenarios of different types of medical emergencies which staff advised keeps the management of a medical emergency fresh in their minds. Annual training is provided by an external provider. This frequency of training exceeds best practice guidance. In addition two staff have completed recognised first aid at work training.

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.

Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Three of the eight dental surgeries and the decontamination room were reviewed and were observed to be 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. Mr Burns advised that one surgery is being refurbished on 5 August 2016, including the provision of a new dental chair, as part of the practice's refurbishment plan. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including two washer disinfectors, a DAC Universal and six 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.

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 in May 2016.

Radiography

The practice has eight surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG) and cone beam scanner, which are 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 all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

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

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

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

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

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place. Weekly audits of clinical areas and the environment are carried out and documented.

Arrangements are in place for maintaining the environment. This included portable appliance testing, boiler servicing, CCTV inspection, and risk assessment reviews in respect of health and safety, control of substances hazardous to health (COSHH), fire and legionella.

A legionella risk assessment was last undertaken by an external contractor in December 2014, which is reviewed annually and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training had been completed. Fire drills are carried out every six months and there are nominated fire wardens. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels have been inspected in keeping with the written scheme of examination of pressure vessels.

Patient and staff views

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

- "I am a very nervous patient with coming to the dentist and I'm always made to feel in safe hands and very comfortable!"
- "Have always attended this practice since childhood and feel very comfortable here."
- "There is care for a nervous patient."

Fourteen 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. Comments provided included the following:

- “All staff are qualified in their role. Yearly appraisal and quarterly job chats are done. Quarterly ‘away days’ are organised where any relevant training takes place and staff are always encouraged to undertake further qualifications.”
- “All staff familiar with policies and are reviewed routinely.”
- “All staff are trained to look out for anyone with special requirements, vulnerable adults etc.”

Areas for improvement

No areas for improvement were identified during the inspection.

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

Clinical records

Mr Burns and staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

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

Electronic records are retained and staff have different levels of access afforded to them dependent on their role and responsibilities. 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).

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was information promoting good oral health and hygiene available in the waiting area. The practice has a health promotion outreach programme that they deliver in schools. A visit to a local nursery school to talk about and demonstrate good oral health and hygiene resulted in staff being asked back to speak with parents on the topic. The use of Marcel, the monkey, facilitated the demonstration of oral hygiene in a fun way to children.

Mr Burns and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations and this is reinforced by the hygienist service provided.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. There is a strong focus on audit within the practice which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical environment
- general environment
- clinical records
- waiting times
- review of complaints/accidents/incidents
- patient satisfaction surveys
- staff surveys

Communication

Mr Burns and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Team away days are held on a quarterly basis which facilitates formal and informal staff training and discussion and identification of objectives within the practice's five year corporate and business development plan. Review of documentation demonstrated that minutes of meetings are retained.

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. The following comment was provided:

- "Excellent dentist."

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. Comments provided included the following:

- "Longevity of restoration audits are carried out to review effectiveness of treatment. Clinical records are audited every six months."
- "They are always given the best option."

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.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

Patients with a physical disability or who require wheelchair access can be accommodated in the practice and the toilet facility is suitable for disabled access. An interpreter service is available for patients who require this assistance and two nurses can communicate with patients who are deaf using sign language. Arrangements are put in place to accommodate patients with any specific need when appointments are being scheduled. The practice opens at 8.00am every morning and stays open to 8.00pm on two evenings to accommodate patients who cannot attend during normal working hours.

The practice undertakes patient satisfaction surveys every six months. 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. In addition, there is a suggestion box in the waiting area for patients to provide comments.

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 comment was provided:

- "I'm always treated with dignity and respect."

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. Comments provided included the following:

- "All data is kept secure (password protected). Patients' options are discussed with them and they are given treatment estimates and time to decide. We have a suggestion box and undertake six monthly satisfaction surveys."
- "All patients are treated with dignity and respect."

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. There was a nominated individual with overall responsibility for the day to day management of the practice.

The practice has a five year corporate and business development plan and staff are actively involved in delivering the plan as discussed at the quarterly team away days. The practice has achieved a silver award in Investor's in People (IIP) and is a member of the British Dental Association Good Practice Scheme.

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 waiting area. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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 Fletcher and Ms Larmour 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 Burns 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. The following comment was provided:

- “One of the best dentist practices I’ve ever been part of! Really feel comfortable.”

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

- “Top managers and partners take very active role in encouraging staff to continually self-improve by taking relevant courses to their needs.”
- “I have never felt as supported in my job role as I do at Monkstown Dental. The practice owners truly care about the patients and staff and ensure any issues are dealt with promptly.”
- “Lovely environment and great team to work with.”

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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