

# Announced Care Inspection Report 25 April 2017



## Armstrong Dental Practice

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: 74 Gilford Road, Portadown, Craigavon, BT63 5EG**  
**Tel no: 028 3833 3659**  
**Inspector: Emily Campbell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Armstrong Dental Practice took place on 25 April 2017 from 09:55 to 12:15.

The inspection sought 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 Alan Armstrong, 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 Mr Armstrong 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 Armstrong 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 Mr Armstrong's understanding of his 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 Mr Alan Armstrong, registered person, 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

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Alan Armstrong Mr Neale Armstrong	<b>Registered manager:</b> Mr Alan Armstrong
<b>Person in charge of the practice at the time of inspection:</b> Mr Alan Armstrong	<b>Date manager registered:</b> 25 August 2011
<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 Mr Alan Armstrong and two dental nurses, one of whom also covers receptionist duties. 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 20 April 2016

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 20 April 2016

As above.

#### 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. Staff confirmed that induction training is provided when new staff join 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. A review of one personnel file 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 Mr Armstrong confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member 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, with the exception of a criminal conviction declaration. A criminal conviction declaration template was emailed to Mr Alan Armstrong following the inspection.

Mr Armstrong confirmed by email on 26 April 2017 that this had been added to the recruitment documentation and also to the procedure for use in the event of new staff being recruited.

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. The most recent training was provided in June 2016. Copies of the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) and Co-operating to Safeguard Children and Young People in Northern Ireland (March 2016) were available for staff reference and staff demonstrated awareness of these.

Policies and procedures were in place for the safeguarding and protection of adults and children. Mr Armstrong confirmed by email on 26 April that the safeguarding and protection of adults at risk of harm policy had been updated to reflect the regional guidance.

## **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 a self-inflating bag with reservoir suitable for use with a child. Mr Armstrong confirmed by email on 26 April 2017 that this had been ordered. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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**

Observation of one surgery and the decontamination room evidenced that they 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.

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 two steam sterilisers, 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 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 audits were completed in October 2016 and March 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control. These were not reviewed during the inspection.

## **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 measures are taken to optimise dose exposure which included the use of rectangular collimation and x-ray audits. It was suggested that the documentation for recording x-ray quality grading and justification and clinical evaluation audits is reviewed to provide a clearer overview of the audit process.

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 high standard of maintenance and décor.

Cleaning schedules and a colour coded cleaning system was in place.

Mr Armstrong confirmed that arrangements are in place for maintaining the environment. Review of documentation evidenced that the fire, legionella and health and safety risk assessments are reviewed on an annual basis.

Mr Armstrong confirmed that fire safety awareness training is provided and fire drills carried out on a six monthly basis. A fire evacuation procedure was in place.

Mr Armstrong 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**

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

- “The greatest care and attention has always been made re safety and protection.”

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Regular training is carried out.”

### **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**

Mr Armstrong 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 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. These were not reviewed during the inspection.

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. Mr Armstrong and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. Information leaflets promoting oral health and hygiene are available.

### **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
- infection prevention and control surgery checklists
- clinical records
- review of complaints/accidents/incidents
- patient satisfaction surveys

### **Communication**

Mr Armstrong confirmed that arrangements are in place for onward referral in respect of specialist treatments and that template referral letters are available.

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 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All patients indicated they were very satisfied with this aspect of their care. Comments provided included the following:

- "There has always been someone here to answer questions and an appointment made as quickly as possible, usually the same day if something unexpected has happened."
- "100%"



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. All responses indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Regular record keeping audits are carried out, as well as radiograph reporting audits.”

**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 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.

**Patient and staff views**

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

- “I have always been treated with the utmost respect in this extremely friendly practice.”
- “Excellent.”
- “All staff have been lovely throughout all dentist sessions.”

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 responses indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “All treatment options are discussed with the 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.

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, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire and review of documentation indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Armstrong 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.

Armstrong Dental Practice is a member of the British Dental Association (BDA) Good Practice Scheme and is a training practice approved by the Northern Ireland Medical and Dental Training Agency NIMDTA. A dental foundation year one (DF1) trainee is undergoing a current placement in the 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.

Mr Armstrong 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 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 patients who submitted questionnaire responses indicated that they felt that the service is well managed and were very satisfied with this aspect of the service. The following comment was provided:

- “Very well managed. I have never had any problems.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. All indicated that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “Regular policy reviews and staff meetings.”

**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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