

Announced Care Inspection Report 26 October 2016



Peter Grimason Dental Surgery

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

Address: 2 Castle Place, Newtownards, BT23 7JE

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Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Peter Grimason Dental Surgery took place on 26 of October 2016 from 9.45 to 12.20.

The inspection sought to assess progress with any issues raised during and since the last dental 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 Mr Peter Grimason, registered person, and staff demonstrated that further development is needed 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. Four recommendations have been made in relation to infection prevention and control, servicing of x-ray equipment, review of the fire risk assessment, fire safety training and evacuation drills.

Is care effective?

Observations made, review of documentation and discussion with Mr Grimason 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

Observations made, review of documentation and discussion with Mr Grimason 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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Grimason, 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 QIP there were no further actions required to be taken following the most recent inspection on 14 October 2015.

2.0 Service details

Registered organisation/registered person: Mr Peter Grimason	Registered manager: Mr Peter Grimason
Person in charge of the practice at the time of inspection: Mr Peter Grimason	Date manager registered: 8 November 2011
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 questionnaires. No staff questionnaires were returned to RQIA prior to the inspection.

During the inspection the inspector met with Mr Grimason, two dental nurses and a 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 14 October 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the dental inspector. This QIP will be validated by the inspector at the next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 25(b) Stated: First time	The registered person must address the recommendations made by Health Estates in regard to the ventilation system in the decontamination room. Action taken as confirmed during the inspection: Review of the decontamination room and discussion with Mr Grimason confirmed that a new ventilation system has been installed since the last inspection.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	Establish a refurbishment programme to ensure that flooring in the surgeries is impervious, easy to clean and coved/sealed at the edges. Action taken as confirmed during the inspection: A refurbishment programme has been established and new impervious, easy to clean coved edged flooring was in place at the time of the inspection.	Met

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>The plugs should be removed and any overflows on any dedicated stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Plugs have been removed from hand washing sinks. The hand washing sink in the surgery has been blanked off as recommended however, the overflow in the hand washing sink in the decontamination room has not been blanked off as recommended.</p> <p>This recommendation has been partially met, the relevant element has been stated for a second time.</p>	<p>Met</p>	
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>		<p>It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p>
<p>Action taken as confirmed during the inspection:</p> <p>Since the previous inspection an AED had been purchased for the dental practice. Mr Grimason confirmed that staff had received training in the use of the AED.</p>		

4.3 Is care safe?

Staffing

One dental surgery is in operation in this practice. The practice has two dental surgeries however Mr Grimason confirmed that only one surgery is in use. Discussion with staff and a review of completed patient questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since registration with the RQIA, induction programme templates were in place relevant to specific roles within 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. A review of a sample of two staff files evidenced that appraisals had been completed on an annual basis.

It was identified that whilst there was a system in place to ensure that all staff undertake training to fulfil the duties of their role, fire safety training or fire drills had not been undertaken in keeping with best practice guidance. A recommendation was made that fire safety awareness training is provided and fire drills undertaken on at least an annual basis. Records should be retained for inspection.

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 Mr Grimason confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

There was a recruitment policy and procedure available. 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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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. 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 a washer disinfectant and a new steam steriliser have been provided to meet the practice requirements. As previously stated, a recommendation has been stated for a second time to ensure that the overflow in the hand washing sink in the decontamination room is blanked off.

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 Grimason confirmed that the practice will continue to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool every six months. The most recent IPS audit was completed during June 2016.

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

Radiography

The practice has one surgery in operation 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 and x-ray audits.

A copy of the local rules was on display near the 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 in May 2015 demonstrated that the recommendations made have been addressed.

The last recorded servicing of the x-ray equipment was in 2012. A recommendation has been made to ensure x-ray equipment is serviced in line with manufactures instructions.

Environment

The environment was maintained to a good 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.

Arrangements are in place for maintaining the environment. The practice uses Economy Seven heating and Mr Grimason confirmed that a new electric meter box had been installed but as it is rented accommodation the relevant documentation was not available at inspection.

A legionella risk assessment was last undertaken in 2013 and water temperature is monitored and recorded as recommended. The legionella risk assessment should be reviewed every two years.

A fire risk assessment was last undertaken in 2011, this risk assessment should be reviewed annually.

A recommendation was made to ensure that both the fire risk assessment and legionella risk assessment are reviewed in keeping with best practice guidance.

A written scheme of examination of pressure vessels was available at inspection.

Patient and staff views

Five patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- “Absolutely great. You are put at ease straight away.”

No staff questionnaire responses were received by RQIA. Staff spoken with during the inspection indicated that they felt that patients are safe and protected from harm.

Areas for improvement

Fire safety training and fire drills should be undertaken at least annually.

The overflow of the hand washing sink in the decontamination room should be blanked off.

The X-ray equipment should be serviced in keeping with manufacturer’s recommendations.

The fire risk assessment and legionella risk assessment should be reviewed in keeping with best practice guidance.

Number of requirements	0	Number of recommendations	4
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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.

Only manual records are maintained. 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 were information leaflets available in regards to oral hygiene and smoking cessation. Mr Grimason confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance

Communication

Mr Grimason 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. 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 system is in place for breaking bad news to patients

Patient and staff views

All of the five patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for the patient. The following comment was provided:

- “Yes they are great. No problem getting an appointment.”

Staff spoken with during the inspection indicated that they felt that patients get the right care, at the right time and with the best outcome for them.

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.

Mr Grimason confirmed that the practice undertakes patient satisfaction surveys on an annual basis. However date of the last survey was June 2015, Mr Grimason confirmed that patient satisfaction surveys was about to commence. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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

Patient and staff views

All of the five 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:

- "Through the treatment the dentist asks if I am ok and ok to go ahead with what he is doing. Very considerate with his patients"

Staff spoken with during the inspection indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care.

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.

Mr Grimason is the nominated individual with overall responsibility for the day to day management of the practice.

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

A copy of the complaints procedure was available in the practice. 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.

Mr Grimason 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 Grimason demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified time frames. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All of the five patients who submitted questionnaire responses indicated that they feel that the service is well managed. The following comment was provided:

- “ All the girls in the practice are so friendly and put you at your ease the minute you walk in, and talk to you right through your visit.”

Staff spoken with during the inspection indicated that they feel that the service is well led.

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 Mr Peter Grimason, registered person, 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 office 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

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 13 Stated: Second time To be completed by: 31 December 2016	The registered person should ensure that the overflow of the hand washing sink in the decontamination room is blanked off using a stainless steel plate and sealed with antibacterial mastic. Response by registered provider detailing the actions taken: MATTER IN HAND , RECOMMENDATION WILL BE CARRIED OUT PRIOR TO COMPLETION DATE
Recommendation 2 Ref: Standard 14.4 Stated: First time To be completed by: 31 December 2016	X-ray equipment should be serviced in keeping with the manufacturers recommendations and the certificate available at inspection Response by registered provider detailing the actions taken: APPOINTMENT HAS BEEN MADE WITH ENGINEER TO VISIT THE PRACTICE TO CARRY OUT SERVICE OF EQUIPMENT PRIOR TO COMPLETION DATE .
Recommendation 3 Ref: Standard 14.2 Stated: First time To be completed by: 31 December 2016	The fire risk assessment and legionella risk assessment should be reviewed in keeping with best practice guidance. Risk assessments should be retained in the premises and available for inspection. Response by registered provider detailing the actions taken: ACTION CARRIED OUT .
Recommendation 4 Ref: Standard 11.4 Stated: First time To be completed by: 31 December 2016	Fire safety/awareness training should be provided and fire drills undertaken on at least an annual basis. Training records should be retained for inspection. Response by registered provider detailing the actions taken: APPOINTMENT MADE WITH FIRE SAFETY ADVISOR TO UPDATE FIRE SAFETY TRAINING.



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