

Announced Care Inspection Report 20 February 2018



Clear Dental Antrim

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

Address: 26 Church Street, Antrim, BT41 4BA

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Inspectors: Stephen O'Connor and Bridget Dougan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Person: Clear Dental Care (NI) Limited Mr Mark Tosh	Registered Manager: Ms Jemma Lynas
Person in charge at the time of inspection: Miss Charlene Cassells	Date manager registered: 20 December 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

Clear Dental Care (NI) Limited is the registered provider for eight dental practices registered with RQIA. Mr Mark Tosh is the responsible person for Clear Dental Care (NI) Limited.

4.0 Inspection summary

An announced inspection took place on 20 February 2018 from 14:00 to 16:15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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).

The inspection assessed progress with any areas for improvement identified 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.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

One area for improvement against the standards has been identified to ensure that all appropriate staff sign the local rules to confirm they have read and understood them.

Following the inspection information was received by RQIA, from a staff member who wished to remain anonymous. This information received alleged that sterilisation pouches were being reused as opposed to being treated as single use and that amalgam waste was not being properly disposed of, rather it was being disposed of down the sink.

It is not the remit of RQIA to investigate complaints raised by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment. The issues raised by the anonymous source were not substantiated. Additional information in this regard can be found in section 6.4 of this report under 'Infection prevention control and decontamination procedures'.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Miss Charlene Cassells, registered manager for another practice within the Clear Dental Care (NI) Limited group, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 December 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. No completed patient or staff questionnaires were returned to RQIA prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Miss Charlene Cassells, registered manager for another practice within the Clear Dental Care (NI) Limited group, an associate dentist and two dental nurses. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Miss Charlene Cassells at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 December 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 13.4 Stated: First time	Arrangements should be established to download the information on the vacuum steriliser hard drive, following which the details of the daily automatic control test (ACT) should be recorded in the steriliser logbook.	Met
	Action taken as confirmed during the inspection: Arrangements are in place to download the information recorded on the vacuum steriliser hard drive. Review of the vacuum steriliser logbook evidenced that the details of the daily automatic control test have been recorded.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Three dental surgeries are in operation in this practice. Discussion with Miss Cassells and staff 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. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Miss Cassells and staff confirmed that Clear Dental Care (NI) Limited organise two corporate training days a year. The most recent training day was held during February 2018.

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 Miss Cassells confirmed that two staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that in the main all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained with the exception of criminal conviction declarations. The ways in which newly recruited staff could provide a criminal conviction declaration were discussed with Miss Cassells. Review of the Clear Dental Care (NI) Limited application form evidenced that it does include a criminal conviction declaration. Miss Cassells provided assurances that in the future all staff to include self-employed staff will complete an application form and that a criminal conviction declaration will be added to the identified files.

There was a recruitment policy and procedure available.

Safeguarding

Staff 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. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

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

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that a number of additional medicines were retained with the emergency medicines. It was suggested that a review should be undertaken of the medicines retained in conjunction with the associate dentists and registered person. The review should pay cognisance to the emergency medicines that should be retained in a dental practice as detailed in the BNF.

Review of the medical emergency equipment evidenced that most equipment as recommended by the Resuscitation Council (UK) guidelines was available. Oropharyngeal airways and self-inflating bags with reservoirs suitable for use with a child and adult could not be located during the inspection. On 23 February 2018 confirmation was submitted to RQIA that the identified medical emergency equipment had been ordered. 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. The most recent occasion staff completed medical emergency refresher training was during February 2017. In addition to the practical hands on training facilitated by an external organisation the practice undertakes in house medical emergency scenario training twice a year.

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.

There was a policy for the management of medical emergencies and protocols outlining the local procedure for dealing with the various medical emergencies 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 (IPC) 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.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant 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 during September 2017. 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 December 2017.

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

As discussed, on 23 February 2018, RQIA received information, from a staff member who wished to remain anonymous. The staff member raised concerns that sterilisation pouches were being reused as opposed to being treated as single use and that amalgam waste was not being properly disposed of, rather it was being disposed of down the sink.

On 02 March 2018 the issues raised with RQIA by the staff member were discussed with Mr Mark Tosh, registered person and Miss Charlene Cassells. RQIA requested that Miss Cassells as the nominated individual with responsibility for the day to day management of the practice undertakes an investigation into the concerns raised by the staff member and submits a report of her findings to RQIA by the 26 March 2018.

On 26 March 2018 Miss Cassells submitted her investigation report in respect of the concerns reported by a staff member to RQIA on 23 February 2018. The investigation report confirmed that all staff had received IPC training during a Clear Dental core training day during March 2017, that a staff meeting had been called to discuss the concerns shared with RQIA and that management were actively overseeing that the practice policies were being followed.

Additional documentation to support the investigation report were also submitted to RQIA. These included minutes of a staff meeting during which infection prevention and control and decontamination were discussed, invoices from the waste management company evidencing that they had collected amalgam waste.

During the staff meeting the practice policies and procedures in respect of clinical waste management and decontamination of reusable dental instruments were discussed.

As no issues were identified during the inspection in respect of clinical waste management, or the decontamination of reusable dental instruments and the investigation undertaken by Miss Cassells did not identify any issues, the concerns raised anonymously by the staff member have not been substantiated.

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 noted that Mr Mark Tosh, registered person, is the RPS for the practice. As Mr Tosh does not undertake any clinical work in the practice it was suggested that consideration is given to nominating a RPS who undertakes clinical work in the practice. 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. It was observed that not all appropriate staff had signed to confirm that they had read and understood these. This has been identified as an area for improvement against the standards. 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 dated 25 October 2016 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained during June 2016 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 to include the routine servicing and maintenance of the fire detection system and firefighting equipment.

A legionella risk assessment was undertaken by an external organisation and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken by an external organisation 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.

Review of records evidenced that the pressure vessels had been inspected during July 2017 in keeping with the written scheme of examination of pressure vessels.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

As discussed no completed patient or client questionnaires were submitted to RQIA prior to the inspection.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures and the environment.

Areas for improvement

The local rules should be signed by all appropriate staff to indicate that they have read and understood them.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

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

An associate dentist confirmed that 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. Miss Cassells confirmed that the records management policy included the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Clinical staff confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists and dental nurses. A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase. It was confirmed that the software package used in the practice includes an educational programme that can be utilised during oral health and hygiene discussions with patients. Clear Dental Care (NI) Limited also have a corporate website and Facebook page, both of which include information in respect of oral health and hygiene.

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
- completion of record cards
- completion of soft tissue screening

Communication

An associate dentist 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.

Patient and staff views

As discussed no completed patient or client questionnaires were submitted to RQIA prior to the inspection.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff 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 dated June 2017 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

As discussed no completed patient or client questionnaires were submitted to RQIA prior to the inspection.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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.

On 19 February 2018 a notification of absence form in respect of Ms Jemma Lynas was submitted to RQIA. This form indicated that Mrs Lynas would be absent between the 27 January 2018 and 26 September 2018. The notification advised that Miss Charlene Cassells, registered manager of another practice within the Clear Dental Care (NI) Limited group would be managing the establishment in the absence of Ms Lynas. Mr Mark Tosh, registered person, monitors the quality of services and undertakes visits to the establishment routinely in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

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, review of records and discussion with Miss Cassells evidenced 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.

Miss Cassells 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.

Miss Cassells demonstrated a clear understanding of her 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

As discussed no completed patient or client questionnaires were submitted to RQIA prior to the inspection.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Miss Charlene Cassells, registered manager for another practice within the Clear Dental Care (NI) Limited group, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 8.3 Stated: First time	The registered person shall ensure that the local rules are signed by all appropriate staff to indicate that they have read and understood them. Ref: 6.4
To be completed by: 17 April 2018	Response by registered person detailing the actions taken: we reviewed xray folder and updated all signatures within the practice, this will be done for each new start

Please ensure this document is completed in full and returned via Web Portal



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