

# Announced Care Inspection Report 30 November 2016



## Smith's Dental Surgery

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: The Mews/Rokeby Green, The Mall West, Armagh, BT61 9AT**  
**Tel no: 028 3752 6554**  
**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Smith's Dental Surgery took place on 30 November 2016 from 10:00 to 12:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Peter Smith, registered person, and staff demonstrated that further development is needed to ensure that care provided to patients is 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. Issues in relation to the recruitment policy, providing buccal Midazolam in the format as recommended by the Health and Social Care Board (HSCB), providing a self-inflating bag with reservoir and mask suitable for use with a child and the provision of fire training were identified. RQIA received an email on 10 December 2016 to confirm that these issues have been addressed. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Smith 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 Smith and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

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

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

### 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 0               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Peter Smith, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 March 2016.

### 2.0 Service details

|  |  |
|--|--|
| <b>Registered organisation/registered person:</b><br>Mr Peter Smith                  | <b>Registered manager:</b><br>Mr Peter Smith     |
| <b>Person in charge of the practice at the time of inspection:</b><br>Mr Peter Smith | <b>Date manager registered:</b><br>13 March 2012 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment           | <b>Number of registered places:</b><br>1         |

### 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 Peter Smith, registered person, and two dental nurses who also undertake reception duties. 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 16 March 2015**

The most recent inspection of the practice 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 16 March 2015**

| Last care inspection recommendations   |  | Validation of compliance |
|--|--|--------------------------|
| <p><b>Recommendation 1</b></p> <p>Ref: Standard 12.4</p> <p><b>Stated:</b> First time</p>  | <p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Smith should seek advice and guidance from his medico-legal advisor in this regard.</p> | <b>Met</b>               |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>An AED has been provided and Mr Smith confirmed that the staff have been trained in the use of the AED. Mr Smith has agreed to provide scissors and a razor to be kept with the AED for use if required.</p> |  |                          |

**4.3 Is care safe?**

**Staffing**

One dental surgery is 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 registration with RQIA 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. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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 Smith confirmed that no new staff have been recruited since registration. It was confirmed that, should staff be recruited in the future 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.

There was a recruitment policy and procedure in place. Mr Smith agreed to further develop this policy in keeping with best practice guidance. RQIA received an email on 10 December 2016 to confirm that the recruitment policy had been further developed.

### **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.

Discussion with Mr Smith confirmed that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. Mr Smith and staff demonstrated a knowledge of the guidance document entitled "Adult Safeguarding Prevention and Protection in Partnership" issued in July 2015. Mr Smith has agreed to provide a copy of the most recent guidance document for staff reference entitled "Co-operating to Safeguard Children and Young People in Northern Ireland" issued in March 2016.

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

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that in the main emergency medicines were provided in keeping with the British National Formulary (BNF). Adrenaline in doses suitable for use for patients twelve years and over has been provided. It was advised that adrenaline in doses suitable for a child under the age of twelve should also be provided. The format of Buccal Midazolam available was not the format recommended by the HSCB.

RQIA received an email on 10 December 2016 to confirm that the adrenaline and Buccolam pre filled syringes as recommended by the HSCB had been purchased.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self- inflating bag with reservoir suitable for use with a child. RQIA received an email on 10 December 2016 to confirm that this item had been purchased.

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. The flooring and worktops in the reception areas on both floors were observed to be cluttered with various items. Mr Smith has agreed to address this issue to ensure effective cleaning can take place. Staff demonstrated 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.

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. A small damp area was identified on the wall of the decontamination room. Mr Smith has agreed to address this issue with immediate effect. Appropriate equipment, including a washer disinfectant and a steam steriliser 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 December 2015. Mr Smith confirmed that he has been completing the audit tool on a yearly basis however, he has agreed to increase the frequency of the audits to six monthly in keeping with best practice guidance.

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

## **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 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 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. As previously discussed Mr Smith has agreed to declutter the reception areas to ensure effective cleaning can take place.

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. This included servicing of fire detection systems, fire-fighting equipment and portable appliance testing (PAT).

A legionella risk assessment had been undertaken and water temperature are monitored and recorded as recommended.

A fire risk assessment had been undertaken. Staff demonstrated that they were aware of the action to take in the event of a fire. Mr Smith confirmed that refresher fire safety training and fire drills had not been undertaken in some time. RQIA received an email on 10 December 2016 to confirm that fire training has been arranged.

A written scheme of examination of pressure vessels was in place and pressure vessels have been inspected in keeping with the written scheme of examination.

### **Patient and staff views**

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

Comments provided included the following:

- “Everything is perfect.”
- “I have been a patient of this practice for more than 25 years and have always felt that care is delivered in a safe way. Outside the surgery room could be tidier but I am extremely happy with the treatment provided.”

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## **4.4 Is care effective?**

### **Clinical records**

Mr Smith 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. 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 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. A range of health promotion information leaflets were available in the waiting room area. Mr Smith confirmed that oral health is actively promoted 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
- hand hygiene
- patient medical history

## Communication

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

Due to the small numbers of staff working in the practice formal staff meetings have been held on an infrequent basis and records have been maintained. However, Mr Smith and the dental nurses discuss clinical and practice management issues on a daily basis. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

## Patient and staff views

All of the nine 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:

- “Always consults and advises what is best care and always gives emergency details to contact following treatment.”
- “Every time me or my kids need treatment I can always count on the dentist.”
- “Peter goes to great lengths to explain verbally and using diagrams and x-rays to ensure I understand exactly what treatment he is offering/recommending and the choices are available to me. He has always given excellent advice to me, my wife and 3 children. Peter is very conscientious of cost and offers great advice on appropriate, affordable treatments, but will also give advice on alternative more expensive treatments when we have asked him.”

Both submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 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. Whilst no patients were attending on the day of the inspection staff discussed how they 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 an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality.

### Patient and staff views

All of the nine 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:

- "All staff and dentist show a lot of respect and understanding for me and my kids."
- "Very considerate dentist. Treats my family and myself with care and respect."
- "Peter and his team have always acted with great compassion helping me overcome a fear of dental treatment and also helping to build confidence for our young children to attend the surgery. The staff are friendly as well as being professional. We have had numerous emergencies and times when we needed additional support and advice. Peter has always been there for us."

Both submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Smith has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Smith 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 Smith 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 nine patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- “Visits are always on time and they always have time to discuss problems with patients.”
- “Excellent staff, from the receptionist to the dental nurse and the dentist himself. 100% satisfied with care and service.”
- “It is clear from Peter’s behaviour in the surgery that he is a professional person with very high standards and he drives his staff to perform at the same high standard. They all work well as part of a team and there is great communication by phone, in writing and face to face.”
- “I have always been seen by Mr Smith on the same day if I was in pain with my teeth or to get a crown replaced seen within 24 – 48 hours.”

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

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

### 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 provider from their responsibility for maintaining compliance with the regulations and standards.



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