

# Announced Care Inspection Report 12 May 2016



## Pauline Taylor Dental Surgery

**Service Type: Dental Practice**  
**Address: 24 High Street, Draperstown, Magherafelt, BT45 7AA**  
**Tel No: 028 79627677**  
**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Pauline Taylor Dental Surgery took place on 12 May 2016 from 09:50 to 12:30.

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 Mrs Taylor and staff demonstrated that some improvements are necessary 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. It was established that the results of periodic tests in respect of equipment used during the decontamination process are not recorded in full and that arrangements have not been established to ensure x-ray equipment is serviced in keeping with manufacturer's instructions. Recommendations have been made to address these issues. A recommendation made during the previous care inspection in regards to the use of porous materials in clinical areas has not been fully addressed. This recommendation has been stated for the second time.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs Taylor 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 Mrs Taylor 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 person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

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

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 3               |

Details of the QIP within this report were discussed with Mrs Pauline Taylor, 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 previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

|   |  |
|---|--|
| <b>Registered organisation/registered person:</b><br>Pauline Taylor Limited<br>Mrs Pauline Taylor | <b>Registered manager:</b><br>Mrs Pauline Taylor |
| <b>Person in charge of the service at the time of inspection:</b><br>Mrs Pauline Taylor           | <b>Date manager registered:</b><br>06 March 2012 |
| <b>Categories of care:</b><br>Independent Hospital (IH) – Dental Treatment                        | <b>Number of registered places:</b><br>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 patient and staff questionnaires.

During the inspection the inspector met with Mrs Taylor, registered person, the practice manager, an associate dentist and two dental nurses. 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 23 July 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 23 July 2015

| Last care inspection recommendations  |   | Validation of compliance |
|---|---|--------------------------|
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 13<br><b>Stated:</b> First time | It is recommended that the environment in all clinical areas is reviewed in order to identify the use of porous materials. All porous materials in clinical areas should be removed.  | <b>Partially Met</b>     |
|   | <b>Action taken as confirmed during the inspection:</b><br>Mrs Taylor confirmed that the environment in all clinical areas was reviewed to identify the use of porous materials. A number of porous materials were identified during this review including fabric noticeboards and chairs, fabric window pelmets and net curtains and fabric window blinds on the velux windows. The fabric notice boards and velux window blinds have been removed from the surgeries. The fabric chairs and window pelmets and net curtains have yet to be removed. This recommendation has been partially addressed and the unaddressed component has been stated for the second time. |                          |

## 4.3 Is care safe?

### Staffing

Four 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.

No new staff have been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within 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 Mrs Taylor confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future, robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children.

## **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. An automated external defibrillator (AED) was not available in the practice. However, it was evidenced that the practice has formal arrangements in place to get timely access to a community AED located in close proximity to the practice. Mrs Taylor confirmed that she is giving consideration to purchasing an AED. 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.

A policy for the management of medical emergencies and protocols for staff reference outlining the local procedure for dealing with the various medical emergencies were available for staff.

## **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. As previously discussed porous materials including fabric chairs, pelmet window dressings and net curtains are in place in three of the surgeries. A recommendation stated for the second time has been made to address this. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

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

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including a washer disinfector, a DAC Universal and four steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

Review of documentation and discussion with staff demonstrated that periodic tests have not been recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. The following issues in regards to periodic tests were identified:

- daily periodic tests for the washer disinfector including the cleaning efficacy test and check of filters and strainers have not been recorded
- the details of the daily automatic control test (ACT) and weekly safety checks in respect of the sterilisers have not been recorded
- a protein residue test and manufacturers recommended tests in respect of the DAC Universal have not been recorded

These issues were discussed with Mrs Taylor and staff. A recommendation was made that the procedure for undertaking and recording periodic tests in respect of the equipment used during the decontamination process should be reviewed. Periodic tests should be undertaken and recorded in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during March 2016.

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, 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.

It was established that arrangements are in place to repair x-ray equipment should a fault be detected, records in relation to repairs was available for review. However, arrangements to ensure that x-ray equipment is serviced and maintained in accordance with manufacturer's instructions have not been established. A recommendation has been made to address this.

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

## **Environment**

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

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

Arrangements are in place for maintaining the environment.

A legionella risk assessment was last undertaken during June 2012 and water temperatures are monitored and recorded as recommended.

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

## **Patient and staff views**

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

- "Excellent dental practice"
- "I feel very safe in the care of Mrs Taylor and staff"

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

- “Staff are well trained and alert and as a result are constantly aware and monitoring for hazards”
- “Staff are very well trained and able”
- “I feel patients are always protected from harm and we take good measures to make sure of that”

### Areas for improvement

All porous materials in clinical areas should be removed.

Periodic tests should be undertaken and recorded in keeping with HTM 01-05.

X-ray equipment should be serviced in keeping with manufacturer’s instructions.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements:</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>3</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 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 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. There was information available in regards to oral health and hygiene. Posters were on display and it was confirmed that models are used to promote oral health and hygiene. The practice has a range of oral health products available for sale. Mrs Taylor and the associate dentist confirmed that oral health is actively promoted on an individual level with patients during their consultations. An associate dentist has delivered an oral health and hygiene awareness session to a local community group.

## 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
- decontamination
- legionella control measures
- personal protective equipment (PPE)
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

## Communication

Mrs Taylor and staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held routinely 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 formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

It was confirmed that a breaking bad news policy in respect of dentistry was in place.

## Patient and staff views

All eight 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:

- “Every procedure is fully explained and carried out by an expert team of staff”
- “My care and wellbeing always seem to be at the heart of treatment”
- “This is my first visit to this dentist. I am very pleased with the quality of care and treatment”

All 15 staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. The following comment was included:

- “Yes patients best interests are always the most important thing to us”

## Areas for improvement

No areas for improvement were identified during the inspection.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements:</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 4.5 Is care compassionate?

### Dignity, respect and involvement in decision making

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

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

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients 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.

### Patient and staff views

All eight patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was included:

- "I could not be treated any better"

All 15 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. Comments provided included the following:

- "Everyone in the practice works to put all patients at ease"
- "Patients dignity and respect always comes first and consent always given before proceeding with their treatment/care"

### Areas for improvement

No areas for improvement were identified during the inspection.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements:</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 4.6 Is the service well led?

### Management and governance arrangements

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

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on 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.

Mrs Taylor 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 person demonstrated a clear understanding of their 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 eight patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was included:

- “I have always found Pauline and her staff to be friendly, courteous and efficient. Never fail to put me at my ease”

All 15 submitted staff questionnaire responses indicated that they felt that the service is well led. Comments provided included the following:

- “No one is unapproachable and all concerns and worries are dealt with very well”
- “I feel the service and practice is well managed in every way possible”

## Areas for improvement

No areas for improvement were identified during the inspection.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements:</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Pauline Taylor, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person 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 may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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><b>Recommendation 1</b></p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by:<br/>12 July 2016</p> | <p>All porous materials in clinical areas should be removed.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>All porous materials in the clinical areas have now been removed. This includes the fabric chairs, window pelments and net curtains. Chairs with a washable covering are now in place and metallic venetian blinds have been ordered. These are to be fitted at the start of the week. As was stated in the inspection, new velux windows were required in Surgery 1 and the entire building needed to be painted internally. This took a considerable amount of time to complete because we were dependant on the weather, on the availability of the joiners and painters, on the minimum disruption to patients/services provided and on the considerable expense to the practice. It was not practical to fit the new blinds until all of the other work had been completed. As stated above, this recommendation has now been fully implemented.</p>   |
| <p><b>Recommendation 2</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by:<br/>12 June 2016</p>  | <p>The procedure for undertaking and recording periodic tests in respect of the equipment used during the decontamination process should be reviewed. Periodic tests should be undertaken and recorded in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Daily periodic tests for the washer disinfectors, including the cleaning efficacy test (visual examination of all load items) and ensuring the filters and strainers are clean, are recorded. The weekly test recorded includes the protein residue test and safety check (check condition of the door seal).<br/>The details of the daily automatic control test (ACT) and weekly safety checks (Residual air test, door seal, door pressure interlock and door closed interlock), in respect of the sterilisers, are recorded.<br/>A protein residue test and manufacturers recommended tests are recorded, in respect of the DAC Universal. These include the steam penetration test, door seal and door interlock tests.<br/>The review of our record-keeping, and the changes introduced as outlined above, have been carried out using the guidelines in the HTM 01-05 Decontamination in Primary Care Dental Practices, and on the advice of a Henry Schein engineer. Staff have been trained in how to perform the tests and in the completion of the records.</p> |

|   |   |
|---|---|
| <p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.3</p>                      | <p>Arrangements should be established to ensure that all x-ray equipment is serviced in keeping with the manufacturer's instructions. Records of servicing should be retained.</p>  |
| <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>12 July 2016</p> | <p><b>Response by registered person detailing the actions taken:</b><br/>Mr Eamon Devlin, an engineer with Henry Schein, has been contacted regarding servicing of the X-Ray equipment. It has been arranged that he will come out to the practice on the first available date, to service all four intra-oral machines and the OPG. This information, ie records of servicing, will be retained within the Radiography folder, and noted in our Health and Safety Folder as an annual requirement.</p> |



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