

# Announced Care Inspection Report 19 December 2016



## Great James St Dental

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

**Address: 16 Great James Street, Derry, BT48 7DA**

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**Inspector: Norma Munn**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Great James St Dental took place on 19 December 2016 from 11:00 to 14:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Ms Meabh Owens, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Ms Owens 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 Ms Owens 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Owens, registered person, and the practice manager as part of the inspection process and can be found in the main body of the report.

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 24 September 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Ms Meabh Owens	<b>Registered manager:</b> Ms Meabh Owens
<b>Person in charge of the practice at the time of inspection:</b> Ms Meabh Owens	<b>Date manager registered:</b> 3 May 2013
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 3.0 Methods/processes

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

During the inspection the inspector met with Ms Meabh Owens, registered person, the practice manager, an associate dentist and four dental nurses. 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 24 September 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 24 September 2015**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the following issues in relation to AccessNI checks are addressed:</p> <ul style="list-style-type: none"> <li>• an enhanced AccessNI check must be undertaken and received for the identified staff member; and</li> <li>• ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of documentation and discussion with Ms Owens evidenced that an enhanced AccessNI check had been undertaken and received for the identified staff member.</p> <p>A review of the submitted staffing information and discussion with Ms Owens confirmed that two members of staff had been recruited since the previous inspection. A review of documentation and discussion with Ms Owens evidenced that enhanced AccessNI checks had been undertaken and received for these two members of staff prior to commencing employment.</p>	

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that the following issues in relation to recruitment are addressed:</p> <ul style="list-style-type: none"> <li>records as specified in Schedule 2 should be retained for a minimum of three years in keeping with Regulation 21 (3) (c) of The Independent Health Care Regulations (Northern Ireland) 2005; and</li> <li>staff personnel files, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Ms Owens confirmed that since the previous inspection all records as specified in Schedule 2 have been retained.</p> <p>A review of the submitted staffing information and discussion with Ms Owens confirmed that two members of staff had been recruited since the previous inspection. A review of the personnel files for these staff members demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. A reference sought in one of the files reviewed was not dated or signed. This was discussed with Ms Owens who agreed to follow this up. Ms Owens confirmed that that all references sought in the future would be dated and signed by the referee.</p>	

**4.3 Is care safe?**

**Staffing**

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

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the practice. One of the completed inductions reviewed did not include a date or staff's signature. It was advised that inductions should be dated and signed by the inductee and the person carrying out the induction.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of one evidenced that appraisals had been completed on an annual basis. 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 Ms Owens confirmed that two staff have been recruited since the previous inspection. As previously discussed a review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

### **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Separate 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. Ms Owens demonstrated knowledge of the guidance document entitled "Adult Safeguarding Prevention and Protection in Partnership" issued in July 2015 and has provided a copy for staff reference. Ms Owens has agreed to provide a copy of the most recent guidance document for staff reference entitled "Co-operating to Safeguard Children and Young People in Northern Ireland" issued in March 2016 and has agreed to update the policies in keeping with the new regional safeguarding guidance and policies.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies. One of the protocols was not in keeping with best practice. Ms Owens has agreed to update the all of the protocols displayed in keeping with best practice guidance.

### **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The clinical waste bin in the decontamination room was observed to be in keeping with best practice guidance however, the general waste bin was observed to be neither pedal nor sensor operated. Ms Owens agreed to address this issue on the day of the inspection. 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. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during September 2016.

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

### **Radiography**

The practice has three surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

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

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

## **Environment**

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

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

Arrangements are in place for maintaining the environment to include the annual servicing of the fire detection system and firefighting equipment. Routine checks are undertaken in respect of the emergency lighting and emergency break glass boxes and results recorded.

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.

Ms Owens confirmed that since the previous care inspection the practice has had a legionella risk assessment carried out by an external provider. It was confirmed that all remedial actions within the risk assessment have been addressed. Water temperatures are monitored and recorded in keeping with the risk assessment.

Review of records evidenced that all pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

## **Patient and staff views**

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

Comments provided included the following:

- "Staff always help me out. Very caring."
- "Staff are very friendly, always go that extra mile."

Nine 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.



One comment provided included the following:

- “When training is given all is explained very well.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care effective?

### Clinical records

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

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

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

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

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

### Health promotion

The practice has an excellent strategy for the promotion of oral health and hygiene. Ms Owens and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of health promotion information leaflets was available in the reception area and throughout the practice.

A review of the health promotion programme for the year included a different health promotion theme each month and an activity related to the theme. Included in this was an excellent health promotion outreach programme involving local schools and the local community. Ms Owens discussed how the practice arranges visits to Sure Start and schools on a regular basis. The children and parents receive information regarding health promotion to take home in the form of a “smiles kit”. A range of information leaflets and literature is used to educate on the dangers of poor diet, and the importance of good oral health. On the notice board in the waiting room a dedicated health promotion area for patients was observed displaying the amount of sugar contained in various drinks consumed entitled “Think before you drink”. These initiatives involving health promotion are to be commended.

## 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
- clinical records
- review of complaints/accidents/incidents
- hand hygiene
- environmental
- personal protective equipment
- medical devices

The range and frequency of audits being undertaken exceeds best practice.

## Communication

Ms Owens and the 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.

A breaking bad news policy in respect of dentistry was in place.

## Patient and staff views

All of the 12 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

One comment provided included the following:

- “I feel I am always kept informed.”

All nine 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.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 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.

### Patient and staff views

All of the 12 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:

- "I have completed surveys in reception before and the girls are very approachable."

All nine 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.

Comments provided included the following:

- "Patients are very well looked after and confidentiality is very important in our practice."
- "All these needs are met; dentists and staff are very compassionate to patients."

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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.

Ms Owens has overall responsibility for the day to day management of the practice supported by the practice manager.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis or more frequently if needed. 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 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.

Ms Owens 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. As previously discussed the range and frequency of audits being undertaken exceeds best practice.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms Owens 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**

All of the 12 patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- “Never an issue.”
- “Always a happy place.”
- “Notice boards in waiting room with information on different things.”
- “Lovely staff.”

All nine submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

One comment provided included the following:

- “Well managed throughout the practice.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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