

Announced Care Inspection Report 24 January 2017



Maine Dental Practice

Type of service: Independent Hospital (IH) – Dental Treatment
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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 Maine Dental Practice took place on 24 January 2017 from 10.00 to 12.45.

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 Niall Johnston, registered person, and staff demonstrated that further development is needed to ensure that care provided to patients is 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 requirement has been made in relation to obtaining AccessNI checks prior to commencement of employment and three recommendations have been made in relation to the recruitment and selection of staff, reviewing the safeguarding policies and the checking of medical emergency equipment.

Is care effective?

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

Is the service well led?

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

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Niall Johnston, registered person, 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 3 February 2016.

2.0 Service details

Registered organisation/registered person: Maine Dental Practice Mr Niall Johnston Mr Jonathon McKeown Mr Mark Connaughty	Registered manager: Mr Niall Johnston
Person in charge of the practice at the time of inspection: Mr Niall Johnston	Date manager registered: 3 February 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Johnston, registered person, a dental nurse and a receptionist. Mr Jonathon McKeown and Mr Mark Connaughty, the other two registered persons, were treating patients throughout the inspection. 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 3 February 2016

The most recent inspections of the establishment were announced pre-registration care and premises inspections which were both undertaken on 3 February 2016. The completed QIPs were returned and approved by the care and premises inspectors. Following this, on receipt of outstanding information required in relation to estates issues, registration was approved on 10 May 2016.

4.2 Review of requirements and recommendations from the last care inspection dated 3 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11 Stated: First time	Policies and procedures should be provided in an organised and easily accessible format.	Met
	Action taken as confirmed during the inspection: Review of the policy and procedure manual confirmed that significant improvement has been made, and policies and procedures were accessible for staff. Mr Johnston was advised to provide the latest review date on policies, in order to show that policies are reviewed at least every three years.	

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Fabric seating should be removed from clinical areas or reupholstered with a cleanable fabric.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Mr Johnston confirmed that seating in each of the surgeries will be replaced during a planned refurbishment programme due to commence within the next few days and will be completed within a few weeks. Mr Johnston had hoped that refurbishment would have been completed prior to this inspection and confirmed that the new seating purchased for all the dental surgeries is compliant with HTM 01-05 recommendations.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The door of the decontamination room must be closed when the decontamination of instruments is in operation.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff and observations made throughout the inspection confirmed that the door of the decontamination room is kept closed at all times.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Mr Johnston confirmed that procedures have recently been established for appraising staff performance and staff appraisals are planned to be undertaken in March 2017. Discussion with staff confirmed they were aware of the implementation of appraisals, and were looking forward to this process. Staff confirmed that they felt supported and have been involved in informal 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.

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 Johnston confirmed that one staff member has been recruited since the previous inspection. A review of the staff member's personnel records demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. The following records were not provided:

- a criminal conviction declaration
- an employment history including gaps in employment
- two satisfactory references; one of which must be from the person's most recent employer – only one written reference was provided.

These issues were discussed with Mr Johnston and advice and guidance was provided, a recruitment checklist was also provided to the practice by email following the inspection, which if fully implemented will ensure all relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained for all new staff members. A recommendation has been made in this regard.

In addition, to the above issues, an enhanced AccessNI check was not received prior to commencement of employment. RQIA received an email from Mr Johnston on 12 February 2017, which confirmed that an application for the enhanced Access NI check had been completed by the practice on 09 February 2017. A requirement has been made to ensure that in the future an enhanced Access NI check is undertaken and received for all new staff prior to commencement of employment.

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.

A safeguarding children and adults policy and procedure was in place. It was identified that the policies need reviewed and updated to ensure they fully reflect the new regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016).

A recommendation was made that the safeguarding children and adults policies are reviewed and updated to reflect the new regional guidance.

Copies of the regional guidance documents were emailed to Mr Johnston on 01 February 2017.

Staff confirmed that refresher training in safeguarding children and adults has been provided every two years as outlined in the Minimum Standards for Dental Care and Treatment 2011.

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 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. However it was noted that the adult pads for the automated external defibrillator (AED) had expired during July 2016. A recommendation has been to ensure the expired adult pads for the AED are replaced and also that the adult and paediatric AED pads are included in the monthly checking system.

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. As previously stated, Mr Johnston advised that a refurbishment programme for the dental surgeries is planned to be completed within the next few weeks. 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. Since the previous inspection a new washer disinfectant and a new steriliser have been provided, discussion with staff confirmed the equipment provided meets 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. Records verified the IPS audit had been completed in August 2016 and is due for completion in February 2017.

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

Radiography

The practice has four surgeries, three of which have 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.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment. A 'Health and Safety' file was retained in the practice, which all staff members had signed and dated to verify that they had read this file. An external health and safety consultant had completed a general health and safety risk assessment of the practice on 25 October 2016, and recommendations made therein were recorded as having been addressed. This risk assessment included a review of the legionella and fire risk assessments and also contained a planned schedule for review of routine checks within the dental practice and included the visual six monthly portable appliance checks and monthly water temperature checks.

As previously stated, a legionella risk assessment has been undertaken and 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.

Review of records confirmed the pressure vessels in the practice had been inspected in keeping with the written scheme of examination.

Patient and staff views

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

- “Everything is very well run, very friendly and approachable staff, clean, calm and well laid out clinic.”
- “Ten out of ten”

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

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

All relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all new staff members.

The safeguarding children and adults policies should be reviewed and updated to reflect the new regional guidance.

The adult pads for the AED should be replaced and both the adult and paediatric AED pads should be included in the monthly checking system of emergency equipment.

Number of requirements	1	Number of recommendations	3
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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.

Since the previous inspection a new computerised system has been installed. Staff confirmed that both manual and computerised records are still maintained, however the practice is moving towards fully electronic records in the future.

Electronic records have different levels of access afforded to staff dependent on their role and responsibilities and staff confirmed training was provided when the new computer system was installed. 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 all the dentists and the dental hygienist. 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.

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
- clinical waste management
- patient satisfaction
- an annual health and safety audit of the practice

Communication

Mr Johnston and 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 quarterly to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

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

Patient and staff views

All of the six 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:

- “Very good accommodation, and child friendly perfect for myself and 3 young boys”
- “Ten out of ten”

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.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

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

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient’s privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “Very mannerly staff and everything is explained carefully”
- “I now attend the hygienist here, ten out of ten”

All of the 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, as previously stated, advice was provided that all policies should be dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. 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 Johnston and staff 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 Johnston 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 of the patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- "I have been a client here for some years and have been treated with respect on every occasion with the best of care at every appointment"
- "Ten out of ten"

All of the submitted staff questionnaire responses indicated that they felt 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 Niall Johnston, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (2) schedule 2 (as amended) Stated: First time To be completed by: 2 February 2017	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment of any new staff, including self-employed staff.</p> <p>RQIA should be notified upon receipt of the outstanding Access NI check in relation to the identified staff member.</p> <p>Response by registered provider detailing the actions taken: AGREED AND CORRECT PROTOCOLS NOW IN PLACE</p>
Recommendations	
Recommendation 1 Ref: Standard 11.1 Stated: First time To be completed by: 24 February 2017	<p>All relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained for all new staff members.</p> <p>Response by registered provider detailing the actions taken: RECRUITMENT CHECKLIST NOW IN PLACE TO ENSURE FUTURE COMPLIANCE</p>
Recommendation 2 Ref: Standard 15.3 Stated: First time To be completed by: 24 March 2017	<p>The safeguarding children and adults policy should be reviewed and updated to reflect the new regional guidance.</p> <p>Response by registered provider detailing the actions taken: POLICY UPDATED</p>
Recommendation 3 Ref: Standard 12.4 Stated: First time To be completed by: 24 February 2017	<p>The expired adult pads for the AED should be replaced and both the adult and paediatric AED pads should be included in the monthly checking system of emergency equipment.</p> <p>Response by registered provider detailing the actions taken: DONE</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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