Announced Care Inspection Report
3 October 2018

Lisburn Road Dental & Implant Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 424 Lisburn Road, Belfast, BT9 6GN,
Tel No: 028 9038 2262
Inspectors: Carmel McKeegan and Bridget Dougan

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 three registered places.

3.0 Service details

Organisation/Registered Provider: Mr Greg Finnegan	**Registered Manager:** Mr Greg Finnegan
Person in charge at the time of inspection: Ms Karen Norton	**Date manager registered:** 22 October 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** Three

4.0 Action/enforcement taken following the most recent inspection dated 7 February 2018

The most recent inspection of the Lisburn Road Dental & Implant Clinic was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 7 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 15 (2) (b) **Stated:** First time	The registered person shall ensure that validation of the decontamination equipment is completed and a copy of the validation certificates provided to RQIA upon return of the QIP.	**Met**
	Action taken as confirmed during the inspection: Validation of the decontamination equipment had been completed on 20 March 2018 and copies of the validation certificates were submitted to RQIA.	

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	The registered person shall ensure that the safeguarding lead undertakes training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).	**Met**
	Action taken as confirmed during the inspection: It was confirmed that the safeguarding lead had completed level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).	
Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time	The registered person shall ensure that a self-inflating bag with reservoir suitable for use with a child, oropharyngeal airways in sizes 0,1,2,3 and 4 and paediatric pads for the automated external defibrillator (AED) are provided.	**Met**
	Action taken as confirmed during the inspection: The above emergency equipment had been obtained and was available in accordance with the Resuscitation Council (UK) guidance.	
Area for improvement 3 **Ref**: Standard 14.2 **Stated:** First time	The registered person shall provide RQIA with a copy of the most recent service report for the relative analgesia (RA) gas system, upon return of the QIP.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the relative analgesia (RA) gas system had been serviced in November 2017.	
Area for improvement 4 **Ref**: Standard 8.5 **Stated:** First time	The registered person shall develop a policy to reduce the risk of prescription pad theft and misuse and share this with all staff members.	**Met**
	Action taken as confirmed during the inspection: A policy dated February 2018 was in place and there was evidence that this had been shared with all staff members.	

5.0 Inspection findings

An announced inspection took place on 03 October 2018 from 10.30 to 12.30.

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 inspectors met with Ms Karen Norton, senior dental nurse and another dental nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Norton, 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 in the main emergency medicines in keeping with the British National Formulary (BNF) were retained. It was observed that Adrenaline was retained in auto-injectors. Two doses of Adrenaline were provided in 150 micrograms and two doses in 300 micrograms. Four pre-filled syringes of Buccolam 500 milligrams were retained. A discussion took place in relation to the procedure for the safe administration of Adrenaline and Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and BNF. The lead dental nurse provided assurances that sufficient quantities of Buccolam 2.5 milligrams had already been ordered from the local pharmacy and Adrenaline ampules would be ordered following the inspection.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. Whilst a system was in place to ensure that emergency medicines and equipment do not exceed their expiry dates, it was observed that two emergency medicines (Adrenaline and Salbutamol) had exceeded their expiry dates. This was discussed with the lead dental nurse who stated that both medicines had been ordered prior to the inspection. An area of improvement has been made against the standards to replace the identified emergency medications and to review the checking procedure to ensure emergency medications do not exceed the expiry dates.

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.

Inhalation sedation is available as required for patients in accordance with their assessed need. It was confirmed that arrangements are in place for the routine servicing and maintenance of the relative analgesia (RA) administration units. A formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001issued on 6 September 2017 should be completed. An area for improvement has been made against the standards to address this.

Areas of good practice

Staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

Buccolam pre-filled syringes and Adrenaline should be available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF.

Ensure that any out of date emergency medicines have been replaced and review the checking procedure to ensure emergency medications do not exceed expiry dates.

A nitrous oxide risk assessment should be completed in keeping with current best practice guidelines.

	Regulations	Standards
Areas for improvement	**0**	**3**

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 and tidy.

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.

A review of the most recent IPS audit, completed during November 2017, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and that learning from audits is shared with staff at the time and discussed during staff meetings.

The audit is completed by the lead dental nurse on an annual basis. It was agreed that the frequency of the audit should be increased to six monthly in accordance with best practice. 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.

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.

A small tear was observed in one of the dental chairs, in the interests of infection prevention and control, this chair should be reupholstered to provide an intact surface that can be effectively cleaned. An area of improvement against the standards has been made in this regard.

During discussion it was identified that conventional needles and syringes are used by the dentists when administering local anaesthetic as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states ‘safer sharps are used so far as is reasonably practicable’. The lead dental nurse confirmed that it is the responsibility of the user of sharps to safely dispose of them. It was advised that a risk assessment should be completed on the management of sharps and shared with all staff. An area for improvement has been made against the standards in this regard. It was advised that the use of safer sharps should be considered.

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

The identified dental chair should be reupholstered.

A risk assessment should be completed on the management of sharps and shared with all staff.

	Regulations	Standards
Areas for improvement	**0**	**2**

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.

A door was missing from one of the cabinets and the trim was missing from the edge of one section of worktop, making it difficult to effectively clean this area. This was discussed with staff who confirmed that these areas had been identified and arrangements were in place to make these repairs as a matter of priority in the interests of infection prevention and control. Ms Norton confirmed that this work had been completed post inspection.

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 receives 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 and two 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 and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Staff were advised that decontamination equipment logbooks should be signed in full. The use of initials is not recommended.

We were unable to evidence the written scheme of examination inspection report for the compressor. It was confirmed that this pressure vessel had been tested; however the certificate was not available at the time of the inspection. It was agreed that this report would be submitted to RQIA post inspection.

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

Evidence of the written scheme of examination inspection report for the compressor should be submitted to RQIA upon return of the quality improvement plan (QIP).

	Regulations	Standards
Areas for improvement	**0**	**1**

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has three surgeries, only two of which are operational. One surgery has an intra-oral x-ray machine and a hand held x-ray device is also provided. The practice also has a dedicated room which previously housed an orthopan tomogram machine (OPG), this had recently been removed and replaced with a cone beam computed tomography machine (CBCT).

The radiation protection supervisor (RPS) is Mr Finnegan. A discussion took place regarding the most recent changes to the legislation surrounding radiology and radiation safety. It was advised that the RPS should confirm to RQIA that he has reviewed practice to ensure compliance with the revised legislation. An area for improvement has been made against the standards in this regard.

A radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file was in place. Mr Finnegan 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 quality assurance check by the RPA demonstrated that any recommendations made have been addressed. There was evidence of quality assurance reports for the hand held x-ray machine and the OPG. We were informed that the intra-oral x-ray machine had also been included in the quality assurance checks; however this report was not available. It was agreed that this report would be submitted to RQIA post inspection.

It was also confirmed that a critical examination and acceptance test is to be completed for the CBCT and training will also be provided.

There was evidence that the servicing and maintenance of radiology equipment was in keeping with the manufacturer's instructions. However we were unable to evidence the servicing report for the intra-oral machine. It was agreed that the RPS should establish the servicing requirements for this machine and provide confirmation of this to RQIA post inspection.

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

All dentists take a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and clinical evaluation recording. It is recommended that an annual justification audit is also completed.

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

The radiation protection supervisor (RPS) should confirm that they have reviewed practice to ensure compliance with the revised legislation.

A copy of the three yearly quality assurance checks for the intra-oral machine should be submitted to RQIA upon return of the quality improvement plan (QIP). The RPS should also establish the servicing requirements for the intra-oral machine and provide confirmation of this to RQIA.

Ensure that an annual audit of the justification and evaluation of x-rays is completed for each dentist.

	Regulations	Standards
Areas for improvement	**0**	**3**

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 the Ms Karen Norton.

5.6 Patient and staff views

No patient questionnaires were received by RQIA.

One staff member submitted questionnaire responses to RQIA. The staff member indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff member indicated that they were very satisfied with each of these areas of patient care. We spoke with two members of staff during the inspection. All staff spoke about the practice in positive terms and no staff expressed any concerns.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	**0**	**9**

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Karen Norton, senior dental nurse, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 03 October 2018	The registered person shall ensure that Buccolam pre-filled syringes and Adrenaline should be available in the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB) and in keeping with the BNF. Ref: 5.1
	Response by registered person detailing the actions taken: We had Buccolam and Adrenaline available on the day of our inspection. However there was an Epi-pen shortage at the time of our inspection. We where advised to keep our epi-pen until the new ones had arrived.

Area for improvement 2 **Ref**: Standard 12.4 **Stated:** First time **To be completed by:** 03 October 2018	The registered person shall ensure that any out of date emergency medicines have been replaced and the checking procedure is reviewed to ensure emergency medications do not exceed the expiry dates. Ref: 5.1
	Response by registered person detailing the actions taken: Please see answer one
Area for improvement 3 **Ref**: Standard 8.2 **Stated:** First time **To be completed by:** 31 October 2018	The registered person shall ensure that the identified dental chair is reupholstered to provide an intact surface that can be effectively cleaned. Ref: 5.1
	Response by registered person detailing the actions taken: We are currently getting quotes and are currently using a single use cover
Area for improvement 4 **Ref**: Standard 14.4 **Stated:** First time **To be completed by:** 31 October 2018	The registered person shall ensure that a formal nitrous oxide risk assessment in keeping with The Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001issued on 6 September 2017 has been completed. Ref: 5.1
	Response by registered person detailing the actions taken: This is now in place
Area for improvement 5 **Ref:** Standard 13.2 **Stated:** First time **To be completed by:** 31 October 2018	The registered person shall review the use of sharps and complete a risk assessment and take any action as is necessary, in accordance with Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013. The outcome of the risk assessment should be shared with staff. Ref: 5.2
	Response by registered person detailing the actions taken: This is now completed
Area for improvement 6 **Ref:** Standard 14.4 **Stated:** First time **To be completed by:** 03 December 2018	The registered person shall ensure that a copy of the most recent written scheme of examination inspection report for the compressor is provided to RQIA upon return of the QIP. Ref: 5.3
	Response by registered person detailing the actions taken: This has been completed please see attached

Area for improvement 7 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 03 December 2018	The registered person shall confirm to RQIA that he has reviewed practice to ensure compliance with The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 and The Ionising Radiations Regulations 2017. Ref: 5.4
	Response by registered person detailing the actions taken: Please see anwser above as this is reguarding the epi-pen
Area for improvement 8 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 03 December 2018	The registered person shall ensure that a copy of the most recent quality assurance report and servicing report in respect of the intra-oral x-ray machine is provided to RQIA upon return of the QIP. Ref: 5.4
	Response by registered person detailing the actions taken: This is now in the folder. Please see attached
Area for improvement 9 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 31 December 2018	The registered person shall ensure that an annual x-ray justification audit is completed and action taken to address any deficits. Ref: 5.4
	Response by registered person detailing the actions taken: we have now changed our audit and this now completed.

Please ensure this document is completed in full and returned via Web Portal

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