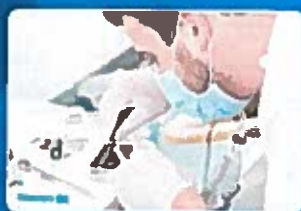


Announced Care Inspection Report 27 April 2017



Radiance Oral Healthcare

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

Address: 19 St Brides Street, Carrickfergus BT38 8AF

Tel No: 028 9336 6909

Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Radiance Oral Healthcare took place on 27 April 2017 from 10.15 to 12.45.

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 Mr Trevor Buchanan, registered person and staff demonstrated that, in general, systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One requirement was made in relation to the provision of an Access NI enhanced disclosure check for a recently employed staff member. Three recommendations were made, one in relation to the handling of the Access NI disclosure certificate, one in relation to the provision of an emergency medication and one to implement the monitoring of water temperatures as outlined in the legionella risk assessment for the practice.

Is care effective?

Observations made, review of documentation and discussion with Mr Buchanan 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 Mr Buchanan 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	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Trevor Buchanan, 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 6 May 2016.

2.0 Service details

Registered organisation/registered person: Mr Trevor Buchanan	Registered manager: Mr Trevor Buchanan
Person in charge of the practice at the time of inspection: Mr Trevor Buchanan	Date manager registered: 20 December 2012
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 the returned completed patient and staff questionnaires were analysed. The complaints declaration and staffing information had not been received by RQIA prior to the inspection; this was discussed during the inspection and followed up after the inspection.

During the inspection the inspector met with Mr Buchanan, registered person, the practice manager and a dental nurse. 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 6 May 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 6 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.4 Stated: First time	The registered person should submit a copy of the written scheme of examination for pressure vessels with the returned QIP	Met
	Action taken as confirmed during the inspection: Review of records confirmed the pressure vessel testing was completed on 30 September 2016.	
Recommendation 2 Ref: Standard 1.2 Stated: First time	The registered person should develop a patient guide in keeping with legislation. The patient guide should be made available to patients.	Met
	Action taken as confirmed during the inspection: A patient guide was prepared in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005, and was available for patients.	

4.3 Is care safe?

Staffing

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

A record of induction template was in place which could be adapted to meet the specific roles and responsibilities within the practice. Mr Buchanan confirmed that one new staff member had recently commenced employment and the staff member's record of induction would be retained in the staff member's personnel file upon completion.

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.

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 previously stated, Mr Buchanan confirmed that one staff member had been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of photographic evidence of identification and a criminal conviction declaration, this was discussed with Mr Buchanan. On 3 May 2017 RQIA received an email from the practice manager to confirm that photographic identification and a criminal conviction declaration had been obtained for the identified staff member.

It was noted that an Access NI basic disclosure certificate was retained for the new member of staff and that this had been completed prior to commencement of employment. Mr Buchanan and the practice manager were advised that an Access NI enhanced disclosure should be sought and retained. A requirement had been made to address this. It was also advised that disclosure certificates should be handled in keeping with the AccessNI Code of Practice and therefore should not be retained. A record should be retained of the date the check was applied for and received, the unique identification number and the outcome. A recommendation was made in this regard.

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.

It was identified that policies and procedures for the safeguarding and protection of adults and children were in need of further development to reflect the most recent regional guidance documents in relation to safeguarding adult and children. Advice and guidance was provided and on 3 May 2017 RQIA received a copy of the updated safeguarding policy by email. Review of the updated safeguarding policy confirmed the policy reflected the most recent regional guidance safeguarding documents. 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.

It was confirmed that copies of the new regional policies entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' issued during March 2016 and the new regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference.

A discussion took place in relation to the 'Adult Safeguarding Operational Procedures' (September 2016). Mr Buchanan agreed to ensure the procedures are implemented within the practice.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam retained was not in keeping with guidance issued by the Health and Social Care Board (HSCB) during May 2013. A recommendation has been made to address this.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. In addition both staff members spoken are volunteers with the St Johns Ambulance service and have completed training as advanced first aiders.

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. It was observed that the chemical processor for developing x-rays was positioned on the work top in the decontamination room, this was discussed with Mr Buchanan who stated he plans to implement digital x-ray processing and therefore the chemical processor will be removed in due course.

Appropriate equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance six monthly with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

Radiography

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

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

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.

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 the annual servicing of the boiler, and firefighting equipment. Mr Buchanan confirmed that electrical equipment is tested every three years and the fixed electrical wiring installation is inspected every five years.

A legionella risk assessment had been undertaken and is due for review in December 2017; a recommendation was made to ensure water temperature are monitored and recorded as stated within this risk assessment.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

As previously stated, pressure vessels in the practice have been inspected in keeping with the written scheme of examination during September 2016.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Sixteen patients indicated they were very satisfied with this aspect of the service and three indicated they were satisfied. Comments provided included the following:

- 'Staff always willing to help.'
- 'Care is completely safe and I have entrusted children into care of dentist. Practice is always well maintained.'
- 'Staff are very competent and all options and treatments are explained thoroughly.'

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm and that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

An Access NI enhanced disclosure should be sought and retained for the new staff member and for any person commencing work in the practice in the future.

Access NI enhanced disclosure certificates should be handled in keeping with the Access NI Code of Practice.

The format of Buccal Midazolam should be replaced with Buccolam pre-filled syringes.

Hot and cold water temperatures should be monitored and recorded as stated within the legionella risk assessment.

Number of requirements	1	Number of recommendations	3
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4.4 Is care effective?

Clinical records

Mr Buchanan 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.

Electronic records are maintained which 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. Mr Buchanan and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentist and the hygienist.

A range of oral health care products are available for purchase and it was confirmed that samples of toothpaste are freely distributed to patients. Information leaflets are also available in the practice. The practice has a Facebook page which includes information on oral health and hygiene.

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
- patient satisfaction survey
- patient waiting times

Communication

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

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

All of the 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Sixteen patients indicated they were very satisfied with aspect of the service and three indicated they were satisfied. Comments provided included the following:

- 'Care is very effective and is delivered in a very logical and understandable way. Dentist and staff always receptive to answering my questions.'
- 'All treatments are always carried out professionally and I am well informed as to why each treatment is needed.'

Both 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 and indicated that they were very satisfied with this aspect of the service. 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. There were no patients receiving treatment during the inspection, however staff were observed dealing with enquires from patients in a respectful and professional 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 an annual basis. 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 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Sixteen patients indicated they were very satisfied with aspect of the service and three indicated they were satisfied. Comments provided included the following:

- 'Care is always compassionate. Dentist provides treatment in a non-judgmental way. This environment created by the dentist and staff encourages comments and suggestions.'
- 'I feel I am always looked after properly by the staff here.'

Both 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. Both indicated that they were very satisfied with this aspect of the service. 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.

There was a 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 yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion and this had not been received prior to the inspection, Mr Buchanan and the practice manager were able to confirm 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 Buchanan and staff 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 Buchanan demonstrated a clear understanding of his role and responsibility in accordance with legislation. 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 19 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Sixteen patients indicated they were very satisfied with aspect of the service and three indicated they were satisfied. Comments provided included the following:

- 'The service is well led. This is helped by technology advising patients of appointments. Staff are knowledgeable in any aspect of care which I have received.'
- 'A very welcoming and friendly atmosphere by reception.'
- 'The staff here are friendly and knowledgeable and I always feel at ease.'

Both submitted staff questionnaire responses indicated that they felt that the service is well led and both indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Trevor Buchanan, 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

Statutory requirements

Requirement 1

Ref: Regulation 19 (2)
(d) Schedule 2, as amended

Stated: First time

To be completed by:
27 May 2017

An Access NI enhanced disclosure should be sought and retained for the new staff member and for any person commencing work in the practice in the future.

Response by registered provider detailing the actions taken:

Access NI enhanced disclosure has been arranged, awaiting certificate.

Recommendations

Recommendation 1

Ref: Standard 11.1

Stated: First time

To be completed by:
27 May 2017

Access NI enhanced disclosure certificates should be handled in keeping with the AccessNI Code of Practice.

Response by registered provider detailing the actions taken:

pro forma Sheet has been created to record certificate numbers original certificates to be destroyed or returned to Staff.

Recommendation 2

Ref: Standard 12.4

Stated: First time

To be completed by:
27 May 2017

The format of Buccal Midazolam should be replaced with Buccolam pre-filled syringes in keeping with the HSCB guidance issued to all dental practices in May 2013.

Response by registered provider detailing the actions taken:

Buccolam pre filled Syringe will replace existing drugs once they expire

Recommendation 3 Ref: Standard 14.2 Stated: First time To be completed by: 27 May 2017	<p>Hot and cold water temperatures should be monitored and recorded as stated within the legionella risk assessment.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Record Sheet has been created and Implemented to record Hot + cold Water temperatures .</p>
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