

Announced Care Inspection Report 30 October 2018



Lemon Dental Care Ltd

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

Address: 953 Upper Newtownards Road, Dundonald, Belfast

BT16 1RL

Tel No: 028 9048 3537

Inspector: Emily Campbell

www.rqia.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



In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with four registered places.

3.0 Service details

Organisation/Registered Provider: Lemon Dental Care Ltd Responsible Individual: Mr Kevin Lemon	Registered Manager: Ms Catherine Lappin
Person in charge at the time of inspection: Ms Catherine Lappin	Date manager registered: 21 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

4.0 Action/enforcement taken following the most recent inspection dated 12 December 2017

The most recent inspection of the Lemon Dental Care Ltd was an announced care inspection. No areas for improvement were made during this inspection.

4.1 Review of areas for improvement from the last care inspection dated 12 December 2017

There were no areas for improvement made as a result of the last care inspection.

5.0 Inspection findings

An announced inspection took place on 30 October 2018 from 9:50 to 11:45.

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 (DOH) Minimum Standards for Dental Care and Treatment (2011).

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

During the inspection the inspector met with Ms Catherine Lappin, registered manager, and two trainee dental nurses. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms Lappin at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF). The procedure for the safe administration of Buccolam was discussed with Ms Lappin. Confirmation was received by email on 5 November 2018 that additional doses of Buccolam pre-filled syringes had been provided to ensure that the various doses and quantity needed, as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF, were provided.

Emergency equipment, as recommended by the Resuscitation Council (UK) guidelines, was retained, with the exception of an automated external defibrillator (AED). Ms Lappin and staff confirmed that the practice has access to an AED from a nearby pharmacy. It was suggested that the practice undertakes a timed trial to ensure that the AED can be utilised within three minutes of a collapse, in keeping with the Resuscitation Council (UK) guidelines.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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. The most recent occasion staff completed medical emergency refresher training was during January 2018.

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.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered. Ms Lappin agreed to ensure that cabinetry is sealed where it meets the flooring in dental surgeries.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

Documentary evidence was available to evidence that the most recent IPS audit was completed electronically in June 2018 and that best practice had been achieved; however, the contents of the audit could not be accessed. Ms Lappin confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues. A hard copy of the IPS audit was emailed to the practice following the inspection for future use.

The audits are carried out by Ms Lappin who confirmed that the findings of the audit are discussed with staff at staff meetings. It was suggested that all clinical staff could contribute to the completion of the audit. This will help to empower staff and will promote staff understanding of the audit, IPC procedures and best practice.

During discussion it was identified that conventional needles and syringes are used by dentists when administering local anaesthetic as opposed to using safer sharps. This is not in keeping with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 which specifies that 'safer sharps are used so far as is reasonably practicable;'. Ms Lappin and staff confirmed that it is the dentists' responsibility as the user of sharps to safely dispose of them. Sharps risk assessments were not in place; however, these were submitted to RQIA on 5 November 2018.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfector, a DAC Universal and three steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests are generally undertaken and recorded in keeping with HTM 01-05. However, on discussion with staff it was identified that the automatic control tests (ACTs) for the sterilisers and DAC Universal were being carried out incorrectly. This was discussed with Ms Lappin as a training need and Ms Lappin confirmed by email on 5 November, that staff had been provided with training in this area.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No further areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, each of which has an intra-oral x-ray machine.

Ms Lappin, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. The RPS regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Lappin and staff.

5.6 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and effective, that they were treated with compassion and that the service was well led. The following comments were provided in submitted questionnaires:

- “A very highly motivated dentist and team. The practice invests in the latest equipment giving the patient a positive feeling.”
- “I’ve felt very safe in this surgery. I’ve been attending here for over 45 years.”
- “Kevin Lemon has been our dentist for many years. He is very professional and friendly – while certainly not enjoying a dental appointment he makes it more than bearable.”
- “Lemon Dental Practice has a lovely friendly feeling. They make you welcome and show you that they care. All the staff are very very nice.”
- “Not always taken at appointment time.”
- “Care/treatment is excellent, especially with nervous patients.”
- “Everything is fine. I am always well treated and made to feel welcome by Kevin and his staff.”
- “Kevin has been looking after my family for over 20 years now and we are very happy to still come to this practice.”
- “Catherine explains what treatment will cost and how it will help me.”

Two staff submitted questionnaire responses to RQIA. Both indicated that they were satisfied or very satisfied that patient care was safe, effective, that patients were treated with compassion and that the service was well led. No comments were provided in submitted questionnaires.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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