

Announced Care Inspection Report 05 February 2018



Newry Denture and Dental Care Ltd

Type of service: Independent Hospital (IH) – Dental Treatment
Address: 100 Hill Street, Newry, BT34 1BT
Tel no: 028 3026 5765
Inspector: Winifred Maguire

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 one registered place providing private dental treatment. The practice predominantly provides the service of assessing and making dentures for patients. However, if a patient requires an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice approximately six hours per month and is accompanied by a dental nurse.

3.0 Service details

Organisation/Registered Provider: Newry Denture and Dental Care Ltd Responsible Individual: Mrs Geraldine O'Hare	Registered Manager: Mr Damien O'Hare
Person in charge at the time of inspection: Mr Damien O'Hare	Date manager registered: 17 September 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: One

4.0 Inspection summary

An announced inspection took place on 05 February 2018 from 13.00 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.

There were no areas requiring improvement identified during this inspection.

Patients who submitted questionnaire responses indicated a high level of satisfaction with the services provided in Newry Denture and Dental Care.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Geraldine O'Hare, registered person, and Mr Damien O'Hare, registered manager, 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 22 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 November 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 (electronic questionnaires) prior to the inspection by the practice on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. RQIA did not receive any submitted staff questionnaire responses.

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

During the inspection the inspector met with Mrs O'Hare, registered person, and Mr O'Hare, registered manager. 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 the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 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 22 November 2016

Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 15.3 Stated: First time	Training in safeguarding children and adults at risk of harm should be provided to all staff as outlined in the Minimum Standards for Dental Care and treatment (2011)	Met
	Action taken as confirmed during the inspection: Safeguarding training was undertaken in March 2017. Following inspection it was confirmed this training was at level two.	

<p>Area for improvement 2</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p>	<p>A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.</p> <p>Response by registered provider detailing the actions taken: An IPS audit in relation to HTM 01-05 was last undertaken in December 2017 and compliance was noted to be very high.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>All recommendations made by the radiation protection advisor (RPA) in the most recent report should be actioned and records retained in the radiology protection file to confirm this.</p> <p>X-ray quality grading audits and justification and clinical evaluation recording audits should be undertaken and re-audited on a six monthly and annual basis respectively.</p> <p>Response by registered provider detailing the actions taken: A further RPA visit had been conducted on 2 February 2018. The RPA had removed the radiology safety file to update the documentation. Mr and Mrs O'Hare gave assurances all matters identified as a result of the inspection on 2 February 2018 would be fully addressed and evidence submitted to RQIA in due course.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>Review the x-ray equipment manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>The arrangements should be confirmed to RQIA in the returned QIP.</p> <p>Response by registered provider detailing the actions taken: The X-ray equipment had been serviced on 26 January 2018.</p>	<p>Met</p>

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

One dental surgery is in operation in this practice. Mr O'Hare is a registered clinical dental technician. The practice predominantly provides the service of assessing and making dentures for patients. However, as previously discussed, if a patient requires an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice approximately six hours per month and is accompanied by a dental nurse. Discussion with Mr O'Hare and Mrs O'Hare and a review of completed patient 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 had not been put in place for appraising staff performance due to nature of the business. However, Mr O'Hare confirmed that if staff were recruited in the future a system for appraising staff would be developed. 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.

The practice did not have a staff register in place. Advice was given on this matter and following the inspection Mr O'Hare confirmed that a staff register had been established.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr and Mrs O'Hare 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. 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).

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

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 with the exception of a size 4 oropharyngeal airway, which had exceeded its expiry date. Following the inspection evidence that a replacement size 4 oropharyngeal airway had been purchased was submitted to RQIA. The practice does not have an automated external defibrillator (AED) on the premises. An AED is available across the road from the practice in the public library.

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. Following inspection it was confirmed an amendment had been made to the medical emergency policy, reflecting arrangements in the event of a medical emergency when a dentist is not present in the practice.

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.

Discussion with Mr O'Hare confirmed that the staff have an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Mr O'Hare confirmed that staff have received training in infection prevention and control and decontamination in keeping with best practice.

Mr O'Hare has responsibility for infection control in the practice.

Whilst a decontamination room is available in the practice, this was yet not operational. However, since the previous inspection a washer disinfectant and a steam sterilizer had been provided and installation certificates were available for both. The practice is presently awaiting a written scheme of examination of pressure vessels before the equipment becomes operational.

Until the decontamination room is operational, all reusable dental instruments will continue to be decontaminated in the decontamination room of the contracted dentist's practice.

Appropriate arrangements are in place for the transfer of clean and dirty instruments between the two 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 December 2017.

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

Radiography

The practice has one surgery, which has an intra-oral x-ray machine. In addition there is an orthopantomogram machine (OPG), which is located in a separate room.

The radiation protection advisor (RPA) had conducted a site visit on 2 February 2018 and had removed the radiation safety file to update it. It was therefore not possible to review the radiation safety file during this inspection. Mr and Mrs O'Hare gave assurances all areas identified for action in the RPA report of the visit on 2 February 2018, would be fully addressed and evidence to confirm this will be submitted to RQIA.

It was confirmed no x-rays had been taken in the practice due to the limited nature of the treatment provided by the dentist.

A copy of the local rules was on display near the x-ray machine.

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

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.

A legionella risk assessment was undertaken 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. Fire- fighting equipment had been serviced in November 2017.

Mrs O'Hare confirmed a fixed electrical wiring installation inspection has been scheduled in the coming weeks.

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

Twenty one patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

As stated previously, there were no submitted staff questionnaire responses.

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
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Clinical records

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

It was confirmed that 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.

Manual records are maintained and 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. A range of health promotion information leaflets were available in the reception area. It was 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:

- IPS HTM 01-05 compliance
- Patient survey

Communication

Mr O'Hare and Mrs O'Hare 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.

Due to the nature of the business and the small numbers of staff working in the practice formal staff meetings have not been held on a regular basis. Mr O'Hare, the contracted dentist and the dental nurse discuss clinical and practice management issues when dental care and treatment is undertaken in the practice.

Mr O'Hare and Mrs O'Hare confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, 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
Total number of areas for improvement	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

Mr and Mrs O'Hare demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. They 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. It was 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 views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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
Total number of areas for improvement	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 Mr O'Hare has overall responsibility for the day to day management of the practice. The practice predominantly provides the service of assessing and making dentures for patients. However, if a patient requires an assessment by a dentist, a dentist is contracted on a sessional basis to provide this. The contracted dentist attends the practice approximately six hours per month and is accompanied by a dental nurse.

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

A copy of the complaints procedure was 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. .

Arrangements were in place to review risk assessments.

It was 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.

Mr O'Hare and Mrs O'Hare demonstrated a clear understanding of their roles and responsibilities 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 views

All patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

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
Total number of areas for improvement	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.



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