

Announced Care Inspection Report 1 March 2017



The Banbridge Dental Practice

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

Address: 47 Church Street, Banbridge, BT32 4AA

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Inspector: Norma Munn

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of The Banbridge Dental Practice took place on 1 March 2017 from 11:05 to 14:50.

Prior to the inspection RQIA received an application in respect of Mrs Penny Chapman as registered manager. Following submission and review of the application registration was recommended on 24 February 2017.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Penny Chapman, registered manager and staff demonstrated that in general systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made in relation to radiation protection advisor reports in respect of x-ray equipment.

Is care effective?

Observations made, review of documentation and discussion with Mrs Chapman and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Chapman 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 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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Chapman, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 November 2015.

2.0 Service details

Registered organisation/registered person: Oasis Dental Care Mr Andrew Relf	Registered manager: Mrs Penny Chapman
Person in charge of the practice at the time of inspection: Mrs Penny Chapman	Date manager registered: 24 February 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mrs Chapman, registered manager, two associate dentists, two dental nurses and one receptionist. 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 12 November 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 12 November 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>It is recommended that the policy for the management of medical emergencies includes the following information:</p> <ul style="list-style-type: none"> • equipment list as recommended by Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013) • the checking procedures for emergency medicines and equipment • how to summon help • the procedure for documenting medical emergencies and • the procedure to be followed in regards to staff debriefing following a medical emergency 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The management of medical emergencies policy had been revised to include the items listed above in keeping with best practice guidance.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that the recruitment policy and procedure is developed to reflect legislative and best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: The recruitment policy had been developed in keeping with legislative and best practice guidance.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that information as detailed in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be retained in staff personnel files of any new staff, including self-employed staff recruited.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of submitted staffing information and discussion with Mrs Chapman evidenced that one member of staff had commenced work in this practice since the previous inspection. The personnel file reviewed for this staff member demonstrated that all records as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.</p> <p>The criminal conviction declaration on file referred to England and Wales and not Northern Ireland. Mrs Chapman has agreed to address this issue.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p>	<p>The patient feedback summary should be further developed to reflect the collated results of all questions in the patient satisfaction survey for future surveys carried out.</p> <hr/> <p>Action taken as confirmed during the inspection: It was confirmed that patient feedback summary reports are generated monthly. Review of the most recent report evidenced that it reflected the collated results of all questions in the patient satisfaction survey. The summary report should be further developed to include the overall number of completed satisfaction surveys used to generate the report and to include patient comments.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Two 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 one 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. The Oasis Dental Care group have an online training hub which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC). All staff have access to this training hub. Mrs Chapman has agreed to review courses attended by staff and discuss these during staff appraisals.

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 Chapman confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. As previously discussed, the policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Safeguarding refresher training is an annual mandatory course that must be completed using the online training hub. The most recent safeguarding refresher training was undertaken during January 2017. Copies of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) were available in the practice for staff reference.

Several policies and procedures were in place for the safeguarding and protection of children and adults at risk of harm. It was advised that the practice remove any policies that are no longer in use. Mrs Chapman confirmed that the practice had recently updated and revised their safeguarding policy for adults and children. The revised 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.

Management of medical emergencies

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

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. In addition to the in-house cardiopulmonary resuscitation (CPR) training refresher training on the management of medical emergencies is an annual mandatory course that staff must complete using the online line training hub. The frequency of training exceeds best practice guidelines. In addition to the CPR and medical emergency training, two staff in the practice had completed First Aid training and are nominated first aid responders.

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.

As previously discussed, 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. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Issues were identified in relation to infection prevention and control as follows:

- two of the disposable hand towel dispensers in clinical areas were empty and had not been restocked
- waste bins in the patient's toilet and staff room were not foot or sensor operated

Mrs Chapman agreed to address these issues identified in keeping with best practice guidance. The hand towel dispensers were filled on the day of the inspection and RQIA received confirmation by email on 02 March 2017 to confirm that the waste bins had been replaced with foot operated bins.

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 who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector 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.

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 December 2016. Mrs Chapman confirmed that the IPS audit is reviewed every 3 months. This exceeds best practice.

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

Radiography

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, 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) should complete a report every three years to include details of the quality assurance checks. The RPA had delegated the routine assessment of intra-oral x-ray machines to an external company. Review of documentation and discussion with Mrs Chapman demonstrated that the external company appointed by the RPA completed engineer routine assessment reports of the x-ray equipment in March 2016, which is within the past three years. However, it was confirmed that the engineer worksheets had not been shared with the RPA and the RPA had not produced a report following review of the worksheets. A recommendation has been made to address this.

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. It was confirmed that the Oasis Dental Care group have a dedicated estates department.

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

Arrangements are in place for maintaining the environment to include annual servicing of the fire detection system and firefighting equipment.

A legionella risk assessment was last undertaken during January 2017 and water temperatures are monitored and recorded as recommended.

The fire risk assessment had been reviewed during February 2017 and staff confirmed fire training had been completed. Mrs Chapman has agreed to carry out a fire drill following the inspection. Review of documents demonstrated that routine checks of the fire detection system to include emergency lighting and break glass points are undertaken and records retained. Staff demonstrated that they were aware of the action to take in the event of a fire.

Pressure vessels in the practice were inspected in keeping with the written scheme of examination.

Patient and staff views

One patient submitted a questionnaire response to RQIA. The patient indicated that they felt safe and protected from harm. No comments were included.

Seven 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. No comments were included in submitted questionnaire responses.

Areas for improvement

The service engineer routine assessment reports in respect of the x-ray equipment should be shared with the appointed RPA. An RPA report dated within the past three years should be available for each x-ray machine.

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

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

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

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

Policies were available in relation to records management, data protection and confidentiality and consent. It was confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was information available to promote good oral health and hygiene. Oasis Dental Care group have a marketing department which distributes posters to practices, a range of posters were observed to be on display. The associate dentists confirmed that oral health is actively promoted on an individual level with patients during their consultations and that if appropriate patients are referred to the hygienist. A range of oral health products are available to purchase in the practice and samples of oral health products are freely distributed to patients. It was confirmed that the practice has an outreach programme in place and that oral health information sessions have been delivered in the local schools and community. The outreach programme is to be commended.

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
- review of complaints/accidents/incidents

Communication

Mrs Chapman confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that 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

The patient who submitted a questionnaire response indicated that they get the right care, at the right time and with the best outcome for them. No comments were included.

All seven 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. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 ensures patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on a routine basis. A report detailing the findings of the patient satisfaction surveys is generated on a monthly basis and the most recent report was observed to be on display in the main reception area of the practice. Oasis Dental Care group also have a website on which patients can leave feedback in regards to the quality of care and treatment received.

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. The report observed did not identify the number of completed patient satisfaction surveys used to generate the report or patient's comments. As previously discussed, Mrs Chapman should develop this report to include the number of completed surveys received and include patient comments.

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

Patient and staff views

The patient who submitted a questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included.

All seven 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. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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. Mrs Chapman has overall responsibility for the day to day management of the practice. Mr Andrew Relf, registered person, monitors the quality of services and undertakes visits to the practice routinely in accordance with legislation. A report of the most recent unannounced monitoring visit dated 03 January 2017 was available for review.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. The complaints procedure reviewed did not include the details of the Health and Social Care Board (HSCB) and the General Dental Council (GDC) as other agencies that may be utilised at local level in keeping with standard 9 of the Minimum Standards for Dental Care and Treatment (2011). This was discussed with Mrs Chapman and RQIA received confirmation by email on 02 March 2017 that the complaints policy had been revised to include the details requested. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Chapman 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.

The registered manager 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

The patient who submitted a questionnaire response indicated that they felt that the service is well managed. No comments were included.

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2017</p>	<p>The engineer routine assessment reports for the intra-oral x-ray machines dated March 2016 should be forwarded to the appointed radiation protection advisor (RPA).</p> <p>An RPA report dated within the last three years for each piece of radiology equipment should be available in the radiation protection file.</p> <p>Evidence should be retained to confirm any recommendations in the RPA reports have been actioned.</p>
	<p>Response by registered provider detailing the actions taken: Henry Schein were in practice on 14/03/17 re-doing the RPA report. Work sheets are currently with IRS and Henry Schein are chasing the progress as the report/recommendations haven't arrived back in practice yet.</p>

Please ensure this document is completed in full and returned via RQIA web portal



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