

# Announced Care Inspection Report 27 July 2017



## Patrick Menary Dental Surgery

**Type of Service: Independent Hospital (IH) – Dental Treatment**

**Address: 107 Hollywood Road, Belfast BT4 3BE**

**Tel No: 028 9047 1511**

**Inspector: Carmel McKeegan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a registered dental practice with two registered places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Patrick J M Menary BDS Ltd  <b>Registered Person:</b> Mr Patrick Menary	<b>Registered Manager:</b> Mr Patrick Menary
<b>Person in charge at the time of inspection:</b> Mr Patrick Menary	<b>Date manager registered:</b> 7 March 2012
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 2

### 4.0 Inspection summary

An announced inspection took place on 27 July 2017 from 14.00 to 16.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; 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).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, infection prevention and control, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

No areas requiring improvement were identified.

Patients who submitted questionnaire responses indicated that they were either very satisfied or satisfied with the care and services provided.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

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.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Patrick Menary, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 9 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 December 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the practice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Menary, registered person, the practice manager and two dental nurses, one of which also has the role of receptionist. A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination

- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 'met', 'partially met', or 'not met'.

The findings of the inspection were provided to Mr Menary at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 December 2016

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 9 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15  <b>Stated:</b> First time	The policy in relation to the safeguarding of children and adults at risk of harm should be reviewed and further developed to reflect best practice guidance. The revised policy should be made available for staff reference.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. It was identified that the adult safeguarding policy required some additional information; advice was provided to Mr Menary in this regard. On 31 July 2017 RQIA received an updated version of the adult safeguarding policy which was reviewed and confirmed to be fully reflective of best practice guidance.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	Periodic test results in respect of all equipment used during the decontamination process should be consistently recorded in keeping with HTM 01-05	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that periodic tests were completed and recorded in keeping with Health Technical Memorandum (HTM) 01-05.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time	A whistleblowing/raising concerns policy should be developed in keeping with best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A whistleblowing/raising concerns policy was provided and had been introduced to staff at a staff meeting.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### 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 an induction programme had been completed when the new staff member 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 Menary confirmed that one new staff member had been recruited since the previous inspection. A review of the personnel file for the new 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.

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

## 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 demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

As previously stated, policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. It was identified that the adult safeguarding policy required some additional information; advice was provided to Mr Menary in this regard. On 31 July 2017 RQIA received an updated version of the adult safeguarding policy which was reviewed and confirmed to be fully reflective of best practice guidance.

The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016)

## 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. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during March 2017.

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

### **Radiography**

The practice has two surgeries, each of which has an intra-oral x-ray machine. Mr Menary confirmed that only the intra-oral x-ray machine in surgery one on the ground floor is operational.

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 and x-ray audits.

A copy of the local rules was on display near the operational 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 on 22 August 2016 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 practice is heated by gas, and the gas boiler is serviced annually with records kept in this regard.

A legionella risk assessment was last undertaken in 31 October 2016; Mr Menary stated this will be reviewed in 2018, in keeping with best practice. Water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken on 25 November 2016, Mr Menary confirmed this will be reviewed in November 2017. A fire safety log was in place which recorded the fire safety checks undertaken, fire safety training and completed fire drills. 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 had been established and the last pressure vessel examination was undertaken on 2 February 2017.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

## **Patient and staff views**

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Seven patients indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Comments provided included the following:

- 'All procedures are well explained before work commences.'
- 'Always feel at ease when at surgery.'

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

- ‘We have ample staff (qualified) to fulfil patients’ needs. We have various training courses to ensure patients’ safety i.e. infection prevention and control and resuscitation.’
- ‘We have sufficient number of staff to fulfil the needs of all our patients. Staff are trained to a high level which ensures patients are protected from harm and receive the best care. Ground floor surgery ensures easy access for all patients.’
- ‘All staff full trained and maintain their CPD.’

**Areas of good practice**

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, infection prevention control and decontamination procedures, radiology and the environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

**Clinical records**

Staff 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 a hygienist is employed by the practice. Mr Menary confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health promotion information reading material was available in the reception areas.

## **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
- patient appointment uptake
- practice policies

## **Communication**

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

- 'Promptly and with care and consideration.'
- 'I feel I always get prompt care which is carried out to a very high standard.'
- 'Always willing to fit me in for an emergency.'
- 'Patrick always discusses treatments, x-rays etc.'

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. All staff also indicated they were

very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- ‘Clear accurate clinical notes are kept for all patients and every procedure carried out is documented. Monthly meeting takes place to discuss effectiveness and quality of patient care.’
- ‘As a team we work hard to ensure all patients’ needs are catered for. Clinical notes are kept up to date and as accurate as possible. Monthly meetings are helpful ways of monitoring and reviewing the workplace to ensure effectiveness and quality of care to patients.’

### Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient’s privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

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

**Patient and staff views**

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

- ‘Feel comfortable with all aspects of confidentiality and part of decision process.’

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All staff also indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- ‘All patients’ personal details are treated as strictly confidential. Patients play an active role in their treatment plans. Surveys and suggestion box is readily available to all patients in waiting area.’
- ‘Patients are treated with dignity at all times. All patient information is treated as strictly confidential. A box containing patient satisfaction survey is always present in the waiting area along with a suggestion box, we value patients’ feedback.’

**Areas of good practice**

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

**Management and governance arrangements**

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Menary is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was 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 2016 to 31 March 2017.

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 Menary 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.

Mr Menary, registered person, 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 patients who submitted questionnaire responses indicated that they felt that the service is well led. Six patients indicated they were very satisfied with this aspect of the service and three indicated they were satisfied. Comments provided included the following:

- 'Communication and welcome, from making appointment to completion of treatment is excellent.'
- 'Yes, level of satisfaction is excellent.'
- 'We as a family have been patients at this dental surgery for 14 years and have been very satisfied and happy here.'
- 'All staff are well informed, professional and friendly.'
- 'I have been managed very well and always helped when an urgent issue arises.'

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

- ‘Management approachable with any concerns. Everyone is aware of lines of accountability. The correct protocol is followed if any complaints are received.’
- ‘Every member of staff is aware of who they need to speak to, should a problem arise. All staff are aware of the lines of accountability within the workplace. Management is very approachable and willing to listen and help rectify any problems. Copies of all policies and procedures are easily accessible within the practice.’

### Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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