

Announced Care Inspection Report 22 November 2016



Newry Denture and Dental Care Ltd

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

Address: 100 Hill Street, Newry, BT34 1BT

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Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Newry Denture and Dental Care Ltd took place on 22 November 2016 from 11:10 to 13:10. Mr Damien O'Hare, registered person, is a registered clinical dental technician. The practice predominantly provides the service of assessing and making dentures for patients. However, if a patient requires an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice approximately six hours per month and is accompanied by a dental nurse.

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 Damien O'Hare and Mrs Geraldine O'Hare, registered persons, 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. Four recommendations have been made in relation to safeguarding training, infection control and decontamination auditing, radiology safety and the servicing of x-ray equipment.

Is care effective?

Observations made, review of documentation and discussion with Mr O'Hare and Mrs O'Hare 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 O'Hare and Mrs O'Hare 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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Damien O'Hare and Mrs Geraldine O'Hare, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 November 2016.

2.0 Service details

Registered organisation/registered person: Newry Denture and Dental Care Ltd Mrs Geraldine O'Hare	Registered manager: Mr Damien O'Hare
Person in charge of the practice at the time of inspection: Mrs Geraldine O'Hare Mr Damien O'Hare	Date manager registered: 17 September 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

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.

A dentist and dental nurse are contracted from another practice to provide dental care and treatment in this practice. The dentist and dental nurse were not available on the day of inspection; however, one staff member submitted a questionnaire response.

During the inspection the inspector met with Mr O'Hare and Mrs O'Hare, registered persons. 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 10 November 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	The availability of an automated external defibrillator (AED) should be reviewed. Advice and guidance should be sought from the medico-legal advisor in this regard.	Met
	Action taken as confirmed during the inspection: Mr O'Hare confirmed that an AED located in the nearby library is available for use within the practice if required. The details are included in the medical emergencies policy and procedure.	

4.3 Is care safe?

Staffing

One dental surgery is in operation in this practice. Mr O'Hare is a registered clinical dental technician. The practice predominantly provides the service of assessing and making dentures for patients. However, as previously discussed if a patient requires an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice approximately six hours per month and is accompanied by a dental nurse. Discussion with Mr O'Hare and Mrs O'Hare 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place within the practice.

Procedures had not been put in place for appraising staff performance due to nature of the business. However, Mr O'Hare confirmed that if staff were recruited in the future a system for appraising staff would be developed. 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 O'Hare and Mrs O'Hare confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection. .

Safeguarding

Mr O'Hare and Mrs O'Hare 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.

Discussion with Mr O'Hare confirmed that not all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. A recommendation has been made.

One overarching policy and procedure was in place for the safeguarding of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. Mr O'Hare was advised to provide a copy of the most recent guidance documents for staff reference entitled "Co-operating to Safeguard Children and Young People in Northern Ireland" March 2016 and "Adult Safeguarding Prevention and Protection in Partnership" July 2015.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an AED and a self-inflating bag with reservoir suitable for use with children. As discussed previously the practice have timely access to an AED. On the afternoon of the inspection RQIA received confirmation by email that a self-inflating bag with reservoir suitable for use with children 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 Mr O'Hare and Mrs O'Hare confirmed that the management of medical emergencies will be included in the induction programme in the future. Training is updated on an annual basis in keeping with best practice guidance.

Discussion with Mr O'Hare and Mrs O'Hare 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. However, the protocols were not in keeping with best practice. Mr O'Hare agreed to address this issue immediately following the inspection.

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. Mr O'Hare confirmed that staff adhere to best practice in terms of the uniform and hand hygiene policies.

Discussion with Mr O'Hare confirmed that the staff have an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Mr O'Hare confirmed that staff have received training in infection prevention and control and decontamination in keeping with best practice.

Mr O'Hare has responsibility for infection control in the practice.

Whilst a decontamination room is available in the practice, this was not operational as there was no washer disinfectant provided in keeping with best practice as outlined in HTM 01-05. All reusable dental instruments are decontaminated in the decontamination room of the contracted dentist's practice. This practice has been recently inspected by RQIA and the decontamination arrangements were satisfactory with the exception of the decontamination of dental hand pieces which are manually cleaned prior to sterilisation. A recommendation had been made to review the procedure for the decontamination of dental hand pieces within this dental practice. This was discussed with Mr O'Hare following the inspection.

Mr O'Hare confirmed that dental hand pieces are seldom used in Newry Denture and Dental Care Ltd and he has agreed to discuss this issue with the contracted dentist to ensure that dental hand pieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1.

Appropriate arrangements are in place for the transfer of clean and dirty instruments between the two practices.

Mr O'Hare confirmed that the practice have not audited compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. This was discussed with Mr O'Hare and a recommendation has been made that compliance with HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.

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

Radiography

The practice has one surgery, which has an intra-oral x-ray machine. In addition there is an orthopantomogram machine (OPG), which is located in a separate room. Discussion with Mr O'Hare confirmed that the x-ray machines are rarely in use.

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.

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.

The radiation protection advisor (RPA) completes a quality assurance check every three years. The report of the most recent visit by the RPA in January 2015 included recommendations that were to be actioned. It was noted that a number of these recommendations had not been addressed. These included six monthly audits of x-ray quality grading and annual audits of justification and clinical evaluation recording. A recommendation has been made that the recommendations made by the RPA are actioned and records retained in the radiology protection file to confirm this.

Discussion with Mr O'Hare confirmed that he was unsure if the x-ray equipment had been serviced and maintained in accordance with manufacturer's instructions. A recommendation has been made.

Environment

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

Detailed cleaning schedules were in place for all areas and a colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. This included servicing of fire detection systems, fire-fighting equipment and portable appliance testing (PAT).

A legionella risk assessment had been undertaken and water temperatures were monitored and recorded as recommended.

A fire risk assessment had been undertaken and Mr O'Hare confirmed that staff are aware of the action to take in the event of a fire. He has agreed to carry out a fire drill and review the fire risk assessment as needed.

Patient and staff views

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

One comment provided included the following:

- "Very clean environment."

One staff submitted a questionnaire response. The member of staff indicated that they felt that patients are safe and protected from harm. No comments were included in the submitted questionnaire response.

Areas for improvement

Provide training in safeguarding children and adults at risk of harm to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).

Compliance with HTM 01-05 should be audited on a six monthly basis using the IPS audit tool.

Recommendations made by the radiation protection advisor (RPA) in the most recent report should be actioned and records retained in the radiology protection file to confirm this. X-ray quality grading audits and justification and clinical evaluation recording audits should be undertaken and re-audited on a six monthly and annual basis respectively.

Review the x-ray equipment manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.

Number of requirements	0	Number of recommendations	4
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4.4 Is care effective?

Clinical records

Mr O'Hare confirmed that the contracted dentist updates clinical records 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 electronic records are maintained. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

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. A range of health promotion information leaflets were available in the reception area. Mr O'Hare and Mrs O'Hare confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were no arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals in relation to:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance

As previously discussed recommendations have been made to address these issues. An action plan should be developed and embedded into practice to address any shortfalls identified during the audit process.

Communication

Mr O'Hare confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Due to the nature of the business and the small numbers of staff working in the practice formal staff meetings have not been held on a regular basis. Mr O'Hare, the contracted dentist and the dental nurse discuss clinical and practice management issues when dental care and treatment is undertaken in the practice. However, records have not been kept of any meetings or discussions. Mr O'Hare was advised that minutes of staff meetings and discussions should be retained.

Mr O'Hare and Mrs O'Hare 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 20 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:

- "Treatment was explained."
- "Got all explanations about my dentures."

The member of staff who 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. No comments were included in the submitted questionnaire response.

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

Mr O'Hare and Mrs O'Hare demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. It was confirmed that if they or the contracted dentist needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured that patients understood what treatment was available to them and could make an informed choice. .

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated October 2016 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 of the 20 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

One comment provided included the following:

- "Was always asked what I thought and treated very well."

The member of staff who 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. No comments were included in the submitted questionnaire response.

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 Mr O'Hare has overall responsibility for the day to day management of the practice. The practice predominantly provides the service of assessing and making dentures for patients. However, if a patient requires an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice approximately six hours per month and is accompanied by a dental nurse.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

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.

As previously discussed arrangements were not in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals in relation to x-ray quality grading, x-ray justification and clinical evaluation recording and IPS HTM 01-05 compliance. Recommendations have been made.

A whistleblowing/raising concerns policy was available.

Mr O'Hare and Mrs O'Hare demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the 20 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

One comment provided included the following:

- "Very happy with all my treatment."

The member of staff who submitted staff questionnaire responses indicated that they felt that the service is well led. No comments were included in the submitted questionnaire response.

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 Damien O'Hare and Mrs Geraldine O'Hare, registered persons, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 15.3 Stated: First time To be completed by: 22 February 2017	<p>Training in safeguarding children and adults at risk of harm should be provided to all staff as outlined in the Minimum Standards for Dental Care and Treatment (2011).</p> <p>Response by registered provider detailing the actions taken: Both Damien and Geraldine O'Hare are booked onto a Safeguarding course through NIMDTA. It is to be held on 14/03/2017 in the NIMDTA Belfast. This will become part of our regular training. Booking references: 125450 Damien O'Hare 125457 Geraldine O'Hare</p>
Recommendation 2 Ref: Standard 13.2 Stated: First time To be completed by: 22 February 2017	<p>A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.</p> <p>Response by registered provider detailing the actions taken: The IPS Audit has been undertaken. A copy of HTM-0105 has been downloaded and a hard copy also retained. The IPS Audit will be undertaken every 6 months and any deficits identified will be addressed.</p>
Recommendation 3 Ref: Standard 8.3 Stated: First time To be completed by: 22 January 2017	<p>All recommendations made by the radiation protection advisor (RPA) in the most recent report should be actioned and records retained in the radiology protection file to confirm this.</p> <p>X-ray quality grading audits and justification and clinical evaluation recording audits should be undertaken and re-audited on a six monthly and annual basis respectively.</p> <p>Response by registered provider detailing the actions taken: All recommendations by the RPA has been actioned and records retained in the radiation protection file to confirm this. X-ray quality grading Audits and justification and clinical evaluation recording. Audits will now be undertaken. Templates have been devised and re-audits will be done on a six-monthly basis.</p>

<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2017</p>	<p>Review the x-ray equipment manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>The arrangements should be confirmed to RQIA in the returned QIP.</p> <p>Response by registered provider detailing the actions taken:</p> <p>All xray equipment will be serviced and maintained in keeping with manufacturers instructions.</p> <p>The engineer from BF Mulhollands has been Booked to service all xray equipment this month. (December 2016).</p>
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