

Announced Care Inspection Report 1 December 2016



The Guild Practice Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 60 Malone Road, Belfast, BT9 5BT
Tel no: 028 9066 0066
Inspector: Loretto Fegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of The Guild Practice Ltd took place on 01 December from 10.00 to 13.35.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Mr Bruce Guild, registered person, Mrs Guild, dentist, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. No requirements or recommendations have been made.

Is care effective?

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

Is care compassionate?

Observations made, review of documentation and discussion with Mr Guild, Mrs Guild and staff demonstrated that arrangements were in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Bruce Guild, registered person and Mrs Heidi Guild, dentist 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: The Guild Practice Ltd Mr Bruce Guild	Registered manager: Mr Bruce Guild
Person in charge of the practice at the time of inspection: Mr Bruce Guild	Date manager registered: 25 January 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Bruce Guild, registered person, one hygienist, three dental nurses and Mrs Heidi Guild, dentist, who facilitated the inspection. 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 2 June 2015

The most recent inspection of the establishment was an announced care inspection on 2 June 2015. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 June 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

4.3 Is care safe?

Staffing

Three 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 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 Mrs Guild confirmed that one staff member has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained.

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.

Mrs Guild confirmed that a policy was in place for the safeguarding and protection of adults and children at risk of harm. This included the types and indicators of abuse and the contact numbers for onward referral in the event of a safeguarding issue being identified. Mrs Guild also confirmed that the policy and staff training had been revised to reflect the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership' and the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' issued during March 2016. A copy of these documents was available in the practice.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. A copy of the HSCB guidance issued on 20 May 2013 to dental practices was provided by RQIA during the inspection and further advice was provided by RQIA following the inspection. On 9 December 2016, RQIA received an email from Mrs Guild which provided written confirmation that Buccolam pre-filled syringes in keeping with HSCB guidance were now in place.

With the exception of portable suction, all other emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. On 28 November 2016 RQIA an email from Mrs Guild confirming that portable suction had been ordered. 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.

Discussion with Mrs Guild and 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. 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.

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. Training records were available for inspection.

There was a nominated lead and deputy 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 have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated, including a third steriliser which is kept on reserve. 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. On the day of inspection the washer disinfectant was out of order, however Mrs Guild stated this was being addressed. On 6 December 2016 RQIA received an email from Mrs Guild confirming that a revalidation certificate was provided to the practice following the servicing of the washer disinfectant, and a further email was received by RQIA on 7 December 2016 which confirmed that the washer disinfectant had been repaired and was in working order.

The practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed on 23 November 2016. Mrs Guild advised that the practice were in the process of replacing conventional sharps with safer sharps for administering local anaesthetic. RQIA have received evidence from Mrs Guild on 6 December 2016 that these items are on order. Mrs Guild confirmed that a range of policies and procedures were in place in relation to decontamination and infection prevention and control and were updated as required for example to include the use of safer sharps.

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition, there is a CT scanner located in one of the surgeries.

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.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions. Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

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

Mrs Guild and staff confirmed that cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements were in place for maintaining the environment. There was a record that the gas boiler was serviced on 17 June 2016 and fire equipment had been checked on 4 April 2016. No issues were raised in relation to this equipment on the service records. Records indicated that a fire risk assessment was undertaken on 20 September 2016.

A legionella risk assessment was last undertaken on 8 August 2016. Mrs Guild advised that the practice does not have a hot water tank.

A written scheme of examination of pressure vessels took place on 30 June 2016.

Patient and staff views

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

- "Dental care is always conducted in a safe, friendly effective way"
- "Very great care every time I attend. Everyone is very caring and very friendly"
- "Staff very professional and take time to explain options / treatment and to ensure I'm comfortable"
- "Information is appropriately explained / shared. All aspects of accommodation and equipment appear up to date, modern"
- "Very professional dental service provided by very caring team / staff"

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 it was confirmed that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Mrs Guild confirmed that 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.

Mrs Guild confirmed that the practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mrs Guild advised the practice provides information about effective dental hygiene through the provision of information leaflets, an information TV displaying promotional videos in the waiting room and also by demonstrations of tooth brushing and flossing techniques. Two hygienists are also employed in the practice. The practice has delivered a health promotion outreach programme for nursery school children. Mrs Guild confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records

Communication

Mrs Guild confirmed that arrangements are in place for onward referral in respect of specialist treatments. It was confirmed that template referral letters have been established or the specific referral form requested by the specialist service is used as required.

It was confirmed that staff meet on an informal daily basis, and records indicated that a formal staff meeting takes place monthly to discuss clinical and practice management issues and to provide in house training.

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

The practice was also awarded bronze higher level accreditation by Investors in People (IIP) in 2015.

Patient and staff views

All of the 12 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:

- “Care is provided very effectively, when a dental crisis occurs, the practice is always very effective in providing a timely professional service”
- “Effective care always, everything is always well explained at each visit”
- “Everything explained very well – options outlined and input from myself welcomed”
- “Feel I can approach all staff to discuss treatment”
- “When emergency treatment required i.e. filling fell out, repaired with no delays”
- “Fully involved in decision making and receive a quick appointment when needed”
- “Dental care provided is very effective”

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. No comments were included in submitted questionnaire responses.

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.

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 is used by the practice to improve, as appropriate.

Mrs Guild confirmed that a policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient’s privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the 12 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “No longer afraid to attend dentist since joining this practice”
- “Patients are treated with dignity and respect every visit”
- “Very respectful and compassionate care”
- “A very high standard of care where I have always been treated respectfully”
- “Care plan is always discussed in a compassionate caring manner”

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. No comments were included in submitted questionnaire responses.

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. Mr Guild has 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 available 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 Guild 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 Guild, 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.

A copy of the RQIA certificate of registration was up to date and displayed, until a replacement of the original RQIA certificate of registration is reissued by RQIA.

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

Patient and staff views

All of the 12 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- “Overall a well led and communicative practice that has treated me with great respect. I would refer this practice to friends and colleagues”
- “The practice is well run with up to date dental care and leading edge dental practices. Very pleased with dental practice overall”
- “Very well managed practice and service. Excellent dentists and hygienists – have recommended this practice”
- “All staff very knowledgeable”
- “Regular communication from the service”
- “Always well informed on relevant issues”

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

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



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