

Announced Care Inspection Report 27 October 2016



The Smile Shop (Lisburn)

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

Address: 19 – 21 Sloan Street, Lisburn, BT27 5AG

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Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of The Smile Shop (Lisburn) took place on 27 October 2016 from 14.00 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 Ian Hulatt and Ms Judith Hulatt, 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 to implement a system for appraising staff performance at least on an annual basis.

Is care effective?

Observations made, review of documentation and discussion with Mr Hulatt, Ms Hulatt, 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. One recommendation was made to ensure that minutes of staff meetings are retained and shared with any staff members unable to attend.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Hulatt, Ms Hulatt, 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 | 0 | 2 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Ian Hulatt and Ms Judith Hulatt, registered persons, 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.

2.0 Service details

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| Registered organisation/registered person: Mr Ian Hulatt Ms Judith Hulatt | Registered manager: Mr Ian Hulatt |
| Person in charge of the practice at the time of inspection: Mr Ian Hulatt | Date manager registered: 23 March 2012 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 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 Mr Hulatt, Ms Hulatt and two dental nurses. A tour of the premises was also undertaken.

Ms Hulatt and Mr Hulatt, registered persons, also operate The Smile Shop (Banbridge). As the majority of records are the same for both practices, the main review of documentation was undertaken during the inspection of The Smile Shop (Banbridge) carried out on the morning of 27 October 2016.

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 21 December 2015

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 21 December 2015

| Last care inspection recommendations | | Validation of compliance |
|---|--|--------------------------|
| <p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> | <p>It is recommended that a recruitment and selection policy and procedure is developed to reflect best practice guidance to include:</p> <ul style="list-style-type: none"> • the recruitment process, application process, shortlisting, interview and selection, issuing of job description and contract of employment, proof of identification including a recent photograph, two written references, employment history together with a satisfactory written explanation of any gaps in employment, Access NI check, confirmation that the person is physically and mentally fit, verification of qualifications and registration with professional bodies and a criminal conviction declaration by the applicant. | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>Review of the recruitment policy confirmed that the policy was in place which included a pre-employment checklist. The policy contained all the information as recommended.</p> | | |

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| <p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> | <p>Staff personnel files for newly recruited staff, including self-employed staff should contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Mr Hulatt and Ms Hulatt confirmed that no new staff have commenced employment since the previous inspection, however a new member of staff has been selected and was going through the recruitment process. Records were available to confirm that a personnel file was being established for this individual and it was confirmed that all relevant information would be obtained and retained.</p> | | |
| <p>Recommendation 3</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> | <p>A record of induction should be retained for staff who commence work in the practice in the future.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Discussion with Mr Hulatt, Ms Hulatt and review of documentation demonstrated that an induction programme has been developed and will be completed for any new staff in the future.</p> | | |
| <p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> | <p>All staff who work in the practice, including self-employed staff should be provided with a contract/agreement and a job description.</p> <p>Records of contracts/agreements and job descriptions should be retained in the personnel files of any new staff recruited.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Mr Hulatt and Ms Hulatt confirmed that contracts/agreements have been provided to staff and would also be provided to new staff. Records were available for inspection.</p> | | |

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Completed patient questionnaire responses and discussion with staff indicated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

However a review of the five submitted staff questionnaire responses identified that two staff felt that there was not enough staff. This was discussed with Mr Hulatt, Ms Hulatt and it was confirmed that a new staff member is currently being appointed following a lengthy recruitment process, which should address this matter.

Induction programme templates were in place relevant to specific roles and responsibilities and Mr Hulatt and Ms Hulatt confirmed that a record of induction would be completed when new staff joined the practice.

Mr Hulatt and Ms Hulatt confirmed that no formal arrangements are in place for appraising staff performance. However, should staff performance issues be identified they would be managed at the time. A recommendation has been made that a system should be implemented for appraising staff performance at least on an annual basis.

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 Hulatt and Ms Hulatt confirmed that no new staff have commenced employment since the previous inspection. It was confirmed that a new staff member is currently being recruited and all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained for inspection.

As previously stated the recruitment policy and procedure had been further developed and was seen to be 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.

Mr Hulatt and Ms Hulatt confirmed that the safeguarding policies would be reviewed and updated to ensure they fully reflect the new regional policy and guidance documents issued during July 2015 and March 2016 and that they would be discussed with staff at the next staff meeting. Following the inspection the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 and the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 were forwarded to Mr Hulatt and Ms Hulatt by email.

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 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 a washer disinfector, a DAC Universal 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 September 2016.

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.

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 six monthly 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 and Mr Hulatt and Ms Hulatt were aware of the servicing provision for all equipment.

A legionella risk assessment has been undertaken and was seen to have been reviewed annually. Water temperature is 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 had been established and the last pressure vessel examination was undertaken on 25 January 2016.

Patient and staff views

One patient submitted a questionnaire response to RQIA and indicated that they felt safe and protected from harm. The following comment was provided:

- 'Staff are friendly and professional'

Five 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:

- 'Understaffed.'
- 'Short staff.'

As previously stated the above comments were discussed with Mr Hulatt, Ms Hulatt and staff during the inspection. It was indicated that a shortage of staff was experienced whilst a new staff member was being recruited. There were no issues of concern expressed during the inspection.

Areas for improvement

A system should be implemented for appraising staff performance at least on an annual basis, with records maintained.

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| Number of requirements | 0 | Number of recommendations | 1 |
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4.4 Is care effective?

Clinical records

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Manual records are maintained, no patient records are held electronically. 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. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists and the dental hygienist.

A range of oral health promotion leaflets were available at reception and the patients' waiting area and a range of oral healthcare products were also available to purchase. A television screen is provided in the waiting area, which displayed promotional information on dental care and treatment.

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
- annual patient consultation

Communication

Mr Hulatt and Ms Hulatt 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.

Mr Hulatt, Ms Hulatt and staff advised that staff meetings are held on a regular basis to discuss clinical and practice management issues, however minutes of staff meetings were not recorded. Mr Hulatt, Ms Hulatt and staff stated that there was effective communication in the practice but also agreed that records of staff meetings would be beneficial. Minutes of staff meetings should be retained and shared with any staff members unable to attend. A recommendation has been made in this regard.

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

Patient and staff views

The submitted patient questionnaire response indicated that they get the right care, at the right time and with the best outcome for them. The following comment was provided:

- 'All aspects of my care and aftercare were clearly discussed with me.'

Five 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

Minutes of staff meetings should be retained and shared with any staff members unable to attend.

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| Number of requirements | 0 | Number of recommendations | 1 |
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Mr Hulatt, Ms Hulatt and staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Mr Hulatt and Ms Hulatt 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. Mr Hulatt, Ms Hulatt and 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

The submitted patient questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in the submitted questionnaire response.

All five 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. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

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|-------------------------------|---|----------------------------------|---|
| 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.

There was a nominated individual with 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 displayed in the practice. Mr Hulatt, Ms Hulatt and 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 Hulatt and Ms Hulatt 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 Hulatt and Ms Hulatt demonstrated a clear understanding of their roles and responsibilities 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

The submitted patient questionnaire response indicated that they feel that the service is well managed. The following comment was provided:

- ‘Service very efficient.’

All five submitted staff questionnaire responses indicated that they feel 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.

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|-------------------------------|---|----------------------------------|---|
| 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 Ian Hulatt and Ms Judith Hulatt, registered persons, 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 | |
|---|--|
| <p>Recommendation 1</p> <p>Ref: Standard 11.8</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2016</p> | <p>A system should be implemented for appraising staff performance at least on an annual basis, with records maintained.</p> <p>Response by registered provider detailing the actions taken: Informal ongoing staff appraisal currently occurs we will a more formal approach to this with records kept</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 11.6</p> <p>Stated: First time</p> <p>To be completed by: 29 December 2016</p> | <p>Minutes of staff meetings should be retained and shared with staff unable to attend the meeting.</p> <p>Response by registered provider detailing the actions taken: Staff meeting minutes will be retained and shared.</p> |

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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