

# Announced Care Inspection Report 20 March 2017



## Mount Oriel Dental Care

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: 1 Mount Oriel, Saintfield Road, Belfast, BT8 7HR**  
**Tel no: 028 9040 2688**  
**Inspector: Loretto Fegan**

## 1.0 Summary

An announced inspection of Mount Oriel Dental Care took place on 20 March 2017 from 10:00 to 13:20.

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 Crossey, Mr Mark Conroy and Mr Stephen Wilson, registered persons, 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. One recommendation was made in relation to safeguarding policies.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Crossey, Mr Conroy, Mr Wilson 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 Crossey, Mr Conroy, Mr Wilson 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 roles and responsibilities 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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Peter Crossey, 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

There were no further actions required to be taken following the most recent inspection on 9 November 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Peter Crossey Mr Mark Conroy Mr Stephen Wilson	<b>Registered manager:</b> Mr Peter Crossey
<b>Person in charge of the practice at the time of inspection:</b> Mr Peter Crossey	<b>Date manager registered:</b> 2 August 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 5

## 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. The returned completed patient and staff questionnaires were analysed prior to inspection.

During the inspection the inspector met with Mr Crossey, Mr Conroy, Mr Wilson and four dental nurses. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- complaints declaration
- 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 9 November 2015**

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 9 November 2015**

As above.

#### **4.3 Is care safe?**

##### **Staffing**

Five dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of two records 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 which includes an annual training day which all staff attend. The next annual training day was planned for 28 March 2017 to include training on oral cancer, record keeping, infection prevention and control, medical emergencies and radiology.

Some staff were not aware when the last fire drill had taken place and there was no record of a recent fire drill. Following the inspection, Mr Crossey provided e-mail correspondence to RQIA confirming that a fire drill had taken place on 22 March 2017.

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 staffing information and discussion with Mr Crossey, Mr Conroy and Mr Wilson confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

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

### **Safeguarding**

Staff spoken with were aware of most 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. However, three staff spoken were not familiar with the types of abuse and related definitions outlined in the regional guidance "Adult Safeguarding: Prevention and Protection in Partnership" July 2015. Mr Crossey agreed to update staff in relation to this information.

Mr Crossey and staff spoken with confirmed that staff training in safeguarding children and adults had taken place as outlined in the Minimum Standards for Dental Care and Treatment 2011.

A policy and procedure was in place for the safeguarding and protection of children. The policy had not been updated to fully reflect the new regional safeguarding policies and procedural guidance. A policy for the safeguarding and protection of adults at risk of harm was not available for inspection. However, following the inspection, the practice has advised RQIA that this policy was retained on the practice desktop and had been updated on 6 March 2017. Mr Crossey confirmed on 17 May 2017 that this policy requires further updating.

Copies of the new regional policies and guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to Safeguard Children and Young People in Northern Ireland' (issued March 2016) were available for staff reference. During the inspection the 'Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection' (September 2016) and the relevant contact details for the Adult Protection Gateway Service at the local Health and Social Care Trust were provided during the inspection.

A recommendation has been made to review and update the policies and procedures for the safeguarding of children and adults at risk of harm to fully reflect the regional policies and guidance documents. Mr Crossey confirmed that he intends undertaking further training in relation to safeguarding children and adults prior to updating the policies and that when the policies have been updated, they would be shared with staff. Following the inspection, the practice has confirmed with RQIA that this training has been arranged.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). The Glucagon medication was stored in the fridge. It was confirmed that the fridge temperature was not being recorded on a daily basis. This was discussed and it was advised that if Glucagon is stored in the fridge, daily fridge temperatures should be undertaken and recorded. Mr Crossey confirmed that he would store the Glucagon out of the fridge. A revised expiry date of 18 months from the date of receipt was recorded on the medication packaging on the day of the inspection to show that the cold chain had been broken. It was observed that the format of buccal Midazolam retained was not in keeping with Health and Social Care Board (HSCB) guidance. Following the inspection, RQIA received evidence from Mr Crossey on 3 April 2017 that Buccolam pre filled syringes in the recommended doses had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained in the practice. 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 training on the management of medical emergencies 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.

Mr Crossey confirmed that a policy for the management of medical emergencies and protocols for staff reference outlining the local procedure for dealing with the various medical emergencies were available.

## **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.

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 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 two washer disinfectors, one DAC Universal and two steam sterilisers have been provided to meet the practice requirements. 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. Equipment used in the decontamination process was in the process of being serviced on the day of inspection. Following the inspection, Mr Crossey provided written confirmation that all equipment used in the decontamination process was serviced and validated on 20 March 2017.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during March 2017.

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

## **Radiography**

The practice has three intra-oral x-ray machines and one orthopan tomogram machine (OPG).

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.

The radiation protection advisor (RPA) completes a quality assurance check every three years. The report of the most recent visit by the RPA on 23 November 2014 was available and Mr Crossey confirmed that the recommendations made have been addressed.

Servicing of the x-ray equipment was taking place on the day of the inspection. Following the inspection, Mr Crossey provided written confirmation to RQIA that servicing of x-ray equipment had been completed.

## **Environment**

The environment was maintained to a high standard of maintenance and décor. Two surgeries had recently been refurbished.

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

Arrangements were in place for maintaining the environment. This included routine servicing of the firefighting equipment during September 2016.

A fire risk assessment had been undertaken and reviewed in March 2017. As previously discussed a fire drill had taken place during March 2017.

A legionella risk assessment was undertaken in March 2017.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 17 January 2017.

## **Patient and staff views**

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

Comments provided included the following:

- “Excellent practice.”
- “Staff are wonderful, very professional.”
- “Reception staff highly trained to deal with telephone advice. Dental Nurses highly professional. xxx explains every procedure fully.”
- “Environment is always clean and tidy. Feel very comfortable to have work carried out within it.”

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

### Areas for improvement

Review and update the policies and procedures for the safeguarding of children and adults at risk of harm to fully reflect the regional policies and guidance documents.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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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. However the door of the store containing patients’ manual records was unlocked on the day of inspection, as the key could not be located. Evidence was provided to RQIA on 22 March 2017 by Mr Crossey that a key was sourced to lock the patient records store.

Mr Crossey confirmed that policies were available in relation to records management, data protection, confidentiality and consent. Mr Crossey also confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

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. There was a range of information in the reception / waiting areas. Mr Conroy advised that oral health is actively promoted on an individual level with patients during their consultations and electronic resources are also utilised when required.

## 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
- medical emergencies audit

## Communication

Mr Crossey confirmed that arrangements are in place for onward referral in respect of specialist treatments. Template referral letters have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated 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

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

Comments provided included the following:

- “Always gives lots of information.”
- “Everything is well explained.”
- “I can get a same day appointment for my children and I.”
- “All questions have been answered to my satisfaction.”
- “xxx, my dentist is extremely thorough in explaining any treatment that’s needed and knows his job inside out and upside down. I feel 100% confident in asking any questions regarding treatment and trust his advice.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. 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
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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. 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.

Mr Crossey and Mr Conroy confirmed that a policy was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

#### Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- "No longer fearful."
- "All dentists, nurses and receptionists are professional at all times. My family are registered for 11 years. Never any problems."
- "Regarding my own dentist, I feel that he does definitely offer compassionate care. He will and does go over and beyond to make you feel comfortable and relaxed regarding treatment. He will willingly take as much time as the patient needs to do this, regardless of his own time i.e. lunch breaks and finishing times."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. 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
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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.

Policies and procedures were available for staff reference. 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. A minor amendment was made to the complaints policy on the day of inspection to include the Health and Social Care Board (HSCB) as an agency which may be utilised within the complaints investigation at local level for both NHS and private care and the Northern Ireland Public Services Ombudsman, as a route for dissatisfaction to the complaints investigation outcome for NHS care.

Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The completed 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 Crossey, Mr Conroy and Mr Wilson were aware of the recent guidance issued by the Health and Social Care Board regarding Prescription Safety in General Dental Practices and confirmed that measures were in place to comply with the guidance.

Mr Crossey 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 Crossey, Mr Conroy and Mr Wilson demonstrated a clear understanding of their roles and responsibilities 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- “Great staff, great dentist.”
- “Everyone is very knowledgeable from reception staff to nurses and dentists. Excellent service. Highly recommended.”
- “Over 11 years, no staff changes. Staff team seem happy and well looked after. Management invest in the premises and equipment. xxx is an excellent dentist and I never had complications.”
- “Reception staff do keep in touch regarding changes of appointment dates and times and quickly respond to missed calls or messages left.”

All 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
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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 Peter Crossey, 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](mailto: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

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 June 2017</p>	<p>Review and update the policies and procedures for the safeguarding of children and adults at risk of harm to fully reflect the regional policies and guidance documents.</p> <p><b>Response by registered provider detailing the actions taken:</b>                      Mount Oriel Dental Care has completed full staff training in safeguarding adults and children at risk of harm, training was hosted by Dr Peter Crossey (Safe guarding champion) following the safeguarding course he attended on 12 June 2017 (NIMDTA). All updated policies and documentation to fully reflect the regional policies and guidance documents (as recommended by RQIA with definitions of abuse and the types of indicators of abuse ) is available in practice on multiple computers, presented on staff notice boards and in RQIA folder. All staff are made fully aware of the policies and the referral arrangements and have been shown where they can be located, their role in safe guarding, the systems in place, the appropriate agencies to contact and the roles of all team members in the practice. There is also a flowchart of action for staff to refer to for ease of access along with all necessary forms.</p>
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*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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