

Announced Care Inspection Report 14 December 2016



The Gentle Dental Clinic

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

Address: 39 Church Street, Warrenpoint, BT34 3HN

Tel no: 028 4175 2220

Inspector: Winifred Maguire

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of The Gentle Dental Clinic took place on 14 December 2016 from 09.50 to 13.10.

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 Michael McManus, registered provider, Ms Deborah Croskery, practice manager and staff demonstrated that generally 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. A requirement was made in relation to the arrangements for checking emergency equipment and medicines are available and within their expiry date. A recommendation was made in relation to the recording of periodic testing of the decontamination equipment in line with manufacturer's instructions. A further three recommendations were made in relation to radiology.

Is care effective?

Observations made, review of documentation and discussion with Mr McManus, Ms Croskery 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 McManus, Ms Croskery 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
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr McManus, registered provider and Ms Croskery, practice manager 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 5 November 2015.

2.0 Service details

Registered organisation/registered person: Mr Michael McManus	Registered manager: Mr Michael McManus
Person in charge of the practice at the time of inspection: Mr McManus	Date manager registered: 11 April 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

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 McManus, registered person, Ms Croskery, practice manager and two dental nurses. A tour of some 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 05 November 2015

The most recent inspection of The Gentle Dental Clinic 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 05 November 15

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 (2) Stated: First time	The registered person must ensure that enhanced AccessNI checks are received prior to any new staff commencing work in the practice.	Met
	Action taken as confirmed during the inspection: Enhanced AccessNI checks had been received prior to two new staff members commencing work in the practice.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	It is recommended that the recruitment policy should be further developed to include information on employment history, health status and enhanced AccessNI checks to ensure it is comprehensive and reflects best practice guidance.	Met
	Action taken as confirmed during the inspection: The recruitment policy has been further developed to include information on employment history, health status and enhanced AccessNI checks and it was found to be comprehensive and reflects best practice guidance.	
Recommendation 2 Ref: Standard 11.3 Stated: First time	It is recommended that the induction template is further developed to include the management of medical emergencies and key topics such as fire safety, health and safety, safeguarding children and vulnerable adults and review of the policy file as specific topics to be covered.	Met
	Action taken as confirmed during the inspection: The induction template has been further developed to include the management of medical emergencies and key topics such as fire safety, health and safety, safeguarding children and adults at risk and review of the policy file as specific topics to be covered.	

4.3 Is care safe?

Staffing

Four 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 two evidenced that induction programmes had been completed when new staff joined 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 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 McManus and Ms Croskery confirmed that two dentists have been recruited since the previous inspection. Immediately following inspection RQIA received the personnel files for these staff which demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

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.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. 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.

Management of medical emergencies

A review of medical emergency arrangements evidenced that most emergency medicines were provided in keeping with the British National Formulary (BNF), and that most emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was noted midazolam in the form of buccolam pre-filled syringes as per Health and Social Care Board (HSCB) was not available; an oropharyngeal airway size 0 was not available and the oxygen cylinder had an expiry date of November 2015. A system was in place to check that emergency medicines and equipment do not exceed their expiry date. Ms Croskery confirmed the practice was aware that the oxygen cylinder was beyond the expiry date and had contacted several companies to have it replenished but without success. During inspection a replacement oxygen cylinder, a size 0 airway and buccolam pre-filled syringes were ordered by the practice to be delivered immediately. A requirement was made to ensure all emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained and a robust checking system should be implemented.

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.

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.

Two decontamination rooms separate from patient treatment areas and dedicated to the decontamination process were available. Appropriate equipment, including two washer disinfectors and four steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

Discussion with staff evidenced that periodic tests are undertaken in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. However a review of the equipment logbooks noted that periodic testing had not been recorded on all occasions. A recommendation was made to record the periodic testing of the decontamination equipment in the relevant logbooks.

It was confirmed that the practice audits compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

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

Radiography

The practice has four surgeries, each of which has an intra-oral x-ray machine. In addition the orthopan tomogram machine (OPG) has recently been replaced and is located in a separate room.

A dedicated radiation protection file containing the local rules, employer's procedures and other additional information was retained. It was recommended to review the radiation protection file and ensure all information is current and up to date particularly in light of the installation of a new OPG. 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 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.

Mr McManus confirmed that the dentists had undertaken radiology CPD in line with their professional requirements. However there were no records of the training available. A recommendation was made to ensure records of training in relation to radiology are retained in respect of all duty holders.

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.

A recommendation was made to re-establish a quality of image x-ray audit on a six monthly basis and a justification and clinical evaluation audit annually.

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 has been undertaken and water temperatures are monitored and recorded as recommended.

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

A written scheme of examination of pressure vessels has been completed in June 2016.

It was confirmed a fixed electrical wiring installation inspection has been arranged in the coming weeks.

Patient and staff views.

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “First class dentist.”
- “Very clean and friendly staff.”

Seven 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. Comments provided included the following:

- “It is a safe and protected from harm workplace.”
- “All staff are suitably trained and all training is kept up to date by in house training and NIMDTA training courses away from the practice. Inductions are carried out with all new staff members and appraisals once yearly.”

Areas for improvement

Ensure all emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained; a robust checking system should be implemented.

Record the periodic testing of the decontamination equipment in the relevant logbooks.

Review the radiation protection file and ensure all information is current and up to date particularly in light of the installation of a new OPG.

Ensure records of training in relation to radiology are retained in respect of all duty holders.

Re-establish a quality of image x-ray audit on a six monthly basis and a justification and clinical evaluation audit annually.

Number of requirements	1	Number of recommendations	4
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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. A dental hygienist is available for more detailed instruction on oral health promotion. The practice has a health promotion outreach programme that they deliver in local schools. It was 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:

- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents

Communication

It was confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly 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 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

All 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:

- "Was kept well informed during the whole process."
- "You could not ask for better."
- "Michael always listened to me and gave me the best advice and had great patience in what I wanted."

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. Comments provided included the following:

- “Yes, all patients are treated with dignity and respect at all times.”
- “Patients are our main priority.”
- “Yes, patients are receiving the right care, at the right time and with the best outcome.”
- “I feel patients receive the highest standards of treatment within the practice.”

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. 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 which included the arrangements for respecting patient’s privacy, dignity and providing compassionate care and treatment.

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. Comments provided included the following:

- “Very much so.”
- “Very happy with the standards of care and treatment carried out in the surgery.”
- “Always endeavour to make you feel safe and comfortable when receiving any dental treatment.”

All submitted staff questionnaire responses indicated that they feel 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. Comments provided included the following:

- “Patients are involved in all decisions affecting their care.”
- “All patients are cared for and consulted before treatment begins.”
- “Patients are always treated with respect and dignity. We carry out patient surveys and make changes where necessary after analysing the responses. Should a patient be unhappy with any aspect of their care we follow our complaints policy to get a satisfactory outcome for the patient.”

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 McManus 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 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 evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

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 McManus 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 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “They were very nice.”
- “I could see that a plan was in place for me.”
- “Gentle Dental is a well organised and well managed service which provides safe and effective care.”
- “Staff are very friendly. Could not fault them.”
- “I feel the service is managed extremely well.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “All staff are aware who they can speak to should they find they need to.”
- “The service in the work place is managed well.”

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 McManus registered person and Ms Croskery, practice manager, 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

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 15(1)</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2016</p>	<p>The registered person must ensure that all emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained; a robust checking system should be implemented.</p>
	<p>Response by registered provider detailing the actions taken: We have now appointed persons and a robust checking system in place</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2016</p>	<p>Record the periodic testing of the decontamination equipment in the relevant logbooks.</p>
	<p>Response by registered provider detailing the actions taken: We have appointed another nurse to help with the periodic testing and on advise from inspector now keep our read out books and materials in our decon rooms.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8(3)</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2017</p>	<p>Review the radiation protection file and ensure all information is current and up to date; particularly in light of the installation of a new OPG.</p>
	<p>Response by registered provider detailing the actions taken: We immediately got a new radiation Protection File downloaded and are still in the process of going through and updating all the different sections.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8(4)</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2017</p>	<p>Ensure records of training in relation to radiology are retained in respect of all duty holders.</p>
	<p>Response by registered provider detailing the actions taken: We have got all our dentist and dental nurse certificates added into the RPF and are making arrangements for any dentist / nurse that needs updated training to get it done ASAP.</p>



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