

# Announced Care Inspection Report 12 March 2018



## Stephen Forster Dental Surgery

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

**Address: 1 Church Street, Rosslea, BT92 7DD**

**Tel no: 028 6775 1800**

**Inspector: Emily Campbell**

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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 one registered place, providing private and NHS dental care and treatment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Stephen Forster	<b>Registered Manager:</b> Mr Stephen Forster
<b>Person in charge at the time of inspection:</b> Mr Stephen Forster	<b>Date manager registered:</b> 04 July 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 1

### 4.0 Inspection summary

An announced inspection took place on 12 March 2018 from 9:50 to 11.40.

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 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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

There were no areas requiring improvement identified during the inspection.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the 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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Stephen Forster, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 23 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 November 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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. Staff were invited to complete questionnaires electronically; no responses were submitted to RQIA.

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

During the inspection the inspector met with Mr Stephen Forster, registered person, a dental nurse and a receptionist. A tour of the premises was also undertaken.

A sample of records was 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 23 November 2016

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 23 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> Second time	It is recommended that a staff register is developed containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A staff register was in place and contained the relevant details in keeping with legislation. The staff register was observed to be up to date.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that robust arrangements are established to review the professional indemnity status of the self-employed dental care professional.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Mr Forster and the receptionist confirmed that reminder dates were entered in the diary to check the professional indemnity of staff. Review of documentation evidenced that all required professional indemnity was current.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 15</p> <p><b>Stated:</b> First time</p>	<p>The policy and procedure in relation to the safeguarding and protection of children and adults at risk of harm should be reviewed and further developed to reflect regional and best practice guidance.</p> <p>Staff refresher training should take place on the safeguarding and protection of children and adults at risk of harm following the revision of the policy/procedure</p> <p>Attendance at staff training should be recorded and records retained by the practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Following the previous inspection the practice referred to regional child and adult guidance as their policy documents, however, this did not reflect the specific arrangements in the practice should a safeguarding issue be identified. An adult, young people and child safeguarding policy was emailed to RQIA on 15 March 2018, which was signed by staff on 13 March 2018. The policy submitted was comprehensive and was reflective of regional and best practice guidance.</p> <p>Review of training records evidenced that staff had been provided with update safeguarding training in January 2018.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>Compliance with HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that HTM 01-05 had been audited on a six monthly basis using the IPS audit tool since the previous inspection.</p>	<p style="text-align: center;"><b>Met</b></p>	
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p>		<p>The radiation protection file should be reviewed to ensure the following are addressed:</p> <ul style="list-style-type: none"> <li>• the hygienist has been authorised by the radiation protection supervisor (RPS) for their relevant duties</li> <li>• training records are complete</li> <li>• the hygienist had signed to confirm they have read and understood their responsibilities as outlined in the radiation protection folder</li> </ul>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Since the previous inspection the radiation protection advisor (RPA) completed a quality assurance check in September 2017. Review of the radiation protection file evidenced that the above issues had been addressed.</p>		

<b>Area for improvement 6</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time	The complaints policies should be further developed to reflect the following: <ul style="list-style-type: none"> <li>• details of the Health and Social Care Board (HSCB) and the GDC should be included in both policies as agencies which may be utilised within the complaints investigation at local level</li> <li>• details of RQIA should be included in both policies as a regulatory body who take an oversight of complaints management</li> <li>• the Ombudsman and the Dental Complaints Service should be the only bodies identified as routes for dissatisfaction to the complaints investigation outcome for NHS and private care respectively</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the complaints policies evidenced that the issues identified have been addressed.	

### 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

One dental surgery is in operation in this practice. Discussion with staff and a review of completed patient 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 Forster 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 would be sought and retained for inspection.

A staff register was in place and was observed to be up to date.

### **Safeguarding**

Mr Forster and 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 the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

As discussed previously, an adult, young people and child safeguarding policy was submitted to RQIA on 15 March 2018. 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.

It was confirmed that copies of the regional policy 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). However, the format of buccal midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. Mr Forster readily agreed to address this. A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the HSCB. Mr Forster has advised that he will ensure that Buccolam will be administered safely in the event of an emergency in keeping with the HSCB recommendation. Photographic evidence was submitted by email to RQIA on 15 March 2018 confirming that Buccolam pre-filled syringes had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of oropharyngeal airways, sizes 1, 2, and 4 and an automated external defibrillator (AED). It was confirmed that the practice had access to an AED from a nearby shop. The Resuscitation Council (UK) guidelines states that an AED must be provided within three minutes in the event of a medical emergency. Mr Forster was advised to carry out a timed resuscitation drill and make a record of the drill, to ensure compliance with the Resuscitation Council (UK) guidelines. Photographic evidence was submitted to RQIA on 15 March 2018 confirming that a new set of oropharyngeal airways, sizes 0–4 have 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 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.

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. Disposable hand towels in the surgery, decontamination room and the toilet facility were not wall mounted. Mr Forster readily agreed to address this and photographic evidence was submitted to RQIA on 15 March 2018 confirming that paper towel dispensers had been purchased.

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 and steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated including a second steam steriliser kept on reserve. A review of equipment logbooks in use evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A second steriliser logbook had also been established for use should the reserve steriliser be made operational.

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 January 2018.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

## **Radiography**

The practice has one surgery 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 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 the 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.

Cleaning schedules and a colour coded cleaning system were in place.

Arrangements are in place for maintaining the environment. This included fixed electrical wiring certification, portable appliance testing (PAT) and servicing of fire safety equipment.

A legionella risk assessment was in place and water temperatures are monitored and recorded on a monthly basis.

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

Pressure vessels had been inspected under 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**

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care.

As discussed previously, no staff submitted questionnaire responses. However, staff spoken with indicated that they felt that patients are safe and protected from harm.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

**Clinical records**

Mr Forster and 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 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.

Manual records are maintained and appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

No computerised records are retained in the practice and therefore the previous registration with the Information Commissioners Office (ICO) had not been renewed. However, as information is processed automatically via credit/debit card machines, the practice should contact the ICO to determine if registration is required. This was readily agreed to. 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 Forster confirmed that oral health is actively promoted on an individual level with patients during their consultations and that further information is provided for example by directing the patient to a specific website when required. A hygienist service is also provided. There was a range of health promotion information leaflets available in the reception area.

## **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
- health and safety
- review of complaints/accidents/incidents
- patient satisfaction

## **Communication**

Mr Forster confirmed that arrangements are in place for onward referral in respect of specialist treatments. It was confirmed that template referral letters have been established or the specific referral form requested by the specialist service is used as required.

It was confirmed that staff meet on an informal daily basis, and that a formal staff meeting takes place every three months to discuss clinical and practice management issues and to provide in house training. Review of documentation demonstrated that minutes of staff meetings are retained.

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

## **Patient and staff views**

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care.

Staff spoken with indicated that they felt that patients get the right care, at the right time and with the best outcome for them.

**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. No patients were being treated during the inspection, however, staff were observed to converse with patients via the telephone 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 an annual basis. 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. It was confirmed that the most recent patient satisfaction survey was completed approximately six months ago; however, it was not dated and did not identify the number of responses received. It was agreed that this information would be included in future summary reports.

**Patient and staff views**

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Staff spoken with indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care.

## 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 Forster 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 a three 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 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

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 Forster 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 Forster 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 patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service.

Staff spoken with indicated that they felt that the service is well led.

### **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.

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

## **7.0 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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