

Announced Care Inspection Report 27 April 2017



Stewarts Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 5 Suffolk Parade, Belfast, BT11 9JR
Tel no: 028 9061 1688
Inspector: Winnie Maguire

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Stewarts Dental Practice took place on 27 April 2017 from 10.00 to 13.30.

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 John Stewart, 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. Two recommendations were made in relation to the further development of the safeguarding policy and procedures and infection prevention and control measures.

Is care effective?

Observations made, review of documentation and discussion with Mr Stewart 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 Stewart 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 persons 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Stewart, 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 18 May 2016.

2.0 Service details

Registered organisation/registered person: Mr John Stewart	Registered manager: Mr John Stewart
Person in charge of the practice at the time of inspection: Mr John Stewart	Date manager registered: 26 August 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 questionnaires. There were no submitted staff questionnaires.

During the inspection the inspector met Mr John Stewart, registered person, a dental nurse who primarily covers reception and a further dental nurse. 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 18 May 2016

The most recent inspection of Stewarts Dental 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 18 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person must ensure that staff personnel files for any newly recruited staff includes all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Review of one member of staff's personnel file found it to include most information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Evidence all information was sought and retained was forwarded to RQIA immediately following inspection.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	It is recommended that the results of periodic tests are recorded in the steam steriliser logbook in keeping with best practice guidance as outlined in HTM 01-05. This should include the details of the daily automatic control test (ACT).	Met
	Action taken as confirmed during the inspection: It was confirmed the results of periodic tests are recorded in the steam steriliser logbook in keeping with best practice guidance as outlined in Health Technical Memorandum (HTM) 01-05, including the details of the daily automatic control test (ACT).	
Recommendation 2 Ref: Standard 11 Stated: First time	The registered person should implement a system for appraising staff performance at least on an annual basis.	Met
	Action taken as confirmed during the inspection: A system for appraisal has been devised and will be fully implemented in July 2017.	
Recommendation 3 Ref: Standard 13.4 Stated: First time	The registered person should audit compliance with HTM 01-05 on a six monthly basis using the 2013 IPS audit tool.	Met
	Action taken as confirmed during the inspection: It was confirmed an audit of compliance with HTM 01-05 is carried out on a six monthly basis using the 2013 IPS audit tool.	
Recommendation 4 Ref: Standard 8.3 Stated: First time	The registered person should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.	Met
	Action taken as confirmed during the inspection: All x-ray equipment has been serviced and maintained in July 2016 in keeping with manufacturer's instructions.	

<p>Recommendation 5</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p>	<p>The registered person should establish regular staff meetings. Minutes of staff meetings should be retained and shared with staff members unable to attend the meeting.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed staff meetings are held and a template for the minutes of the staff meeting has been devised. Advice was given on enhancing the record of the staff meeting.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 9.4</p> <p>Stated: First time</p>	<p>The registered person should ensure that a patient satisfaction survey in regards to the standard and quality of care is undertaken annually. The results of the patient consultation should be collated to provide a summary report which should be made available to patients and other interested parties.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A patient satisfaction survey in regards to the standard and quality of care has been undertaken annually. Advice was given on collating the results and providing a summary report which should be made available to patients and other interested parties.</p>		

4.3 Is care safe?

Staffing

Two 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.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals are planned for July 2017. 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. Advice was given on creating an overview of staff training.

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 Stewart confirmed that one new member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that most the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. A criminal conviction declaration and a physical and mental health assessment declaration were not available on the day of inspection. This information was forwarded to RQIA immediately following 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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. It was recommended the adult safeguarding policy and procedures are updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake update training on adult safeguarding. Following inspection an electronic copy of the relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were forwarded to the practice for inclusion in the safeguarding policy and procedures.

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. 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. It was advised to record the checks undertaken of the emergency equipment and retain for inspection.

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. Training is scheduled for May 2017.

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. However it was noted that the sharps box was sitting on the floor under the bench in surgery one and it did not have the date it was assembled on recorded on the labelling; a fabric covered chair was placed in surgery one and a carpet type rug was placed under the dentist's chair in surgery one. A recommendation was made in relation to these infection prevention and control (IPC) matters.

Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

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 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 January 2017.

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

Radiography

The practice has two surgeries, each of 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 and x-ray audits.

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 good standard of maintenance and décor.

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

Arrangements are in place for maintaining the environment.

A legionella risk assessment was undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment has been undertaken and there are systems in place to check the fire alarms, fire-fighting equipment and fire exits are kept clear.

There are secure arrangements for the storage of prescriptions to reduce the risk of theft and misuse.

A written scheme of examination of pressure vessels is in place.

Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt safe and protected from harm and that they are very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

As stated previously there were no submitted staff questionnaire responses. Mr Stewart confirmed the questionnaires had been distributed to staff.

Areas for improvement

The adult safeguarding policy and procedures should be updated in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake update training on adult safeguarding.

The following IPC measures should be implemented:-

- the sharps boxes should have the date it was assembled on recorded on the labelling and consideration should be given to wall mounting sharp boxes
- the fabric covered chair in surgery one should be removed
- the carpet - type rug placed under the dentist's chair in surgery one should be removed and if necessary replaced by a covering in accordance to best IPC practice

Number of requirements	0	Number of recommendations	2
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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 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.

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) 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 reception area. Staff 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

Communication

It was confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. A template has been devised to record the minutes of staff meetings and advice was given on enhancing this record. 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.

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

Patient and staff views

Both patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and both indicated that they are very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

There were no submitted staff questionnaire responses.

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 an annual basis. Advice was given on collating the results and providing a summary report which should be made available to patients and other interested parties. 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

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

There were no submitted staff questionnaire responses.

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 good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Stewart 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 an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The 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.

It was 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 Stewart 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

Both patients who submitted questionnaire responses indicated that they felt that the service is well managed and that they are very satisfied with aspect of the service. No comments were included in submitted questionnaire responses.

There were no submitted staff questionnaire responses

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr John Stewart, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 15.3

Stated: First time

To be completed by:
27 July 2017

The adult safeguarding policy and procedures should be updated in line with the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and staff should undertake update training on adult safeguarding.

Response by registered provider detailing the actions taken:

The safeguarding policy and training is scheduled for staff in level 2 safeguarding.

Recommendation 2

Ref: Standard 13.2

Stated: First time

To be completed by:
27 May 2017

The following infection prevention and control (IPC) measures should be implemented:

- the sharps boxes should have the date it was assembled on recorded on the labelling and consideration should be given to wall mounting sharp boxes
- the fabric covered chair in surgery one should be removed
- the carpet-type rug placed under the dentist's chair in surgery one should be removed and if necessary replaced by a covering in accordance to best IPC practice.
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Response by registered provider detailing the actions taken:

the sharps boxes are mounted and labelled. The chair has been replaced. the rug has been removed and new flooring is being sourced and will be fitted.

****Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address****



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