

# Announced Care Inspection Report 11 July 2017



## Radiant Dentistry

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

**Address: 41A Belmore Street, Enniskillen, BT74 6AA**

**Tel No: 028 6634 0005**

**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered dental practice with three registered places.

## 3.0 Service details

<b>Responsible Individual:</b> Mr James Pattison	<b>Registered Manager:</b> Mr James Pattison
<b>Person in charge at the time of inspection:</b> Mr James Pattison	<b>Date manager registered:</b> 07 December 2011

<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3
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#### 4.0 Inspection summary

An announced inspection took place on 11 July 2017 from 10:00 to 12:40.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified 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.

Examples of good practice were evidenced in all four domains. These related to staff training and development, patient safety in respect of radiology, the range and quality of audits, health promotion and engagement to enhance the patients' experience.

One area of improvement against the regulations and two areas of improvement against the minimum standards have been made. These relate to ensuring the fixed electrical wiring installations are inspected, updating the safeguarding policy to fully reflect the regional adult safeguarding arrangements and providing Buccolam pre-filled syringes.

All of the patients who submitted questionnaire responses indicated that they were satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr James Pattison, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 27 May 2016

No further actions were required to be taken following the most recent inspection on 27 May 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr James Pattison, registered person, an associate dentist and a dental nurse. A tour of some areas of the premises was also undertaken.

A sample of 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 and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 May 2016

The most recent inspection of the practice was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 27 May 2016

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

## Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

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 Pattison confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for the identified 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. A discussion took place in regards to how newly recruited staff can make a criminal conviction declaration.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

## **Safeguarding**

Staff 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 confirmed that Mr Pattison as the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was 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. However, the information in respect of adult safeguarding did not fully reflect the regional guidance document. The further development of this policy has been identified as an area of improvement against the minimum standards.

It was confirmed that a copy of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available for staff reference.

Following the inspection the documents listed below were forwarded to Mr Pattison by email:

- 'Adult Safeguarding Operational procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that the format of buccal Midazolam available was not in keeping with guidance issued by the Health and Social Care Board (HSCB). The provision of Buccolam pre-filled syringes has been identified as an area for improvement against the minimum standards. 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.

There was a policy for the management of medical emergencies. 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 with responsibility for infection control and decontamination.

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

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during March 2017. Following the inspection the 2013 IPS audit tool was forwarded to the practice by email.

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

### **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions during June 2017.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

## **Environment**

The environment was maintained to a high standard of maintenance and décor.

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

Arrangements are in place for maintaining the environment to include routine servicing of the oil fired central heating burner and firefighting equipment. It was confirmed that the fire detection system is serviced and maintained by the landlord. Arrangements are also in place for routine inspections of portable appliances. It was not clear when the fixed electrical wiring installations had been inspected. This has been identified as an area for improvement against the regulations.

The fire risk assessment has been completed in-house. Routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

The legionella risk assessment has been completed in-house and water temperatures are monitored and maintained as outlined in the risk assessment.

Arrangements are in place to ensure appropriate risk assessments are reviewed on an annual basis.

Review of documentation evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

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. Eighteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- “At all times.”
- “A fantastic practice.”
- “Excellent.”
- “Also very comfortable with how my young children are treated.”
- “Excellent service and my dentist takes time to explain everything to me even throughout my treatment, very happy.”
- “Staff are friendly and helpful.”

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

### Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, infection prevention control and decontamination procedures and radiology.

### Areas for improvement

Suitable safety checks should be carried out to the fixed electrical wiring installations. Reference should be made to BS7671.

The safeguarding policy should be updated to ensure it fully reflects the regional guidance document entitled ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015).

Buccolam pre-filled syringes should be provided in keeping with Health and Social Care Board (HSCB) guidance.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Clinical records

Mr Pattison and staff confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

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

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

Any paper records generated or received by the practice are scanned and uploaded to the electronic records system and then shredded.

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

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

## **Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. Oral health is actively promoted on an individual level with patients during their consultations and when appropriate patients are referred to the hygienist. A range of resources including information leaflets, demonstration models and an electronic educational package are available for use during oral hygiene discussions. A range of oral healthcare products are available for purchase and samples of products are freely distributed to patients. The practice has facilitated information sessions in local community groups. A television in the waiting area plays slideshows, displaying information about the practice, treatments available and information in regards to oral health and hygiene. The practice also has a Facebook page and website both of which include information on oral health and hygiene. Mr Pattison also confirmed that the practice participates in national campaigns such as National Smile Month.

## **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
- clinical records
- review of complaints/accidents/incidents

## **Communication**

Mr Pattison 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 weekly 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 19 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Eighteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- “They always try to work with me and work commitments.”
- “Excellent.”
- “Again my answer is echoed for my children and how they are spoken with and informed.”
- “Most definitely.”

All six 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 all staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Dignity, respect and involvement in decision making

Staff 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.

Mr Pattison and staff 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 dated May 2017 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 19 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Eighteen patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Comments provided included the following:

- "At all times."
- "First class staff."
- "Excellent."

All six 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 and indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas of good practice**

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

## **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 Pattison 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 an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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 evidence provided in the returned questionnaire, discussion with Mr Pattison and review of records evidenced that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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 Pattison 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 Pattison, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

## **Patient and staff views**

All 19 patients who submitted questionnaire responses indicated that they felt that the service is well led. Eighteen patients indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Comments provided included the following:

- “Very well managed.”
- “Excellent staff who are all very caring.”
- “Excellent.”
- “Friendly, helpful and excellent service.”

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

### Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr James Pattison, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified 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.


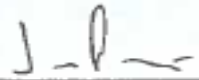

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 11 September 2017	The registered person must ensure that suitable safety checks are carried out to the fixed electrical wiring installation. Reference should be made to BS7671.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> <i>Checks to be carried out prior to deadline.</i>
<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 11 September 2017	The safeguarding policy should be updated to ensure it fully reflects the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). The updated safeguarding policy should be shared with staff.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> <i>Policy updated.</i>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The format of buccal Midazolam retained should be replaced with Buccolam pre-filled syringes in keeping with the Health and Social Care Board (HSCB) guidance.  <b>Ref:</b> 6.4
<b>To be completed by:</b> 11 August 2017	
	<b>Response by registered person detailing the actions taken:</b> <i>Medicines purchased.</i>

**\*Please ensure this document is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\***



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