

Announced Care Inspection Report 27 May 2016



Radiant Dentistry

Type of Service: Dental Service

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Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Radiant Dentistry took place on 27 May 2016 from 10:00 to 12:50.

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 Pattison, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made. Three issues were identified in relation to medical emergencies, infection prevention and control and the validation of decontamination equipment that have been addressed either during or immediately following the inspection.

Is care effective?

Observations made, review of documentation and discussion with Mr Pattison 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 Pattison 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 person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Pattison, registered person, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: Mr James Pattison	Registered manager: Mr James Pattison
Person in charge of the service at the time of inspection: Mr James Pattison	Date manager registered: 7 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

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 inspector met with Mr Pattison, registered person, the practice manager and three dental nurses. 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 29 July 2015

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 29 July 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must address the following issues in relation to AccessNI checks:</p> <ul style="list-style-type: none"> • an enhanced AccessNI check must be undertaken and received in respect of the identified staff member; • enhanced AccessNI checks must be undertaken and received prior to any new staff, including self-employed staff commencing work in the practice; and • accessNI disclosure certificates must be handled in keeping with the AccessNI code of practice. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that an enhanced AccessNI check has been undertaken and received for the identified staff member.</p> <p>Mr Pattison confirmed that no new staff have been recruited since the previous inspection. However,</p>	

	<p>should staff be recruited in the future enhanced AccessNI checks will be undertaken and received prior to any new staff, including self-employed staff commencing employment.</p> <p>Discussion with Mr Pattison confirmed that AccessNI certificates are and will be handled in keeping with the AccessNI code of practice.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that Glucagon medication is stored in keeping with the manufacturer’s guidance. If stored at room temperature a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging and the expiry date checklist to show that the cold chain has been broken. If stored in the fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that the glucagon medication is now stored out of the fridge and a revised expiry date has been recorded on the medication packaging and the expiry date checklist.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that oropharyngeal airways should be provided in the different sizes as recommended by the Resuscitation Council (UK) guidelines. The expiry dates of all emergency equipment (where applicable) should be included in the monthly checking procedure.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was observed that oropharyngeal airways are provided in various sizes as recommended by the Resuscitation Council (UK) guidelines.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 11.1 Stated: First time	It is recommended that staff personnel files for newly recruited staff should include a criminal conviction declaration as indicated in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Mr Pattison confirmed that no new staff have been recruited since the previous inspection. However, should staff be recruited in the future a criminal conviction declaration would be obtained.	

4.3 Is care safe?

Staffing

Three 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. 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 no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

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

Safeguarding

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

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Mr Pattison confirmed that all staff will be attending refresher training in safeguarding during June 2016 this will incorporate the new regional guidance issued in July 2015 entitled "Adult Safeguarding Prevention and Protection in Partnership." Mr Pattison has downloaded a copy of the new guidance and this has been shared with the remainder of the team.

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

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir and mask suitable for use with children. RQIA received photographic evidence by electronic mail on 6 June 2016 to evidence that this item has been provided. 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. The most recent training in the management of medical emergencies was held on 16 October 2014. Mr Pattison was reminded that training is to be updated on an annual basis in keeping with best practice guidance. Mr Pattison has arranged for training to take place for all staff on 21 June 2016.

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. A chair in one of the surgeries was damaged and needed to be re-upholstered. RQIA received photographic evidence by electronic mail on 6 June 2016 to confirm that the chair had been re-upholstered. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

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 two steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process had been last validated on 5 January 2015. Mr Pattison confirmed that he had been aware that the validation was out of date and has arranged for the engineer to visit on 2 June 2016. RQIA received confirmation by electronic mail on 6 June 2016 that this issue has been addressed and the equipment has been 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 2016.

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.

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 and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. Fire detection systems and fire-fighting equipment had been tested in June 2015 and portable appliance testing (PAT) had been carried out during November 2015.

A legionella risk assessment was last undertaken in May 2016 and water temperatures have been monitored and recorded as recommended.

A fire risk assessment had been undertaken during September 2015 and staff confirmed fire training has taken place and fire drills are undertaken twice yearly. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

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

Comments provided included the following:

“A very safe and professional environment.”

“Very clean and tidy. Staff excellent.”

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

“Regular training is held with staff to ensure safety of patients and staff.”

“We are encouraged and partake in ongoing training to ensure we are up to date with all the relevant information regarding our patient care.”

Areas for improvement

Three issues were identified on the day of the inspection that have now been addressed. No further areas of improvement have been identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Clinical records

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

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

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

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

The practice is registered with the Information Commissioner's Office (ICO).

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion leaflets were available in the waiting area and the television displayed information in relation to oral health and hygiene. A review of the bi annual newsletter available for patients included information on sports guards, the dental hygiene service, orthodontic services and guidance for children in relation to oral hygiene.

Recently, fun days have been arranged for the local children to visit and learn about a healthy diet and how to improve oral health and hygiene through interactive learning. Mr Pattison confirmed that oral health is actively promoted through the practice's interactive face book page and on an individual level with patients during their consultations.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

Communication

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

Staff meetings are held on a weekly basis to discuss clinical and practice management issues, this frequency exceeds best practice guidance. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are excellent working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All of the 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:

- “As always the care is 100%.”
- “Excellent care.”
- “Very attentive and caring.”

All 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.

Comments provided included the following:

- “Practice meetings are held regularly to ensure patient needs are met to a high standard. We review the effectiveness of these policies regularly.”
- “Patient care is of most importance within the practice.”
- “Excellent care delivered by all members of our team.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on a six monthly basis, this frequency exceeds best practice guidance. 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 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- “The treatment given is always gracious and professional.”
- “I had an extraction last week and the receptionist rang to enquire how I was and if healing up ok and told me to call anytime if any further problems, was very thoughtful.”
- “Friendly staff.”
- “Everything is explained and care is taken to make you feel comfortable.”

All 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.

Comments provided included the following:

- “This aspect of patient care is of utmost importance to our practice. It is the forefront of all decisions made by staff members.”
- “Treatment is discussed fully and confidentially and feedback is encouraged.”
- “Plenty of time for examination appointments so patients can discuss their treatment options, informed of all procedures and costings.”

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 excellent working relationships and that management were responsive to any suggestions or concerns raised. Mr Pattison has overall responsibility for the day to day management of the practice.

The practice has received various Irish Dentistry awards in January 2016. This included being awarded the “Practice of the year” and one of the dentists received first place in the category of “Rising Star”. The practice has also been highly commended and received second place as the “Most attractive 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. This frequency exceeds best practice. 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 indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. 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 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

"A very well run practice, I am a client here for many years and always received 100% service."

"Reception staff always very friendly seem to know all their patients by name. Very knowledgeable regarding treatment I needed."

"Most efficient, helpful and professional surgery I have ever attended."

"Very happy with care given."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

“Excellent management. Clear pathway structure as to who to approach for various issues.”
“We are very lucky to have an extremely well led team through both our practice manageress and our employer and principal dentist.”

Areas for improvement

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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