

# **Announced Care Inspection Report 26 September 2016**



## **The Grange Dental Care**

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

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**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of The Grange Dental Care took place on 26 September 2016 from 11.00 to 15.00.

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 Paul Grugan, 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. One issue identified in relation to the completion of the Infection Prevention Society (IPS) audit tool was addressed immediately following the inspection. No requirements or recommendations have been made.

### Is care effective?

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

### Is the service well led?

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

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

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

## 1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Grugan, registered person, as part of the inspection process and can be found in the main body of the report.

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

## 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 8 January 2016.

## 2.0 Service details

|  |   |
|--|---|
| <b>Registered organisation/registered person:</b><br>Mr Paul Grugan                  | <b>Registered manager:</b><br>Mr Paul Grugan    |
| <b>Person in charge of the practice at the time of inspection:</b><br>Mr Paul Grugan | <b>Date manager registered:</b><br>5 March 2012 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment           | <b>Number of registered places:</b><br>3        |

## 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 a dentist undergoing dental foundation training (DF1), a dental nurse and a trainee 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 8 January 2016

The most recent inspection of the establishment 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 8 January 2016

| Last care inspection recommendations  |   | Validation of compliance |
|---|---|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 12.4<br><br><b>Stated:</b> First time | It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Mr Grugan should seek advice and guidance from his medico-legal advisor in this regard. Any recommendations made by the medico-legal advisor should be actioned. | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with Mr Grugan and observation confirmed that an AED has been provided in the practice.   |                          |

### 4.3 Is care safe?

#### Staffing

Three dental surgeries are in operation in this practice. Discussion with Mr Grugan and 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 one evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

## **Recruitment and selection**

A review of the submitted staffing information and discussion with Mr Grugan confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff 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. A minor amendment was made on the day of the inspection and the revised 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 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.

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 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 a washer disinfectant, a DAC Universal and two 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. 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 audits compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. Discussion with the practice manager confirmed that an IPS audit had not been completed since December 2015. However, following the inspection RQIA received confirmation by electronic mail that the IPS audit had been undertaken the same day as the inspection. The practice manager has agreed to complete the IPS audit tool six monthly in accordance with HTM 01-05.

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

## **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate room.

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 were in place for maintaining the environment. This included the servicing of the boiler, gas appliances, fire-fighting equipment and portable appliance testing (PAT).

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

A fire risk assessment had been undertaken 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 was in place and the pressure vessels had been examined in line with the written scheme.

## Patient and staff views

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

Comments provided included the following:

- “Staff are always helpful.”
- “Trust my dentist a lot. Dentist surgery is always very clean and waiting room.”

Six staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## 4.4 Is care effective?

### Clinical records

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 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 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. Oral health is actively promoted on an individual level with patients during their consultations. A dental hygienist service is available within the practice for patients to attend if required. A range of health promotion information leaflets are displayed in the reception area and throughout the practice. At the entrance to the practice a dedicated health promotion area for patients was observed displaying the amount of sugar contained in various items of food, cereals and drinks.

The practice has an excellent health promotion outreach programme involving local schools and the community. Mr Grugan discussed how the practice arranges visits to play groups, schools and the local gaelic club on a regular basis. A range of information leaflets, activities adaptable for a range of ages and abilities are used to help the children learn about oral health and hygiene and about the benefits of healthy snacks. "Toothbrush Clubs" and "Kids Days" are held regularly within the practice and Mr Grugan demonstrated a commitment to help educate patients and their families and the wider community on the importance of good oral health and hygiene. During oral cancer week Mr Grugan discussed how he has encouraged members of the public to call in and have a free oral cancer check. These initiatives involving health promotion are to be commended.

## **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
- patient waiting times
- patient non attendance
- emergency call outs
- root treatment, crowns and bridges
- medical history updates
- prescription
- clinical records
- review of complaints/accidents/incidents
- surgery cleanliness
- patient satisfaction

The range and frequency of audits being undertaken exceeds best practice.



## Communication

Mr Grugan 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

Fourteen patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. One patient did not respond.

Comments provided included the following:

- “Very friendly staff.”
- “Staff V helpful, can get appointments easily.”

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

## 4.5 Is care compassionate?

### Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. 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 that patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

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

### **Patient and staff views**

Fourteen patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. One patient did not respond.

Comments provided included the following:

- “Yes, at all times.”
- “Appointments always talked through with me.”

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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

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

### **Management and governance arrangements**

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

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

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

Arrangements were in place to review risk assessments.

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

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

Mr Grugan 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 policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Grugan 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**

Fourteen patients who submitted questionnaire responses indicated that they felt that the service is well managed and one patient did not respond.

The following comment was included in a questionnaire response:

- "Yes, V happy at practice I attend."

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## **5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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