

# Announced Care Inspection Report 10 October 2016



## Fresh Smile Clinic

**Type of service: Independent Hospital (IH) – Dental Treatment**  
**Address: 65 Cregagh Road, Belfast, BT6 8PX**  
**Tel no: 028 9045 1966**  
**Inspector: Carmel McKeegan**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Fresh Smile Clinic took place on 10 October 2016 from 14.00 to 16.30.

The inspection sought to assess progress with any issues raised during and since the previous 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 Peter McCarron, 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. One recommendation was made in relation to the testing of pressure vessels in the practice.

### Is care effective?

Observations made, review of documentation and discussion with Mr McCarron 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 McCarron 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. One recommendation was made to further develop the complaints procedure.

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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Peter McCarron, 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 15 June 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Peter McCarron	<b>Registered manager:</b> Mr Peter McCarron
<b>Person in charge of the practice at the time of inspection:</b> Mr Peter McCarron	<b>Date manager registered:</b> 8 July 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 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 McCarron and a receptionist. A tour of the premises was also undertaken. The practice was not providing treatment to patients during the inspection.

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 15 June 2015

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 15 June 2015

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 a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> <li>• the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit; verification of qualifications and registration with professional bodies and include a criminal conviction declaration by the applicant.</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr McCarron and review of the recruitment and selection policy and procedure confirmed that the policy had been further developed as recommended.</p>	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr McCarron confirmed that one new staff member had commenced employment in the practice since the previous inspection, review of the staff member's personnel file confirmed that all relevant documentation was provided.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p>	<p>It is recommended that Access NI enhanced disclosure certificates are handled in accordance with the Access NI Code of Practice.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr McCarron and review of the new staff member's personnel file confirmed that the Access NI enhanced disclosure certificate was handled in accordance with the Access NI Code of Practice.</p>		

### 4.3 Is care safe?

#### Staffing

Two 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 one 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. 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 McCarron confirmed that one staff member had 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 has been sought and retained.

As previously stated the recruitment policy and procedure had been further developed since the previous inspection and was considered to be comprehensive and reflective of best practice guidance.

## **Safeguarding**

Mr McCarron 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 policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. A copy of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' was available in the practice for staff reference.

## **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.

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

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. In the main, fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. In Surgery 2 the dental chair had a small tear in the upholstery covering and the floor was not sealed at the edges. Mr McCarron confirmed that both these

issues had already been identified and arrangements were in place for new flooring compliant with Health Technical Memorandum (HTM) 01-05, to be fitted in Surgery 2 and also for the dental chair to be reupholstered.

Mr McCarron confirmed that all staff 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 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 HTM 01-05. It was observed that the automatic control test (ACT) for the steriliser was not consistently recorded in the relevant log book; this was discussed with Mr McCarron who confirmed that the relevant logbook would be marked up to date at the earliest opportunity. Mr McCarron also stated this would be communicated to all nurses to ensure the ACT is documented daily.

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 on 22 September 2016.

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

## **Radiography**

The practice has two surgeries, one 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, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near the x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Mr McCarron 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.

Mr McCarron has established servicing arrangements for maintaining the environment and equipment; records were retained in this regard.

A legionella risk assessment had been undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Mr McCarron and staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of the pressure vessels could not be located and it was agreed that Mr McCarron would follow this up. A recommendation has been made that a copy of the pressure vessels inspection report should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.

## Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- 'Very happy with treatment.'
- 'Wonderful attention to detail in every scenario.'

Five 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. No comments were included in submitted questionnaire responses.

## Areas for improvement

A copy of the pressure vessels inspection report should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.4 Is care effective?

### Clinical records

Mr McCarron 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 records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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 McCarron confirmed that oral health is actively promoted on an individual basis during treatment sessions by both the dentists and the dental hygienist. A range of oral health promotion leaflets were available at reception and the patients' waiting area. A range of oral healthcare products were also available to purchase.

### 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 records
- review of complaints/accidents/incidents as appropriate

### Communication

Mr McCarron confirmed that arrangements are in place for onward referral in respect of specialist treatments and template referral letters have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. In addition

staff have a morning huddle to prepare for the day ahead. 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**

All of the 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- 'Excellent dentist and staff, going to this dentist for approx 40 years'
- 'Very patient, explains everything, a truly positive experience.'
- 'Very food with all care.'
- 'Great care in all aspects from A-Z.'
- 'Like to be told what's happening, great to know my options and then decide. Great care.'

All of the five 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**

Mr McCarron and staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Mr McCarron confirmed that arrangements are provided to ensure the patient's privacy is respected and private discussions are facilitated depending on the wishes of the patients. The receptionist was observed to converse with patients, who called into the practice, 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.

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 of the 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- 'I just wish I had this type of care when I was younger'
- 'The care and attention is excellent and staff and dentist are a pleasure to deal with.'
- 'Great care'
- 'Just brilliant all round care.'

All five submitted staff questionnaire responses indicated that they feel 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. 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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## 4.6 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. It was evident that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Policies and procedures were available for staff reference and in addition staff have been provided with copy of practice policies relevant to their roles and responsibilities. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

A copy of the complaints procedure was available in the practice. Mr McCarron and staff demonstrated a good awareness of complaints management. A recommendation was made to further develop the complaints procedure to include the following:

- details of the Health and Social Care Board and General Dental Council (GDC) as agencies that may be utilised within the complaints investigation process
- details of the Northern Ireland Commissioner for complaints and the GDC Dental Complaints Service in the event of dissatisfaction about the outcome of the complaints investigation for NHS and private patients respectively
- the details of RQIA, as an oversight body

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.

Mr McCarron 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. Arrangements were also in place to review risk assessments.

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 McCarron 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**

All of the 15 patients who submitted questionnaire responses indicated that they feel that the service is well managed. Comments provided included the following:

- 'Excellent clinic and staff.'
- 'Best dental practice I have ever been to.'
- 'Very well led, informed.'
- 'All staff great, especially XXXX at front of desk, the bright- bubbly-natural personality greets you same way every time – lovely person.'
- 'Always great care. Full explanation given.'
- 'Mr McCarron is professional, warm and involved me in the decision making process the whole way. I am delighted with the care and service I received. Their combination of calm expertise with cheerful attentiveness is highly recommended.'

The submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

The complaints procedure should be further developed as outlined.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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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 Peter McCarron, 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 to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) for assessment by the inspector.

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

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14.4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	<p>A copy of the pressure vessels inspection report should be submitted to RQIA with the returned (Quality Improvement Plan) QIP.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            The insurance company has organised the report to be submitted ASAP</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 14  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2016	<p>The complaints procedure should be further developed to include the following:</p> <ul style="list-style-type: none"> <li>• details of the Health and Social Care Board (HSCB) and General Dental Council (GDC) as agencies that may be utilised within the complaints investigation process</li> <li>• details of the Northern Ireland Commissioner for complaints and the GDC Dental Complaints Service in the event of dissatisfaction about the outcome of the complaints investigation for NHS and private patients respectively</li> <li>• the details of RQIA, as an oversight body</li> </ul> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            We have developed the complaints procedure in line with the required details of the HSCB, GDC and NI Commissioner, as well as details of the RQIA as an oversight body.</p>

***\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\****



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