

# Announced Care Inspection Report 30 June 2016



## R A Smith Dental Practice

**Type of Service: Independent Hospital (IH) - Dental Treatment**  
**Address: 1 Connaught Park, Armagh Road, Portadown, BT62 3DF**  
**Tel No: 028 3833 4855**  
**Inspectors: Norma Munn and Emily Campbell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of R A Smith Dental Practice took place on 30 June 2016 from 09:45 to 13:15.

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

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Smith, registered person and staff demonstrated that a number of issues need to be addressed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Two requirements have been made in relation to radiation safety and the management of emergency medicines and equipment and one recommendation has been stated for a second time in relation to the management of medical emergencies policy. Nine further recommendations have been made within this domain. The recommendations are in relation to the General Dental Council (GDC) continuing professional development (CPD) review arrangements, conscious sedation training, safeguarding training and policies, the management of medical emergencies arrangements, periodic testing of decontamination equipment, radiology and fire safety.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Smith and staff demonstrated that further development is needed to ensure that care provided in the establishment is effective. Areas reviewed included clinical records, health promotion, audits and communication. One recommendation has been made in relation to the establishment of a programme of audit to monitor and review the effectiveness and quality of care delivered to patients.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Smith and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A patient satisfaction survey has been undertaken, however, the results have not yet been collated. Mr Smith confirmed that when the results are collated, a summary report will be provided and made available to patients. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection identified that a number of issues need to be addressed to ensure that effective leadership and governance arrangements are in place and to create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care.

Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. A recommendation has been made in relation to the management of complaints.

As discussed above a number of issues were identified within the domains of 'Is care safe?' and 'Is care effective?' which relate to quality assurance and good governance. Whilst Mr Smith demonstrated a clear understanding of his role and responsibility in accordance with legislation and registration with RQIA, he has been late in submitting the completed quality improvement plan (QIP) within the specified timescales. A recommendation has been made regarding the submission of information to RQIA in a timely manner and specifically the completion of a QIP should be submitted within the timescales specified.

There has been a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is also important that these are kept under review to ensure improvements are sustained. A recommendation has been made to review the current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

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
<b>Total number of requirements and recommendations made at this inspection</b>	2	14

Details of the QIP within this report were discussed with Mr Smith, registered person as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Alan Smith	<b>Registered manager:</b> Mr Alan Smith
<b>Person in charge of the service at the time of inspection:</b> Mr Alan Smith	<b>Date manager registered:</b> 11 June 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 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 inspectors met with Mr Smith, registered person, one dental nurse and one cleaner who also undertakes other duties. A tour of the premises was also undertaken.

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

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical 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 8 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 8 January 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) (d) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.</p> <p>An enhanced AccessNI check must be undertaken for the identified staff member.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of documentation evidenced that an enhanced AccessNI check had been undertaken for the identified staff member.</p> <p>No new staff have been recruited since the previous inspection, however, Mr Smith confirmed that, should staff be recruited in the future an enhanced AccessNI check would be undertaken and received prior to the member of staff commencing work in the practice.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that all staff are trained in cardio pulmonary resuscitation (CPR) and the management of medical emergencies on an annual basis in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of training records and discussion with staff evidenced that training in the management of medical emergencies and CPR was carried out on 15 April 2016 and all staff had attended. Mr Smith confirmed that training will be provided annually.</p>	<b>Met</b>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) (d) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the submitted staffing information and discussion with Mr Smith confirmed that no new staff have been recruited since the previous inspection. Mr Smith 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 would be sought and retained.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider/manager should ensure that copies of the immunisation status of all clinical staff is obtained and retained within the practice for inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that copies of immunisation records have been obtained and retained for all staff working in the practice.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that oropharyngeal airways are provided and the expired automated external defibrillator (AED) pads replaced.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> It was observed that oropharyngeal airways in various sizes have been provided and the expired AED pads have been replaced.</p>	<p><b>Met</b></p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> 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"> <li>• arrangements for staff training</li> <li>• the provision of equipment</li> <li>• the checking procedures for emergency medicines and equipment</li> <li>• the procedure to summon help</li> <li>• the procedure for documenting medical emergencies and</li> <li>• the procedure to be followed in regards to staff debriefing following a medical emergency</li> </ul>	<p><b>Not Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Smith and review of the medical emergencies policy evidenced that it had been revised since the previous inspection; however, the salient parts identified in this recommendation have still not been addressed. Therefore this recommendation has been stated for a second time.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the recruitment policy is developed in line with legislative and best practice guidance to include the following:</p> <ul style="list-style-type: none"> <li>• the name of the practice</li> <li>• the name of the person responsible for recruitment</li> <li>• the date of implementation</li> <li>• the date of review</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A recruitment and selection policy had been developed as recommended. However, the policy reviewed did not make reference to obtaining a criminal conviction declaration or a full employment history including exploring any gaps in employment. This was discussed with the dental nurse who readily agreed to include these details in the policy.</p>		

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a record of induction is completed and retained in staff personnel files.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>No new staff have been recruited since the previous inspection, however, a review of the personnel file of one member of staff evidenced that an induction record had recently been completed retrospectively and retained on file.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that a patient satisfaction survey is developed to include the quality of treatment and other services provided.</p> <p>A summary report should be collated and made available to patients.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Smith confirmed that a patient satisfaction survey had been undertaken. However, the results of patient satisfaction questionnaires have not yet been collated. Mr Smith confirmed that when the results are collated, a summary report will be provided and made available to patients.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

##### Staffing

Two dental surgeries are in operation in this practice. Discussion with Mr Smith 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.

Mr Smith employs one dental nurse and a cleaner in the practice. The cleaner also undertakes other duties such as answering the telephone, escorting patients to and from the surgeries and transporting instruments.

As previously discussed no new staff have been recruited since the previous care inspection, however, a review of the personnel file of one member of staff evidenced an induction had been completed retrospectively and retained on file.

Procedures had not been developed for appraising staff performance. This was discussed with Mr Smith and the dental nurse and it was agreed that a system would be implemented for appraising staff performance at least on an annual basis. The implementation of appraisals will be reviewed at the next inspection.

The dental nurse confirmed that she keeps herself updated with GDC CPD requirements; however, there was no oversight of this by the practice. Training records were not available for inspection with the exception of recent training carried out in medical emergencies and CPR. Mr Smith should have systems in place to satisfy himself that his dental nurse is keeping herself updated. Review of individual staff member's professional development also feeds into the appraisal process and assists in the identification of training needs to meet the needs of the practice. A recommendation has been in this regard.

The practice offers intravenous sedation to patients. Mr Smith and the dental nurse confirmed that training for the dental nurse in this regard was provided in-house; however, there were no records retained pertaining to the detail of the training. All members of the dental team providing treatment under conscious sedation should have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003). A recommendation has been made in this regard and a record of training should be generated in retrospect of the dental nurse.

A review of records confirmed that a 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 Smith confirmed that no new staff have been recruited since the previous inspection. As previously discussed 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 would be sought and retained for inspection.

### **Safeguarding**

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

Mr Smith and staff confirmed that refresher safeguarding training had not been provided as outlined in the Minimum Standards for Dental Care and Treatment (2011). The most recent training had taken place during January 2014. A recommendation has been in this regard.

Mr Smith was informed that new regional guidance was issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and he was advised that this should be provided and included in the refresher training.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy for both children and adults needs to be further developed in line with current legislation to include 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 should be included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. A recommendation has been made.

## Management of medical emergencies

Review of medical emergency arrangements evidenced that in general emergency medicines are provided in keeping with the British National Formulary (BNF). However, the oxygen cylinder and oral glucose had exceeded their dates of expiry and a revised expiry date had not been recorded on the Glucagon medication which was stored out of the fridge. Mr Smith was advised that, as per manufacturer's instructions, if Glucagon is stored at room temperature a revised expiry date of 18 months from the date of receipt should be marked on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. If in the future Glucagon is to be stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the medication been stored between 2 and 8 degrees centigrade. The format of Buccal Midazolam available was not the format recommended by the Health and Social Care Board (HSCB). Mr Smith was advised that when the current format of Buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice with the exception of a self-inflating bag with reservoir suitable for use with children.

A requirement has been made that the oxygen cylinder should be replaced as a matter of urgency.

A recommendation has been made that:

- a revised expiry date of 18 months from the date of receipt of the Glucagon medication should be recorded on the medication packaging and the expiry date checklist
- the expired oral glucose should be replaced
- a self-inflating bag with reservoir suitable for use with a child should be provided

There was an identified individual with responsibility for checking emergency medicines and equipment and a system was in place to monitor this. However, as discussed, the oxygen cylinder and oral glucose had exceeded their dates of expiry. A recommendation has been made that more robust arrangements should be implemented to ensure that emergency medicines and equipment do not exceed their expiry dates.

A review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. As discussed in section 4.2 training was provided in April 2016 and Mr Smith provided assurances that training would be 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 medical emergencies policy had been revised since the previous inspection. However, as discussed in section 4.2 the policy needs to be further developed in line with best practice. This recommendation has been stated for a second time.

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. Robust systems were in place in relation to the management of dental unit water lines (DUWLs). The dental nurse was aware of best practice in terms of uniform policy and hand hygiene.

Discussion with the dental nurse demonstrated that she had an understanding of infection prevention and control policies and procedures and was aware of her role and responsibilities. The dental nurse confirmed that she has received training in infection prevention and control and decontamination in keeping with best practice. However, training records were not available to review.

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, a statim steriliser and a vacuum steriliser, has been provided to meet the practice requirements. The statim steriliser is not routinely used but is available for use should the vacuum steriliser develop a fault. A review of documentation evidenced that equipment used in the decontamination process, including the statim steriliser, has been appropriately validated.

A review of equipment logbooks evidenced that in general periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The monthly soil test for the washer disinfector was not recorded in the logbook; however, Mr Smith confirmed this was carried out on a monthly basis. The steam penetration test for the vacuum steriliser was recorded on the logbook as being carried out daily, however, it was identified that the correct test was not being used. Mr Smith confirmed that the Bowie Dick steam penetration test for the vacuum steriliser is carried out approximately on a monthly basis; this should be undertaken daily. A recommendation has been made in relation to periodic testing.

As discussed the statim steriliser is not in use. The dental nurse is aware that a logbook should be developed if it is brought into operation.

A copy of HTM 01-05 could not be located on the day of the inspection. Mr Smith was advised to provide a copy for staff reference. There was no evidence to confirm that compliance with HTM 01-05 was audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool. This is further discussed in section 4.4 of this report. A copy of the IPS audit tool was provided to the practice following the inspection.

## **Radiography**

The practice has two surgeries, one of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate area. The area in which the OPG is located is not enclosed, however, arrangements are in place to ensure no unauthorised persons are in the locality of the OPG when in use.

A dedicated radiation protection file containing the local rules, employer's procedures and other additional information was retained. However, the most recent radiation protection advisor (RPA) critical examination was undertaken in March 2013; this should be carried out every three years. A requirement has been made to ensure that a critical examination by the RPA is carried out as a matter of urgency. On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this. Confirmation should be provided to RQIA that the critical examination has been carried out. Mr Smith provided assurances that he would contact the RPA on the afternoon of the inspection in this regard. As the practice will be closed from 4 July 2016 for a period on three weeks for holidays a six week timescale has been identified for this matter to be addressed.

A review of the radiation protection file evidenced that relevant staff have not been authorised by the radiation protection supervisor (RPS) for their relevant duties. Training records were not retained in relation to Mr Smith or staff. A recommendation has been made in this regard.

It was evidenced that some measures are taken to optimise dose exposure which included the use of rectangular collimation and digital x-ray processing. However x-ray quality grading audits have not been undertaken since January 2015. In addition, there was no evidence of x-ray justification and clinical evaluation recording audits have been carried out. This is further discussed in section 4.4 of this report.

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. The dental nurse demonstrated sound knowledge of the local rules and associated practice.

## **Environment**

The environment was maintained to a fair standard of maintenance and décor. It was suggested that wipeable pull cords are installed in toilet facilities and the floor covering of the ground floor toilet is replaced within the practice's refurbishment programme.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place, however, this was not the same colour coding as recommended by the National Patient Safety Agency (NPSA) guidance. It was suggested that the NPSA colour coding is adopted and this was readily agreed to.

Arrangements were in place for maintaining the environment. This included a legionella risk assessment, Control of Substances Hazardous to Health (COSHH) assessments and portable appliance testing.

A fire risk assessment had been undertaken in June 2012, however, there was no evidence that this had been reviewed on an annual basis and records were not retained in the fire safety logbook of checks carried out. Although staff demonstrated that they were aware of the action to take in the event of a fire, Mr Smith and the dental nurse confirmed that refresher fire safety training and fire drills had not been undertaken in some time. A recommendation has been made in this regard.

## **Patient and staff views**

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- 'Everything is meticulous.'
- 'Excellent kind care.'

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

### **Areas for improvement**

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

All members of the dental team providing treatment under Conscious Sedation should have received appropriate training in the sedation technique being used. A record of training should be generated in retrospect of the dental nurse.

Refresher safeguarding training to include adults and children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).

The policy for safeguarding of adults and children should be further developed in line with current legislation.

The oxygen cylinder should be replaced as a matter of urgency.

A revised expiry date should be identified for the Glucagon medication, the expired oral glucose should be replaced and a self-inflating bag with reservoir suitable for use with a child should be provided.

More robust arrangements should be implemented to ensure that emergency medicines and equipment do not exceed their expiry dates.

The policy for the management of medical emergencies should be further development in line with best practice.

The Bowie Dick steam penetration test should be undertaken and recorded in the vacuum steriliser logbook on a daily basis. The monthly soil test undertaken should be recorded in the washer disinfectant logbook.

A critical examination by the RPA must be carried out as a matter of urgency. On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this. Confirmation should be provided to RQIA that the critical examination has been carried out.

All relevant staff should be authorised by the RPS for their relevant duties and a record retained in the radiation protection file. Training records should be retained in relation to Mr Smith and relevant staff.

A review of the fire risk assessment should be undertaken and routine fire safety checks recorded in the fire safety logbook. Refresher fire safety training should be provided and fire drills undertaken on an annual basis.

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>10</b>
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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. It was confirmed that treatment plans are developed in consultation with patients and patients are informed about the cost of treatments, choices and options.

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 a range of health promotion information leaflets available in the waiting room area. Mr Smith confirmed that oral health is actively promoted on an individual level with patients during their consultations.

##### Audits

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

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

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

##### Communication

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

Due to the small numbers of staff working in the practice formal staff meetings have not been held on a regular basis. Mr Smith and the dental nurse discuss clinical and practice management issues on a daily basis. However, records have not been kept of any meetings or discussions. Mr Smith was advised that minutes of staff meetings and discussions should be 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 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- 'I have been coming to Mr Smith for forty years.'
- 'Great staff.'
- 'Mr Smith keeps me well informed at all times.'
- 'Timely, kind care.'
- 'Efficient staff.'

Two 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 provided in the questionnaires returned.

### **Areas for improvement**

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

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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.

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 that patients understood what treatment is available to them and can make an informed choice.

As previously discussed Mr Smith confirmed that a patient satisfaction survey had been undertaken. However, the results of patient satisfaction questionnaires have not yet been collated. Mr Smith confirmed that when the results are collated, a summary report will be provided and made available to patients.

## Patient and staff views

All 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. One comment provided included the following:

- 'With full explanation; excellent, caring treatment follows.'

Two 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 provided in the questionnaires returned.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Smith has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Several policies and procedures reviewed had not been dated when implemented or reviewed. This was discussed and Mr Smith has agreed to address this issue.

A copy of the complaints procedure was displayed in the practice. Review of the complaints policy and procedure identified that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS dental care and treatment can refer their complaint to the NHS Grampian; this should be the Northern Ireland Ombudsman. In addition, the details of the Health and Social Care Board (HSCB) should be included as an agency that may be utilised within local resolution of a complaint and the details of RQIA should also be included as a body who take an oversight view of complaints management. A recommendation has been made in this regard.

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.

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

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

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

Whilst Mr Smith demonstrated a clear understanding of his role and responsibility in accordance with legislation and registration with RQIA, he has been late in submitting the completed QIP in respect of the previous inspection report, within the specified timescale. This matter has been discussed with Mr Smith. A recommendation has been made that any information requested by RQIA, and specifically the completion of a QIP, is submitted within the timescales specified.

Evidence gathered during the inspection has identified a number of issues which could affect the delivery of safe and effective care, all of which have an impact on quality assurance and good governance. Two requirements and 13 recommendations have been made in order to progress improvement in identified areas. There has been a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. Therefore, an additional recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

### **Patient and staff views**

All 19 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- 'Wonderful people.'
- 'Mr Smith is the best dentist I have used.'
- 'Very professional and very courteous staff.'
- 'Have had excellent treatment and care over all the years I have been with this practice.'

Two 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 provided in the questionnaires returned.

### **Areas for improvement**

The complaints policy should be further developed.

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

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

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Smith, registered provider, 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 may enhance service, quality and delivery.

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to RQIA's office for review 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

**Statutory requirements**

**Requirement 1**  
**Ref:** Regulation 15 (1) (2)  
**Stated:** First time  
**To be completed by:** 10 August 2016

The registered person must ensure that a critical examination by the radiation protection advisor (RPA) is carried out as a matter of urgency.  
 On receipt of the RPA report, any recommendations made by the RPA should be actioned and a record retained to evidence this.  
 Confirmation should be provided to RQIA that the critical examination has been carried out.

**Response by registered person detailing the actions taken:**

RPA attended on 9/8/16 to carry out equipment tests etc. Radiation levels all below specified acceptable upper limits with both machines (digital) write report ~~not yet~~ received. Verbally all in order I am aware of quarterly radiation levels as PHE is also involved & dosimeters record 0 (zero) levels continually so safety is assured one photon is also used for 3yly reporting.

**Requirement 2**  
**Ref:** Regulation 15 (6)  
**Stated:** First time  
**To be completed by:** 30 June 2016

The registered person must ensure that the oxygen cylinder which has expired has been removed and replaced as a matter of urgency.

**Response by registered person detailing the actions taken:**

Portable oxygen cylinder has been replaced I have been in contact with BOC. It is only a theoretical issue. As it is a matter of RQIA being aware of this issue it would be appreciated if they could inform dental practitioners because BOC has not. You do have some duty of care to providers As discussed with Mr Munn I have piped medical gases in both surgeries & I would use the oxygen from this source in preference to a portable oxygen cylinder. The existing pipework from surgery 2 covers the waiting room with the existing supply flexible tubing from the inflation Bags. I have never used the portable oxygen supply in an emergency to date. I rely on piped gases

The portable oxygen cylinder has its largest capacity I size cylinders with flowmeters & is present usually in certain unusual places - in the street!

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 11.4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person should implement a system to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff.</p> <p>Records of training are to be retained.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>A system of CPD Recording has been instigated.</i></p> <p><i>My last 5 yr. cycle of CPD verifiable 75 hrs. has been verified by GDC.</i></p> <p><i>I keep a record of my nurses CPD activities.</i></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>All members of the dental team providing treatment under Conscious Sedation should have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).</p> <p>A record of training should be generated in retrospect of the dental nurse.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>This has been done and is a continual educational process may I add. I am a life member of S.A.A.D and am kept informed of matters relative to sedation through <del>our</del> journal. I have made and retained a written record of the dental nurses practical clinical &amp; theoretical training with me in my practice. You had absolutely no authority or reasons to order me to cease IV sedations on 30<sup>th</sup> June. At least you retrospectively contacted the GDC who informed you otherwise. Many nurses have been trained in sedation techniques in my practice over the years. Availability of outside courses being run in NI in this field is very limited.</i></p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>The new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) should be included in the refresher training.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>As you are aware availability of courses are limited in NI. When a suitable course becomes available - beneficially in combination with other courses (radiology) requirements: we will be attending.</i></p> <p><i>Overall NI, this is a matter of concern to GPs that so few are being run in all areas. Could RQIA not liaise with the dental teaching hospital to offer courses outside of the academic term time when students are on vacation? Could even be an earned for cash strapped N.H.S. services.</i></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The policy for safeguarding adults and the policy for safeguarding children should be further developed in keeping with current legislation.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>This has been written up into this policy folder</i></p>

<p><b>Recommendation 5</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be Completed by: 30 July 2016</p>	<p>A revised expiry date of 18 months from the date of receipt of the Glucagon medication should be recorded on the medication packaging and the expiry date checklist.</p> <p>The expired oral glucose should be replaced</p> <p>A self-inflating bag with reservoir suitable for use with a child should be provided as recommended in the Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013).</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The expired oral glucose has been disposed of/included          There was <del>also</del> the emergency package          an up to date oral glucose product.          on the date of your inspection 30<sup>th</sup> June 16          on Glucagon medication package duly recorded          date of receipt since your recent information 30<sup>th</sup> Jun          It would be helpful if you could share          your information which was not available          when you previously visited my practice in Feb 16          also includes portable oxygen expiry info.</p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>More robust arrangements should be implemented to ensure that emergency medicines and equipment do not exceed their expiry dates.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>In respect of the only product          The only way the expired glucose          which is all that this recommendation          concerns is that it was placed          in the back of the cupboard awaiting          disposal. It was not for emergency          use. Current oral glucose medication          was present in the emergency drug tray          inside its shelf life &amp; listed in the          monthly drug check list.</p>

<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 August 2016</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"> <li>• arrangements for staff training</li> <li>• the provision of equipment</li> <li>• the checking procedures for emergency medicines and equipment</li> <li>• the procedure to summon help</li> <li>• the procedure for documenting medical emergencies and</li> <li>• the procedure to be followed in regards to staff debriefing following a medical emergency</li> </ul> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>The above six items will be included in the appropriate file with individual items fully expanded.</i></p>
<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 June 2016</p>	<p>The Bowie Dick steam penetration test should be undertaken and recorded in the vacuum steriliser logbook on a daily basis.</p> <p>The monthly soil test undertaken should be recorded in the washer disinfectant logbook.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p><i>I am currently using a Helix strip (Not a BOWIE DICK test) daily vacuum test <del>results</del> will be recorded in log Book along with soil test monthly results.</i></p>

<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 August 2016</p>	<p>All relevant staff should be authorised by the radiation protection supervisor (RPS) for their relevant duties and a record retained in the radiation protection file.</p> <p>Training records in respect of radiology should be retained in relation to Mr Smith and relevant staff.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>RPS has indicated who is authorised</i></p> <p><i>Recorded training will be included in the file.</i></p>
<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 14.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>A review of the fire risk assessment should be undertaken and routine fire safety checks recorded in the fire safety logbook.</p> <p>Refresher fire safety training should be provided and fire drills undertaken on an annual basis.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>This will receive my attention.</i></p> <p><i>May I add no fires to date <sup>47 1/2</sup> yrs.</i></p> <p><i>Something must be right!</i></p> <p><i>I will organise training once again for my dental nurse and my cleaners.</i></p> <p><i>I believe that I can adequately &amp; satisfactorily complete this task myself.</i></p>

<p><b>Recommendation 11</b></p> <p><b>Ref:</b> Standard 8.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>Establish a programme of audit to monitor and review the effectiveness and quality of care delivered to patients at appropriate intervals. It is suggested that the following should be included in the first instance:</p> <ul style="list-style-type: none"> <li>• x-ray quality grading</li> <li>• x-ray justification and clinical evaluation recording</li> <li>• IPS HTM 01-05</li> <li>• clinical waste management</li> <li>• clinical record recording</li> <li>• review of complaints/accidents/incidents, if applicable</li> </ul> <p>An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>An x ray quality grading relating to 60 cases was available on 30th June but was not asked for. Evaluation recorded on all digital x rays HTM 01-05 accessible by internet when required Hard copy not retained Clinical record keeping has been made more exhaustive &amp; comprehensive</i></p>
<p><b>Recommendation 12</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The complaints policy should be further developed to reflect that patients who remain dissatisfied with the outcome of the complaints investigation in respect of NHS can refer to the Northern Ireland Ombudsman.</p> <p>In addition the details of the Health and Social Care Board (HSCB) should be included as an agency that may be utilised within local resolution of a complaint and the details of RQIA should also be included as a body who take an oversight view of complaints management.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>Additions to our existing policy will be made. HSCB included</i></p>

<p><b>Recommendation 13</b></p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered person should ensure that any information requested by RQIA, and specifically the completion of a QIP, should be submitted within the timescales specified.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>When I provide the inspector with a written considered response I do not expect it to be returned to me with 2 words INADEQUATE response. These 2 words implies a badmistress/pupil relationship. It is a failure in communication not to state what further information that you require and an opportunity lost. Your literacy skills are much more advanced than that!</i></p>
<p><b>Recommendation 14</b></p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person should review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><i>This will <del>not</del> be included in the lists,</i></p>



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