

Announced Care Inspection Report 25 April 2016



Oasis Dental Care - Belcoo

Address: 10 Railway Street, Belcoo, Enniskillen, BT93 5FJ

Tel No: 028 66386111

Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Oasis Dental Care - Belcoo took place on 25 April 2016 from 09:50 to 12:50.

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

Is care safe?

Information gathered during the inspection evidenced that in the main good systems and processes were in place to ensure that care and treatment provided 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. It was established that although the practice offers intravenous sedation to patients none of the dental nurses have an accredited qualification in conscious sedation. A requirement has been made in this regard. It was also identified that the details of the periodic tests for the steam sterilisers have not been recorded in full in the machine logbooks in keeping with best practice guidance. A recommendation has been made to address this.

Is care effective?

Information gathered during the inspection evidenced that good systems and processes were in place to ensure that patients receive the right care, at the right time in the right place with the best possible outcome. Areas reviewed included clinical records, health promotion, audits and communication. It was established that the signage on the front of the building is not the same as the registered name of the practice. A recommendation has been made to address this.

Is care compassionate?

Information gathered during the inspection evidenced that arrangements are in place to ensure patients are treated with dignity and respect and that they are fully involved in decisions affecting their treatment and care. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that in the main 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. A practice manager has recently been appointed and their registration as registered manager was approved by RQIA from 18 April 2016. Although the registered person visits the practice at least on a monthly basis, a report detailing the main findings of these visits has not been generated. A recommendation has been made to address this.

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

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

1.1 Inspection outcome

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

Details of the QIP within this report were discussed with Ms Stephanie Gilliland, registered manager and Mrs Jemaimah Morgan, Oasis Dental Care clinical compliance auditor, 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 previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Oasis Dental Care Mr Andy Relf	Registered manager: Ms Stephanie Gilliland
Person in charge of the service at the time of inspection: Ms Stephanie Gilliland	Date manager registered: 18 April 2016
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 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 staff and patient questionnaires.

During the inspection the inspector met with Ms Stephanie Gilliland, registered manager, Mrs Jemimah Morgan, clinical compliance auditor for the Oasis Group, the lead dental nurse and a receptionist. 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
- 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 04 June 2015

The most recent inspection of the establishment was an announced pre-registration 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 04 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1 Stated: First time	It is recommended that the statement of purpose is updated to reflect the change in ownership of the practice. The name and address of the registered organisation/responsible individual and the organisational structure of the practice should be included.	Met
	Action taken as confirmed during the inspection: Review of the statement of purpose demonstrated that it had been updated to include the information outlined above. In addition to this the statement of purpose has been further developed to reflect the recent change in registered manager.	
Recommendation 2 Ref: Standard 1 Stated: First time	It is recommended that the patient guide is updated to reflect the change in ownership of the practice. The name and address of the registered organisation/responsible individual should be included.	Met
	Action taken as confirmed during the inspection: Review of the patient guide demonstrated that it had been further developed to include the information outlined above.	
Recommendation 3 Ref: Standard 12.1 Stated: First time	It is recommended that protocols outlining the local procedure for dealing with the various medical emergencies as specified in the BNF should be established.	Met
	Action taken as confirmed during the inspection: Review of documentation demonstrated that protocols outlining the local procedure for dealing with the various medical emergencies as specified in the British National Formulary (BNF) have been developed and shared with staff.	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with Ms Gilliland and staff and a review of completed staff and patient questionnaires demonstrated that there were 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.

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. Ms Gilliland confirmed that the Oasis Dental Care group have an online training portal which includes core Continuing Professional Development (CPD) topics as recommended by the General Dental Council (GDC). All staff have access to this training portal and the courses undertaken are reviewed and discussed during staff appraisals.

The practice offers intravenous sedation to patients. However, it was established that none of the dental nurses in the practice have an accredited qualification in conscious sedation. All members of the dental team providing treatment under Conscious Sedation must have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003). A requirement has been made.

A sample of records reviewed confirmed that a robust system was in place to review the GDC registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms Gilliland confirmed that four staff have been recruited since the previous inspection. A review of two personnel files 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 is a recruitment policy and procedure available.

Safeguarding

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 dated 12 April 2016 demonstrated that all staff had received refresher training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Ms Gilliland confirmed that policies and procedures were in place for the safeguarding and protection of adults and children.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the BNF, and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. It was observed that the format of buccal Midazolam available was not in keeping with the Health and Social Care Board (HSCB) guidance. Ms Gilliland was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes in keeping with HSCB guidance. 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. The most recent refresher training was completed during October 2015.

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.

There is a policy for the management of medical emergencies. As discussed previously protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

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

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 dated 20 April 2016 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 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, with the exception of the daily automatic control test (ACT). Although the ACT was being undertaken, not all of the details of the test were being recorded. A recommendation was made that the details of the daily ACT for both sterilisers are recorded in full in keeping with HTM 01-05.

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 March 2016.

There are a range of policies and procedures 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. In addition the practice has a combined orthopan tomogram machine (OPG) and cone beam CT scanner, which is located in a separate room on the ground floor.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information is 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 dated 09 June 2015 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.

The legionella risk assessment was last undertaken during August 2015 and control measures have been implemented.

A fire risk assessment had been undertaken during June 2015 and review of documentation 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.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- “I believe I have experienced a safe and clean environment”
- “Very comfortable and safe environment (gentle)”
- “There are always staff to discuss associated risks and explanation of procedures prior to treatment”

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The following comment was provided: “There is a huge desire from all of the team to ensure our patients are well cared for and looked after”

Areas for improvement

All members of the dental team providing treatment under Conscious Sedation must have received appropriate training in the sedation technique being used.

All details of the daily ACT must be recorded in the pre-printed logbooks for both sterilisers.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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 that treatment plans are developed in consultation with patients. Staff confirmed that patients are informed about the cost of treatments, choices and options.

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.

There are policies available in relation to records management, data protection and confidentiality and consent.

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

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There were information leaflets available in regards oral health and hygiene. An oral health and hygiene display and models to demonstrate brushing techniques were available in the surgery used by the hygienist. It was confirmed that the hygienist actively promotes oral health and hygiene and that she had facilitated awareness raising sessions in local primary schools.

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, when applicable

Communication

Ms Gilliland confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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 transparent culture within the practice.

The practice registered with RQIA as Oasis Dental Care - Belcoo with effect from 27 July 2015. However, the signage outside the practice states the name of the practice as Blueapple Dental and Implant. This may cause confusion for patients or interested bodies, particularly if they wish to review the RQIA reports about the practice. This was discussed with Ms Gilliland and Mrs Morgan who confirmed that the practice is due to be rebranded later this year and that the signage will be changed at this time. A recommendation was made that the signage on the front of the building reflects the name of the practice.

Patient and staff views

Eight of the nine responses indicated that they felt they get the right care, at the right time and with the best outcome for them; one patient did not respond. The following comments were provided:

- "I have always experienced what I consider best advice and care"
- "Staff always ready to facilitate me"

All seven staff questionnaire responses indicated that they felt patients get the right care, at the right time and with the best outcome from. Staff spoken with during the inspection concurred with this.

Areas for improvement

The signage on the front of the building should reflect the name of the practice.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

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.

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 ensures patients understand what treatment is available to them and can make an informed choice. Discussion with staff demonstrated how consent would be obtained.

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

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

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they felt they were treated with dignity and respect and are involved in decision making affecting their care. The following comments were provided:

- "All concerned in this practice act in the best interests of clients."
- "Dignity and respect at all times"
- "Very good service, treated with respect"

All seven staff who submitted staff questionnaire responses indicated that they felt 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. The following comment was provided in a submitted questionnaire: "There is a high degree of personal satisfaction among staff".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Management and governance arrangements

Prior to the inspection Mr Andrew Relf, registered person submitted a registered manager application in respect of Ms Stephanie Gilliland. Ms Gilliland has been an employee in this practice for a number of years. Following review of the submitted registered manager application and supporting documentation registration of Ms Stephanie Gilliland was approved with effect from 18 April 2016.

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. It was confirmed that although Mr Andrew Relf, the registered person visits the practice at least monthly a report detailing the findings of these visits has not been generated. A recommendation was made to address this.

Policies and procedures are available both in hard copy and electronically and it was confirmed that they are available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff 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 patient information file in the waiting area. Staff spoken with demonstrated 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 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 is developed and embedded into practice to address any shortfalls identified during the audit process.

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

The registered manager demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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 nine patients who submitted questionnaire responses indicated that they felt the service is well managed. The following comments were provided:

- “Management is excellent, evident throughout the practice”
- “Service and follow-up treatment, a choice of text, email, phone and written communication is excellent”

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

Areas for improvement

The registered person should generate a report at least six monthly following their visit to the practice.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Stephanie Gilliland, registered manager and Mrs Jemaimah Morgan, clinical compliance auditor for the Oasis Group, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 persons 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 The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered persons may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Independent.Healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 38 (a)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2016</p>	<p>The registered person must ensure that all members of the dental team providing treatment under Conscious Sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in The Provision of Dental Care (2003).</p>
	<p>Response by registered person detailing the actions taken: I am currently seeking the most suitable course to enroll my nursing staff that will meet the above requirement and is in keeping with Conscious Sedation in the Provision of Dental Care (2003). I have made contact with different providers and am awaiting course criteria information from these. Once booking has taken place I will confirm to Stephen O'Connor directly the dates and course details.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2016</p>	<p>The registered person should ensure that all of the details of the daily automatic control test for both sterilisers are recorded in the pre-printed logbooks in keeping with HTM 01-05.</p>
	<p>Response by registered person detailing the actions taken: All nursing staff have been retrained on how to complete the relevant log books, and on daily inspection by registered person Stephanie Gilliland can confirm that the log books are being completed in keeping with HTM-01-05</p>
<p>Recommendation 2</p> <p>Ref: Standard 1.4</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2016</p>	<p>The registered person should ensure that the name of the practice on the signage on the front of the building reflects the name of the practice.</p>
	<p>Response by registered person detailing the actions taken: Practice registration details have been adjusted to confirm the practice name as Blueapple Dental. New certificate has been received and is on display in waiting area.</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.8</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2016</p>	<p>Following their unannounced visit to the practice the registered person at least on a six monthly basis should generate a report detailing the main findings of their quality monitoring visit, which should include the matters identified in Regulation 26 (4) of The Independent Health Care Regulations (Northern Ireland) 2005. An action plan to address any issues identified should be generated. The report should be shared with the registered manager and be available for inspection.</p>
	<p>Response by registered person detailing the actions taken: A quality monitoring visit was carried out by Andy Relf on the 4th of May 2016 and was forwarded to Stephen O'Connor at the RQIA. No issues were identified.</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqla.org.uk

Web www.rqla.org.uk

 @RQIANews