

Announced Dental Practice Care Inspection Report 15 June 2016



Lisburn Square House Dental Practice Service type: Dental Service

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Lisburn Square House Dental Practice took place on 15 June 2016 from 08:30 to 10:25

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?

Observations made, review of documentation and discussion with Ms Tracey McElvanna, registered manager, and a dental nurse demonstrated that further development is needed to ensure that care provided to patients is 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 in relation to staff recruitment, which is stated for the second time, and blanking off the overflow in the handwashing basin in the decontamination room.

Is care effective?

Observations made, review of documentation and discussion with Ms McElvanna and the dental nurse demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms McElvanna and the dental nurse 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 identified that further development is needed to ensure that effective leadership and governance arrangements are in place and create 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. The statement of purpose and patient guide were amended during the inspection to reflect the legislation in Northern Ireland. A recommendation has been made that documents pertaining to the operation of the practice should be kept under review to ensure they reflect the legislation and best practice guidance documents applicable in Northern Ireland.

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	3

Details of the QIP within this report were discussed with Ms Tracey McElvanna, registered manager, 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 Ltd Mr Andrew Relf	Registered manager: Ms Tracey Mc Elvanna
Person in charge of the service at the time of inspection: Ms Tracey Mc Elvanna	Date manager registered: 12 March 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

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 Tracey McElvanna, registered manager, and a dental nurse. 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 3 July 2015

The most recent inspection of the Lisburn Square House Dental Practice was an announced care inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 3

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered persons must ensure that an Enhanced Access NI check is received for the identified staff member.</p> <p>Enhanced Access NI checks must be undertaken and received prior to any new staff commencing employment in the future.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Review of documentation and discussion with Ms McElvanna evidenced that this requirement has been met.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 12.1 Stated: First time</p>	<p>It is recommended that the policy for the management of medical emergencies is further developed and reflects local arrangements and current best practice guidance.</p> <p>It is recommended that protocols are made available for staff reference outlining the procedure for dealing with the various medical emergencies.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation and discussion with Ms McElvanna evidenced that this recommendation has been met.</p>	
<p>Recommendation 2 Ref: Standard 12.4 Stated: First time</p>	<p>It is recommended that a robust system, those include monthly checks, is in place to ensure that emergency equipment does not exceed their expiry date.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation and discussion with staff evidenced that this recommendation has been met.</p>	
<p>Recommendation 3 Ref: Standard 11.1 Stated: First time</p>	<p>It is recommended that a recruitment policy is established. The policy and procedure should include the following information:</p> <ul style="list-style-type: none"> • advertising and application process; • shortlisting, interview and selection process; • issuing of job description and contracts/ agreements; • employment checks including two written references; • exploration of employment history including any gaps in employment; • pre-employment checks including confirmation of the persons physical and mental health to undertake the relevant duties; • arrangements for obtaining an enhanced Access NI check; and 	Met

	<ul style="list-style-type: none"> evidence of professional qualifications and GDC registration if applicable <p>Action taken as confirmed during the inspection: Review of documentation and discussion with Ms McElvanna evidenced that this recommendation has been met.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that information as detailed in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be retained in staff personnel files of any new staff recruited to include the following:</p> <ul style="list-style-type: none"> positive proof of identity, including a recent photograph; evidence that an enhanced Access NI check was received prior to commencement of employment; two written references; details of full employment history, including an explanation of any gaps in employment; documentary evidence of qualifications, where applicable; evidence of current GDC registration, where applicable; criminal conviction declaration on application; confirmation that the person is physically and mentally fit to fulfil their duties; evidence of professional indemnity insurance, where applicable; and job descriptions and contracts of employment/agreement <p>Action taken as confirmed during the inspection: The submitted staffing list indicated that three new staff members have commenced employment in this practice since the previous inspection. Review of the identified staff personnel files demonstrated that all information as outlined in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 has been retained with the exception of two written references for one staff member.</p> <p>This recommendation has been partially addressed and the unaddressed component has been stated for the second time.</p>	<p>Partially Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p>	<p>It is recommended that induction programmes should be completed and copies retained in personnel files for any new staff recruited.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with Ms McElvanna evidenced that this recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that a staff register is established, to include staff details including, name, date of birth, position; dates of employment; and details of professional qualifications and professional registration with the GDC, where applicable.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with Ms McElvanna evidenced that this recommendation has been met.</p>	<p>Met</p>

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. Discussion with the dental nurse and a review of completed 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 staff files 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. The dental nurse confirmed that staff felt supported and involved in discussions about their personal development. A review of a sample of staff files evidenced that appraisals had been completed an annual basis. There was a system in place to ensure that all staff receives appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Ms McElvanna confirmed that three staff members have been recruited since the previous inspection.

A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained, with the exception of written references for one staff member as discussed previously a recommendation stated for the second time has been made in this regard.

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

Safeguarding

The dental nurse, spoken with, was 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. 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.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF) with the exception of the retention of Epistatus for the treatment of Status Epilepticus, contrary to the guidance given by the Health and Social Service Board (HSCB). Ms McElvanna was advised that when the Epistatus medication has reached its expiry date it should be replaced with Buccolam as advised by the HSCB.

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. 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 the dental nurse demonstrated that she had an understanding of infection prevention and control policies and procedures and was aware of her roles and responsibilities. She confirmed that 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 washer disinfectors and 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 observed that the overflow on the hand washing basin in the decontamination room had not been blanked off and a recommendation has been made to address this.

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 April 2016.

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

Radiography

The practice has four surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in a separate 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, monthly and six monthly 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 demonstrated that the recommendations made have been addressed.

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

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

Environment

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

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

Arrangements are in place for maintaining the environment. The documents reviewed included: servicing of boiler, fire detection systems, fire-fighting equipment, fixed electrical wiring installation and a legionella risk assessment.

The legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed that 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.

A written scheme of examination of pressure vessels was also examined.

Patient and staff views

No patient questionnaires were returned to RQIA. Ms McElvanna confirmed that patient questionnaires were left in the waiting/reception area and distributed to patients by the receptionist.

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.

Areas for improvement

- information as detailed in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be retained in staff personnel files.
- the overflow of the handwashing basin in the decontamination room should be blanked off.

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

Clinical records

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

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and 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 and it was confirmed that oral health is actively promoted on an individual level with patients during their consultations. There is a hygienist working in the practice. A range of health promotion information leaflets were available in the surgeries.

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
- staff training.

Communication

Ms McElvanna 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 regular 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 both informal and formal in-house training sessions. Both on-line and in-house training is provided to ensure that the core subjects, as required by the General Dental Council, are adequately covered for all staff members

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

As discussed previously no patient questionnaire responses were returned to RQIA.

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. Staff spoken with during the inspection concurred with this.

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

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 that patients understand 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

As discussed previously no patient questionnaire responses were returned to RQIA.

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. Staff spoken with during the inspection concurred with this.

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. There was a nominated individual with overall responsibility for the day to day management of the practice. The registered person monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits were available for inspection.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a yearly basis. 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. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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

Ms McElvanna 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.

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 were amended during the inspection to reflect the legislation applicable in Northern Ireland. A recommendation has been made in this regard.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

As discussed previously a recommendation made during the previous inspection in regards to staff recruitment had been partially addressed and the unaddressed component has been stated for a second time. In addition two recommendations have been made in order to progress improvement in identified areas. It is important these are kept under review to ensure improvements are sustained.

Patient and staff views

As discussed previously no patient questionnaire responses were returned to RQIA.

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

Areas for improvement

- Documentation pertaining to the operation of the practice should be kept under review to ensure they fully reflect the legislation and best practice guidance documents applicable in Northern Ireland.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Tracey McElvanna, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered 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 person/s 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 person(s) 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 RQIA's office 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 15 July 2016</p>	<p>It is recommended that information as detailed in regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be retained in staff personnel files of any new staff recruited to include the following:</p> <ul style="list-style-type: none"> • two written references <p>Response by registered person detailing the actions taken: 2 written references received for all new staff prior to commencement of employment.</p>
<p>Recommendation 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2016</p>	<p>The over flow on the handwashing basin in the decontamination room should be blanked off using a stainless steel plate sealed with anti-bacterial mastic.</p> <p>Response by registered person detailing the actions taken: Overflow on basin removed - covered with stainless steel as directed above.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2016</p>	<p>Documentation pertaining to the operation of the practice should be kept under review to ensure they reflect the legislation and best practice guidance documents applicable in Northern Ireland.</p> <p>Response by registered person detailing the actions taken: Information leaflets are currently reviewed and state RQIA along with contact details.</p>



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