

Announced Care Inspection Report 30 May 2017



A E West Orthodontic Practice

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

Address: 6a Market Lane, Lisburn, BT28 1YG

Tel no: 028 9266 3414

Inspector: Philip Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of A E West Orthodontic Practice took place on 30 May 2017 from 08.30 to 10.25.

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 West, 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. Two recommendations have been made, one to provide Buccolam pre-filled syringes and one to provide the regional safeguarding policy and procedures for staff reference.

Is care effective?

Observations made, review of documentation and discussion with Mr West 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 West and staff demonstrated that arrangements were 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 person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Alan West, 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 1 June 2016.

2.0 Service details

Registered organisation/registered person: Mr Alan West	Registered manager: Mr Alan West
Person in charge of the practice at the time of inspection: Mr Alan West	Date manager registered: 15 September 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 West and a dental hygienist. 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 01 June 2016

The most recent inspection of the establishment 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 01 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.7 Stated: First time	The registered person should ensure that annual staff appraisals are carried out and records retained.	Met
	Action taken as confirmed during the inspection: Review of staff files evidenced that this recommendation has been met.	
Recommendation 2 Ref: Standard 13.2 Stated: First time	The overflows on the handwashing sinks should be blocked with a stainless steel plate sealed with anti-bacterial mastic.	Met
	Action taken as confirmed during the inspection: Observations made during the inspection evidenced that this recommendation has been met.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with Mr West and staff and review of completed patient and staff questionnaires demonstrated that there was sufficient 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 staff records evidenced that an induction programme had been completed when new members of 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. Review of a sample of personnel records 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. Training records were retained in the practice.

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 West and the practice manager confirmed that no new members of staff had been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future, robust systems have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) would be sought and retained for inspection.

Safeguarding

Mr West and 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.

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 the following regional safeguarding documentation was not available for staff reference:

- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

A recommendation has been made to address this.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A recommendation has been made that the medication for the treatment of status epilepticus should be replaced with Buccolam (buccal midazolam) pre-filled syringes as recommended by the Health and Social Care Board (HSCB). The 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.

A 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.

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 uniform policy.

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

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

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, has 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.

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

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

Radiography

The practice has two surgeries. The practice has an orthopan tomogram machine (OPG) and Cephalogram, which is located in a dedicated x-ray 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 in October 2016 demonstrated that 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 high 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. Documents reviewed included a review of general health and safety risk assessments, portable appliance testing, fire detection systems and fire-fighting equipment, boiler servicing and legionella risk assessment. Hot and cold water temperatures had been monitored and recorded on a regular basis in keeping with the legionella risk assessment control measures.

A written scheme of examination of pressure vessels was in place and the compressor and sterilisers were inspected in keeping with the scheme.

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

One patient submitted questionnaire responses to RQIA. The response indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. The following comment was provided:

- “Staff are very polite and friendly.”

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were provided in the returned questionnaires.

Areas for improvement

The following regional guidance documents and policies should be available for staff reference:

- ‘Co-operating to safeguard children and young people in Northern Ireland’ (March 2016)
- ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015)

The medication for the treatment of status epilepticus should be replaced with Buccolam (buccal midazolam) pre-filled syringes as recommended by the Health and Social Care Board.

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

Clinical records

Mr West and 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 that treatment plans are developed in consultation with patients. Discussion with Mr West and staff 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.

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. The practice has taken part in a number of oral health promotion initiatives including a no smoking campaign, Sure Start presentation, oral health promotion talks to the local Parkinson’s Support Group and

Action Cancer and an oral hygiene promotion day in the practice. Mr West and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and dental hygienists.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Routine audits undertaken include:

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

Communication

Mr West 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 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

The patient who submitted questionnaire a response indicated that they get the right care, at the right time and with the best outcome for them and indicated they were very satisfied with this aspect of care. The following comment was provided:

- “Staff are very good at changing appointments to suit school life.”

All staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were provided in the returned questionnaires.

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 West and 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.

Mr West and staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment.

Clinical staff confirmed that treatment options, including the risks and benefits were discussed with each patient. This ensured patients understood what treatment is available to them in order that they can make an informed choice. Discussion with 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

The patient who submitted questionnaire a response indicated that they are treated with dignity and respect and are involved in decision making affecting their care and indicated they were very satisfied with this aspect of care. The following comment was provided:

- "Mr West explained and discussed treatment on every visit. Most helpful."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were provided in the returned questionnaires.

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. Mr West (or the practice manager, in his absence) is

the nominated individual with overall responsibility for the day to day management of the practice. Daily debriefing meetings and monthly staff meetings are held to provide two way communications and keep staff informed of any relevant matters.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were filed within topic groups and reviewed on a 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. Mr West and 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 indicated that complaints have been managed in accordance with best practice.

There have been no notifiable events in the practice since the previous inspection. However, a system was in place to ensure that notifiable events would be investigated and reported to RQIA or other relevant bodies as appropriate. A system was 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.

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 would be developed and embedded into practice to address any shortfalls identified during the audit process.

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

Mr West 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

The patient who submitted questionnaire a response indicated that they felt that the service is well managed and indicated they were very satisfied with this aspect of the service. The following comments were provided:

- “As this is my third daughter to attend Mr West I am very pleased with the treatment they received and their teeth to date are perfect.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. All staff indicated they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were provided in the returned questionnaires.

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 West, 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 via web portal 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: Standard15.3

Stated: First time

To be completed by:
30 June 2017

The following regional guidance documents and policies should be available for staff reference:

- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)

Response by registered provider detailing the actions taken:
Reports downloaded and made available to staff

Recommendation 2

Ref: Standard 12.4

Stated: First time

To be completed by:
30 June 2017

The medication for the treatment of status epilepticus should be replaced with Buccolam (buccal midazolam) pre-filled syringes as recommended by the Health and Social Care Board.

Response by registered provider detailing the actions taken:
Buccolam being ordered

Please ensure this document is completed in full and returned via web portal



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