

Announced Follow-up Inspection Report 26 September 2017



Smiles Dentalcare

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

Address: 14 Ballymoney Road, Ballymena, BT43 5BY

Tel No: 028 2565 5060

Inspector: Stephen O'Connor

www.rgia.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

Smiles Dentalcare operates four dental chairs, providing both private and NHS dental care.

Smiles Dentalcare is one of six practices registered with RQIA operated by Portman Healthcare Limited. Mr Mark Hamburger is the responsible person for Portman Healthcare Limited.

1.0 Summary

An announced follow-up inspection of Smiles Dental Care took place on 26 September 2017 from 09:50 to 11:10.

The focus of the follow-up inspection was to ascertain the progress made to address the three areas of improvement against the regulations and the nine areas of improvement against the standards made as a result of the announced care inspection carried out on 12 June 2017. The inspection was facilitated by Ms Allison Rae, compliance facilitator for Northern Ireland and Ms Therese McMullan, assistant practice manager.

Observations made, review of documentation and discussion with Ms Rae and Ms McMullan evidenced that all areas of improvements against the regulations and standards were reviewed and assessment of compliance recorded as met.

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

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Rae, compliance facilitator for Northern Ireland and Ms McMullan, assistant practice manager, 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 Quality Improvement Plan (QIP) there were no further actions required to be taken following the most recent inspection on 12 June 2017.

2.0 Service details

Organisation/Registered Provider: Portman Healthcare Limited Responsible Individual: Mr Mark Hamburger	Registered manager: Ms Rita McCollam
Person in charge of the practice at the time of inspection: Ms Alison Rae	Date manager registered: 16 July 2012
Categories of care: Independent Hospital – Dental Treatment (IH)	Number of registered places: 4

3.0 Methods/processes

Prior to inspection we analysed the QIP submitted by Mr Hamburger in respect of the inspection carried out on 12 June 2017.

During the inspection the inspector met with Ms Rae, compliance facilitator for Northern Ireland and Ms McMullan, assistant practice manager.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- infection prevention and control
- management and governance arrangements

4.0 The inspection

4.1 Review of areas for improvement from the most recent care inspection dated 12 June 2017

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 areas for improvement from the most recent care inspection dated 12 June 2017

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p>	<p>The registered person must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <p>Action taken as confirmed during the inspection: Review of the staff register evidenced that one new member of staff had commenced employment in Smiles Dentalcare since the previous inspection. Review of the personnel file for the identified staff member evidenced that an AccessNI enhanced disclosure check had been received and reviewed prior to commencement of employment.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended is sought and retained for all staff including self-employed staff who commence work in the future.</p> <p>Action taken as confirmed during the inspection: Review of the personnel file for the staff member who commenced employment following the previous inspection evidenced that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended had been sought and retained.</p> <p>It was confirmed that following the previous inspection a recruitment checklist was developed to ensure all appropriate records would be sought and retained. It was confirmed that the practice manager and assistant practice manager both review the recruitment checklist to ensure all appropriate records have been sought and retained.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 17.1</p> <p>Stated: First time</p>	<p>The registered person must review the current governance and oversight arrangements and ensure future arrangements address the issues identified during this inspection and ensure that improvements are made and sustained.</p> <hr/> <p>Action taken as confirmed during the inspection: Following the previous inspection a number of templates were developed in relation to recruitment and selection to include, a recruitment checklist and tracker, AccessNI information, health and criminal conviction declarations. The recruitment policy and procedure was also further developed. These documents have been cascaded to all practices within the group.</p> <p>It was confirmed that following the previous inspection the governance and oversight arrangements were reviewed. It was confirmed that Ms Rae undertakes at least four visits to practices within the Portman Health care group annually, two of these visits are unannounced. Ms Rae produces a report detailing the findings of her visits and if required an action plan is generated to address any issues identified. Mr Hamburger, registered person is provided with a copy of Ms Rae's reports. Ms Rae also produces a monthly report for Mr Hamburger in relation to all the practices in Northern Ireland.</p>
<p>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>A system for recording and verifying AccessNI enhanced disclosure checks should be developed to include the following:</p> <ul style="list-style-type: none"> • the personal details of the staff member the check pertains to i.e. name, address • a record of the date that the application form was submitted to the umbrella organisation • a record of the dates the Enhanced Disclosure was issued and received by the practice • a record of the unique AccessNI reference number on the disclosure certificate • the outcome of the registered person's consideration of that certificate, signed and dated <hr/> <p>Action taken as confirmed during the inspection: Review of records evidenced that following the previous inspection a template to record all pertinent information contained within AccessNI enhanced disclosure certificates was developed.</p> <p>A review of records evidenced that this was completed for the identified staff member who commenced employment since the previous inspection.</p> <p>Ms Rae confirmed that this template has been shared with all practices within the Portman Healthcare group.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>A staff register should be developed and implemented to include the following information in respect of all staff:</p> <ul style="list-style-type: none"> • name and date of birth • position in the practice • General Dental Council registration number, if applicable • date commenced employment • date employment ended <p>The staff register is considered to be a 'live' document and should be updated as and when necessary.</p> <p>Action taken as confirmed during the inspection: Review of electronic records evidenced that a staff register to include all of the information outlined above has been developed. Ms Rae confirmed that she is aware the staff register is a live document and should be updated as and when necessary. Ms Rae also confirmed that the practice manager is responsible for maintaining the staff register.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>Automated external defibrillator (AED) pads and a self-inflating bag with reservoir suitable for use with children should be provided.</p> <p>Action taken as confirmed during the inspection: It was observed that AED pads and a self-inflating bag with reservoir suitable for use with children were available in the practice.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>Protocols outlining the local procedure for dealing with the various medical emergencies as outlined in the British National Formulary (BNF) and as listed below should be available for staff reference:</p> <ul style="list-style-type: none"> • Anaphylaxis • Asthma • Cardiac emergencies • Epileptic seizures • Hypoglycaemia • Syncope <p>Action taken as confirmed during the inspection: Protocols outlining the procedure for dealing with the medical conditions listed above were in place. It was also observed that additional guidance documents and algorithms pertaining to medical conditions and the management of medical emergencies were also available for staff reference.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>Separate logbooks should be maintained for each steam steriliser.</p> <p>Action taken as confirmed during the inspection: Two steam sterilisers are available in this practice. It was observed that separate logbooks to record details of the machines and periodic test results were available.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The results of periodic tests should be consistently recording in keeping with Health Technical Memorandum (HTM) 01-05.</p> <p>Action taken as confirmed during the inspection: Review of the logbooks for all equipment used during the decontamination process evidenced that since the previous inspection they have been consistently completed in keeping with HTM 01-05.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>The system that records the cycle parameters for the identified steam steriliser should be repaired.</p> <p>Action taken as confirmed during the inspection: Ms Rae confirmed that following the previous inspection the faulty securilog that recorded the cycle parameters of the identified steam steriliser had been repaired. Review of electronic records evidenced this.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>Robust arrangements for the management of prescription pads/forms should be established. Written security policies to reduce the risk of prescription theft and misuse must be developed and shared with appropriate staff.</p> <p>Action taken as confirmed during the inspection: Ms Rae outlined the arrangements in regards to the management of prescription pads/form, these arrangements were in keeping with best practice guidance.</p> <p>Review of records evidenced that a written security policy has been developed and implemented. Logbooks have also been developed to record the ordering/receipt of prescription pads and prescribing history. Additional guidance documents in respect of the management of prescription pads/forms were also available for staff reference.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 9.4</p> <p>Stated: First time</p>	<p>An anonymised report detailing the main findings of all means by which patients provide feedback in regards to the quality of care and treatment should be generated at least on an annual basis. The report should be made available to patients and other interested parties.</p> <p>Action taken as confirmed during the inspection: Review of records evidenced that completed patient satisfaction surveys are collated monthly and the report detailing these findings was available at the reception desk.</p>

4.4 Inspection findings

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

5.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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