

Announced Care Inspection Report 3 November 2016



Twin Spires Dental Surgery

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

Address: 155 Northumberland Street, Belfast, BT13 2JF

Tel no: 028 9024 0635

Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Twin Spires Dental Surgery took place on 3 November from 09:50 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 David Bowen, registered person, and staff demonstrated that, in general, systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. Two recommendations were made regarding the establishment of a logbook for the vacuum steriliser and servicing of x-ray equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr Bowen 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 Bowen 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 David Bowen, registered person, and Ms Sharon McAllister, 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 8 April 2016.

2.0 Service details

Registered organisation/registered person: Mr David Bowen Mr Malachy Wallace	Registered manager: Mr Malachy Wallace
Person in charge of the practice at the time of inspection: Mr David Bowen Mr Malachy Wallace	Date manager registered: 09 August 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 Bowen, Ms McAllister, a dental nurse and two receptionists. 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 08 April 2016

The most recent inspection of the establishment was an unannounced 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 08 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11 Stated: First time	The registered person should ensure that staff personnel records are retained in the practice in respect of all staff in keeping with good employment practice.	Met
	Action taken as confirmed during the inspection: Mr Bowen and Ms McAllister confirmed that staff personnel files are retained in the practice. Observations made during the inspection confirmed this.	
Recommendation 2 Ref: Standard 11 Stated: First time	The registered person should ensure the staff register is reviewed and maintained up to date at all times.	Met
	Action taken as confirmed during the inspection: Review of the staff register and submitted staffing information and discussion with Mr Bowen and Ms McAllister evidenced that the staff register was up to date.	

4.3 Is care safe?

Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that 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 an annual basis. A training matrix has been established to provide an overview and 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 Bowen and Ms McAllister confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member 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. Mr Bowen and Ms McAllister advised that training is carried out annually and is mandatory. The most recent training was provided by an external training provider.

It was confirmed by Mr Bowen that policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. It was also confirmed that the policies included the types and indicators of abuse and distinct referral pathways, including contact details for onward referral, in the event of a safeguarding issue arising with an adult or child.

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.

A policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies were available for staff reference.

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 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 for the washer disinfectors and the non-vacuum steriliser evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. A logbook had not been established for the vacuum steriliser and the only periodic test recorded was the daily steam penetration test. A recommendation was made in this regard.

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

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, 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.

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.

A recommendation was made that arrangements are established to ensure that x-ray equipment is 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

There has been considerable refurbishment of the practice since the previous inspection in both clinical and non-clinical areas. The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules and a colour coded cleaning system were in place.

Arrangements are in place for maintaining the environment including fire and legionella risk assessments, portable appliance testing, fire safety checks and review of health and safety risk assessments.

A legionella risk assessment was last undertaken in June 2016 and water temperature is monitored and recorded as recommended.

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.

Pressure vessels have been inspected under the practice's written scheme of examination.

Patient and staff views

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

- “I always feel at ease.”
- “There is a very welcoming environment in the surgery. Staff listen to your concerns and work is always carried out to the highest standards.”
- “Very friendly staff from front desk to dentists.”
- “Really good dentist, make you feel so calm.”
- “You are made to feel at ease and treated with courtesy.”
- “Staff are friendly and attentive.”
- “Excellent dentist and excellent service, attention and facilities.”

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. No comments were included in submitted questionnaire responses.

Areas for improvement

A logbook should be established for the vacuum steriliser and periodic tests undertaken and recorded as outlined in HTM 01-05.

Arrangements should be established to ensure that x-ray equipment is serviced and maintained in accordance with manufacturer’s instructions.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

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

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

The practice is registered with the Information Commissioner's Office (ICO) and Mr Bowen confirmed that a Freedom of Information Publication Scheme had been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. The practice promote regional and national campaigns such as national smile week and no smoking campaigns and educational printouts are available on the practice's software system for individual patients in accordance with their needs. Mr Bowen and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- review of complaints/accidents/incidents
- peer review.

Communication

Staff 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 and formal 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:

- "Options are always discussed and I feel confident that I receive the optimum care."
- "Yes, as I'm so happy with my teeth."
- "Yes, if I really need to see the dentist I would come over early in the morning and will get seen."
- "Very informative and explain every aspect of treatment."
- "Everything is explained sufficiently and I make my decisions easily. Again, excellent service and support."

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.

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. The practice is accessible to patients with a disability and an interpreter service is available if required.

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 and suggestion sheets are also available at reception for patients to make comment about the practice. 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.

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:

- "Consultation and discussion has been detailed and informative."
- "I have always received the best of care at the surgery. Any treatment is discussed and I am always confident that I can be seen promptly. Any suggestions made are always welcome."
- "My treatment has been ongoing over the years. I feel I have had the best possible care."
- "Yes, I'm treated really well and always involved in my care."
- "Mr Wallace is an excellent dentist, he's very good with my children."
- "Yes always."
- "Staff very attentive and always respectful."

- “Always told and explained what treatment is getting done and needs done.”
- “Always.”

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.

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 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 and review of documentation 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. Discussion with Mr Bowen and Ms McAllister confirmed that they did not realise that a recent event was reportable to RQIA. Clarification was provided in this regard and the notification was subsequently submitted to RQIA in retrospect. 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 Bowen and Ms McAllister 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 Bowen 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 feel that the service is well managed. Comments provided included the following:

- “Every member of staff is well trained and knowledgeable and show great care towards all patients.”
- “I go to this dentist with my 3 children and find front desk staff are very friendly and helpful. There is a nice atmosphere and the surgery is always spotless. Xxx, my dentist, has been excellent with my 3 children.”
- “My eldest has had problems with his teeth and Xxx has been fantastic with his care, explaining everything to me.”
- “The service is great as I also have my kids at this dentist and they enjoy the dentist.”
- “I always feel cared for and respected at this surgery. Never wait very long.”
- “I’ve been attending this dentist/practice for over 12 years and I am very satisfied with the service and my dentist. I also recommend this practice to family and friends.”
- “I am a long term patient at the surgery and I am extremely satisfied with the quality of the service provided.”
- “Yes the service is managed very well and professional.”
- “Very well managed practice.”
- “Brilliant surgery.”
- “Excellent attention to details for every time I visit my dentist.”

All 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.

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 David Bowen, registered person, and Ms Sharon McAllister, 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.

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Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2016</p>	<p>A logbook should be established for the vacuum steriliser and periodic tests undertaken and recorded as outlined in Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>Actioned as of the 7th of Nov. 2016, log book for vacuum steriliser established.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 3 February 2017</p>	<p>Arrangements should be established to ensure that x-ray equipment is serviced and maintained in accordance with manufacturer's instructions.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>Appointment made for 20th of December 2016 for engineers to service x-ray equipment</i></p>

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

Jessie Bowen
12/12/16

REGULATION AND QUALITY
 14 DEC 2015
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