

Announced Care Inspection Report 25 January 2017



The Elliott House Dental Practice

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

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Tel no: 028 6632 3037

Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of The Elliott House Dental Practice took place on 25 January 2017 from 09:50 to 12:50.

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 Ms Aisling Leydon, registered 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. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Ms Leydon 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 Ms Leydon 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Aisling Leydon, registered 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 January 2016.

2.0 Service details

Registered organisation/registered person: Oasis Dental Care Mr Andrew Relf	Registered manager: Ms Aisling Leydon
Person in charge of the practice at the time of inspection: Ms Aisling Leydon	Date manager registered: 21 December 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 7

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 questionnaires. No completed patient questionnaires were returned to RQIA.

During the inspection the inspector met with Ms Aisling Leydon, registered manager, an associate dentist, the lead nurse and a dental nurse. A tour of some areas 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 22 January 2016

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 22 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 (2) Stated: First time	The registered persons must ensure that enhanced AccessNI checks are received prior to any new staff commencing work in the practice.	Met
	Action taken as confirmed during the inspection: Review of the staffing information submitted to RQIA prior to the inspection and discussion with Ms Leydon evidenced that four new staff have commenced employment in this practice since the previous inspection. Review of the four identified personnel files evidenced that AccessNI enhanced disclosure checks had been undertaken and received prior to commencement of employment.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.2 Stated: First time	It is recommended that the patient feedback summary report should be further developed to reflect the collated results of all questions in the patient satisfaction surveys.	Met
	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. It was suggested that the summary report is further developed to include the overall number of completed satisfaction surveys used to generate the report and to include patient comments.	

4.3 Is care safe?

Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of four evidenced that induction programmes had been completed when new staff joined the practice. It was confirmed that newly appointed associate dentists undertake part of their induction in the Oasis training academy in England.

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.

It was confirmed that 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 and the courses undertaken are reviewed and discussed during staff appraisals. In addition to the training hub a second elearning training portal is available for staff. The second elearning training portal includes a variety of courses to include fire awareness and fire warden training, manual handling, stress management and driving awareness. Staff are encouraged to complete courses on the elearning portal relevant to their role and responsibilities.

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

As discussed, review of the submitted staffing information and discussion with Ms Leydon confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. A discussion took place in regards to how gaps in employment, should be identified, reviewed and written explanations documented, where applicable.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance. It was confirmed that the Oasis Dental Care group have a Human Resources (HR) department. During the recruitment process registered managers are supported by the HR department.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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.

On the afternoon of the inspection the following documents were forwarded to the practice by email:

- Adult Safeguarding Prevention and Protection in Partnership (July 2015)
- Adult Safeguarding Operational Procedures (September 2016)
- Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016)

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.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. 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 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.

Decontamination rooms separate from patient treatment areas and dedicated to the decontamination process were available. Appropriate equipment, including two washer disinfectors and four steam sterilisers have been provided to meet the practice requirements. The lead dental nurse confirmed that a third washer disinfectant is due to be installed. 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 January 2017. The lead nurse completes the IPS audit tool every three months, this exceeds best practice guidance.

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

Radiography

The practice has seven surgeries, each of which has an intra-oral x-ray machine. Plans are in place to install an orthopan tomogram machine (OPG).

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 good standard of maintenance and décor. It was confirmed that the Oasis Dental Care group have a dedicated estates facilities 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 routine servicing of the air conditioning system, annual servicing of the fire detection system and firefighting equipment and intruder alarm.

Arrangements are in place to ensure that portable appliance testing (PAT) of electrical equipment is completed every two years and that the fixed electrical wiring installations are inspected every five years.

It was confirmed that the fire risk assessment was completed in house and 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. In addition to the routine fire safety awareness training a number of staff have completed fire warden training.

The legionella risk assessment was undertaken by an external organisation; water temperatures are monitored and recorded as recommended.

Ms Leydon confirmed that arrangements are in place to ensure the fire and legionella risk assessments are reviewed annually.

Review of documents confirmed that the pressure vessels in the practice were inspected in keeping with the written scheme of examination.

Patient and staff views

No completed patient questionnaires were submitted to RQIA prior to the inspection. Ms Leydon confirmed that all patient questionnaires were distributed to patients by reception staff.

Five 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

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

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

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

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

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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 a range of information leaflets available in regards to 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. An associate dentist 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 also confirmed that models are used when promoting oral health and that two intra-oral cameras are available. Each of the seven dental chairs have a monitor attached and patients can see images from the intra-oral cameras on the monitors. The provision of intra-oral cameras exceeds best practice guidance.

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

It was also confirmed that the Oasis Dental Care group have a named clinical compliance and health and safety auditor. This named individual has visited The Elliott House Dental Practice within the previous 12 calendar months and completed an audit. Oasis Dental Care group have also developed a specific audit to be routinely completed by practice managers. This audit includes all aspects of the operation of the practice.

Communication

Ms Leydon and an associate dentist 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 routine 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.

Patient and staff views

As discussed no completed patient questionnaires were returned to RQIA.

All five 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 ensured patients understood 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. It was suggested that the report should identify the number of completed patient satisfaction surveys used to generate the report and include comments submitted by patients using the surveys and website.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient’s privacy, dignity and providing compassionate care and treatment.

Patient and staff views

As discussed no completed patient questionnaires were returned to RQIA.

All five 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. Ms Leydon 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 04 January 2017 was available for review.

It was also confirmed that other senior staff within Oasis Dental Care group to include the operations director and the clinical compliance and health and safety auditor visit the practice routinely. The regional clinical lead for associate dentists is based in The Elliott House Dental Practice.

A range of corporate departments within the Oasis Dental Care group support registered managers. Corporate departments include the following:

- compliance
- estates facilities
- human resources
- complaints
- finance
- information technology (IT)
- learning and development
- health and safety
- marketing

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire, review of documentation and discussion with Ms Leydon 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. It was confirmed that accidents/incidents are recorded in the accident/incident book and the records are then forwarded to the Oasis health and safety department. 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.

Ms Leydon 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.

Ms Leydon 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. Ms Leydon confirmed that the Oasis Dental Care group are giving consideration to establishing an eighth dental surgery. Ms Leydon is aware that should an additional surgery be established that a variation to registration application should be submitted to RQIA and that any new surgery must be approved and registered by RQIA prior to it becoming operational.

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

Patient and staff views

As discussed no completed patient questionnaires were returned to RQIA.

All five 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

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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