



Announced Inspection

Name of Establishment: Ann Street Dental Practice Ltd

Establishment ID No: 11364

Date of Inspection: 9 April 2014

Inspector's Name: Emily Campbell

Inspection No: 16829

The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of establishment:	Ann Street Dental Practice
Address:	6 Ann Street Enniskillen BT74 7ES
Telephone number:	028 66322628
Registered organisation / Responsible individual:	Ann Street Dental Practice Limited Mr Christopher Kelly
Registered manager:	Mrs Sinead Kelly
Person in charge of the establishment at the time of Inspection:	Mr Christopher Kelly
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	3
Date and type of previous inspection:	Announced Inspection 5 November 2013
Date and time of inspection:	9 April 2014 9.50am – 12.30pm
Name of inspector:	Emily Campbell

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of dental care, and to determine the provider's compliance with the following:

- The HPSS (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;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Mrs Sinead Kelly, registered manager;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with staff on duty. Questionnaires were provided to staff prior to the inspection by the practice, on behalf of the RQIA to establish their views regarding the service. Matters raised by staff were addressed by the inspector during the course of this inspection:

	Number	
Discussion with staff	2	
Staff Questionnaires	3 issued	3 returned

Prior to the inspection the registered person/s were asked, in the form of a declaration, to confirm that they have a process in place for consulting with service users and that a summary of the findings has been made available. The consultation process may be reviewed during this inspection.

6.0 Inspection Focus

The inspection sought to establish the level of compliance achieved with respect to the selected DHSSPS Minimum Standards for Dental Care and Treatment and a thematic focus incorporating selected standards and good practice indicators. An assessment on the progress in relation to the issues raised during and since the previous inspection was also undertaken.

In 2012 the DHSSPS requested that RQIA make compliance with best practice in local decontamination, as outlined in HTM 01-05 Decontamination in Primary Care Dental Premises, a focus for the 2013/14 inspection year.

The DHSSPS and RQIA took the decision to review compliance with best practice over two years. The focus of the two years is as follows:

- Year 1 – Decontamination – 2013/14 inspection year
- Year 2 - Cross infection control – 2014/15 inspection year

Standard 13 – Prevention and Control of Infection [Safe and effective care]

The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.

The decontamination section of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health, was used as a framework for development of a self-assessment tool and for planned inspections during 2013/14.

The following sections of the 2013 edition of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health have been used as a framework for the development of a self-assessment tool and for planned inspections in 2014/15:

- Prevention of Blood-borne virus exposure
- Environmental design and cleaning
- Hand Hygiene
- Management of Dental Medical Devices
- Personal Protective Equipment
- Waste

A number of aspects of the Decontamination section of the Audit tool have also been revisited.

RQIA have highlighted good practice guidance sources to service providers, making them available on our website where possible. Where appropriate, requirements will be made against legislation and recommendations will be made against DHSSPS Minimum Standards for Dental Care and Treatment (2011) and other recognised good practice guidance documents.

The registered provider/manager and the inspector have each rated the practice's compliance level against each section of the self-assessment.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 – Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 – Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Ann Street Dental Practice is located in a former residential property which has been extensively renovated to provide a dental practice. The practice is situated in the town of Enniskillen, close to local amenities and public transport routes.

Public and time-limited on street car parking is available for patients.

The establishment is accessible for patients with a disability; however disabled toilet facilities are not available as the toilets are located on the first floor.

Ann Street Dental Practice operates three dental chairs, providing both private and NHS dental care. A waiting area and toilet facilities are available for patient use. There is a separate decontamination room available.

The establishment's statement of purpose outlines the range of services provided.

Mr Christopher Kelly is the responsible individual and Mrs Sinead Kelly is the registered manager. Mr and Mrs Kelly are supported by an associate dentist, a dental therapist and a team of dental nurses and reception staff.

Ann Street Dental Practice is registered with RQIA as an independent hospital (IH) providing dental treatment (DT).

8.0 Summary of Inspection

This announced inspection of Ann Street Dental Practice was undertaken by Emily Campbell on 9 April 2014 between the hours of 9.50am and 12.30pm. Mrs Sinead Kelly, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs Kelly and the lead nurse facilitated the inspection. Mr Christopher Kelly, responsible individual, was not available during the inspection as he was treating patients.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirements which were in relation to the refurbishment of the decontamination room and the installation of a washer disinfecter have not been addressed. This resulted in enforcement action being taken; further details can be seen below and in the main body of the report. Observations and discussion demonstrated that the recommendations made have been addressed. A further recommendation was made during this inspection to further develop the decontamination policy. The detail of the action taken by Mr and Mrs Kelly can be viewed in the section following this summary.

Prior to the inspection, Mr Kelly completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Kelly in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. Mr Kelly did not rate the practice compliance levels against each section of the self-assessment. This should be taken into consideration on completion of future self-assessments.

During the course of the inspection the inspector met with staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; three were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff also confirmed that they have been immunised against Hepatitis B.

Inspection Theme – Cross infection control

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012. HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 1 October 2013. The PEL (13) 13 advised General Dental Practitioners of

the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

RQIA reviewed the compliance of the decontamination aspect of HTM 01-05 in the 2013/2014 inspection year. The focus of the inspection for the 2014/2015 inspection year is Cross infection control. A number of aspects of the Decontamination section of HTM 01-05 were also been revisited.

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference. Staff are familiar with best practice guidance outlined in the document and audit compliance on an on-going basis, however, a number of issues were identified during this inspection which require further attention in this regard.

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with Mrs Kelly and the dental nurse evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of and adhering to practice policy in this regard. Sharps management at the practice was observed to be mainly in line with best practice. Recommendations were made that sharps containers are signed and dated on assembly and pharmaceutical waste is disposed of in purple lidded sharps containers.

The practice has cleaning schedules in place for each area of the practice, however a policy and procedure for cleaning and maintaining the environment has not been developed. A recommendation was made in this regard. The premises were clean and tidy and clutter was kept to a minimum. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. New flooring is required in the decontamination room on refurbishment and the flooring of one surgery was not sealed at the edges. The flooring and shelving in the first floor store had exposed wood which had not been sealed and the flooring of the staff toilet was not sealed at the edges. A recommendation was made to address these matters. Other issues pertaining to the decontamination room are discussed later in the report.

Cleaning equipment is colour coded, however, there are only two colour codes are in operation and staff are using one mop to clean general areas and one mop to clean the decontamination room, clinical areas and toilet facilities. This is not in keeping with good practice. A recommendation was made that these arrangements are reviewed and implemented in line with HTM 01-05.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the dental surgeries but not the decontamination room. This matter should be addressed within the refurbishment of the decontamination room. Hand wash basins in surgeries had an overflow and the inspector advised that this should be addressed on the

next refurbishment of the surgery areas. Information promoting hand hygiene is provided for staff and patients.

A legionella risk assessment was in place, however, this did not contain sufficient information and is in need of further development. A recommendation was made in this regard. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with a dental nurse confirmed that dental unit water lines (DUWLs) are generally appropriately managed. A recommendation was made that DUWLs should be flushed for at least two minutes at the start of each working day and for at least 20-30 seconds between every patient in keeping with HTM 01-05. The practice policy should be updated to reflect these arrangements.

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and staff spoken with demonstrated awareness of this. Observations made confirmed that PPE was readily available and used appropriately by staff.

Appropriate arrangements were in place for the management of general and clinical waste, including sharps, with the exception of the provision of purple lidded sharps containers for pharmaceutical waste. Waste was appropriately segregated and suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years. Audits regarding waste segregation and procedures are undertaken periodically.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. However, the decontamination room is in need of refurbishment and the use of a validated washer disinfectant has to be implemented within the decontamination process in order to achieve compliance with HTM 01-05. Mrs Kelly advised that plans had been drawn up for the decontamination room and that the practice was waiting for comment on the plans from Health Estates at the Department of Health. Mrs Kelly anticipated that the refurbishment of the decontamination room and the installation of a washer disinfectant could be progressed within a short timescale once Health Estates had made comment.

The practice has an ultrasonic cleaner and a non-vacuum steriliser in place. Mrs Kelly advised that the steam steriliser had been validated on the day prior to the inspection, however, there was no documentary evidence to confirm this. The ultrasonic cleaner was due for re-validation in December 2013. Mrs Kelly also informed the inspector that there were no plans to re-validate the ultrasonic cleaner as its use will be discontinued on the establishment of a washer disinfectant within the decontamination process. A requirement was made that all equipment used within the decontamination process must be validated and arrangements established for annual re-validation thereafter. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

The evidence gathered through the inspection process concluded that Ann Street Dental Practice is substantially compliant with this inspection theme.

The failure to refurbish the decontamination room and implement the use of a validated washer disinfectant within the decontamination process in the three month timescale agreed is of serious concern to RQIA.

Following the inspection, this matter was reported to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr and Mrs Kelly were subsequently invited to attend a meeting at RQIA. As the initial date suggested clashed with a period of planned leave by Mr and Mrs Kelly, the meeting was rescheduled to Thursday 1 May 2014 at 2.00pm. Mrs Kelly had confirmed that Mr Kelly would not be available to attend the meeting, however, she would. On the morning of 1 May 2014, RQIA received a telephone call from the lead nurse in the practice to advise that Mrs Kelly was unable to attend. The lead nurse also advised that the refurbishment of the decontamination room had not yet commenced and a washer disinfectant had not been provided. A decision was therefore taken to proceed with the intention to issue a failure to comply notice meeting in Mr and Mrs Kelly's absence.

At the conclusion of the meeting a decision was taken to issue a failure to comply notice to Mr and Mrs Kelly. Further details of the failure to comply notice can be seen in section 12.0 of the report. The date by which compliance with the failure to comply notice must be achieved is 2 July 2014, at which time a further inspection will be carried out.

Mr Kelly confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, that feedback provided by patients has been used by the service to improve and that results of the consultation have been made available to patients. Review of the most recent patient consultation evidenced that only four responses had been received over an approximate one month period. The current system was discussed with Mrs Kelly and it was suggested that a more targeted approach is taken in relation to patient consultation. A recommendation was made in this regard. Results of the patient satisfaction survey should be collated and made available to patients.

A new staff member has recently been recruited to work in the practice. Mrs Kelly confirmed that although an enhanced AccessNI check had been submitted in respect of the staff member, the check had not been received prior to them commencing work. Mrs Kelly confirmed that the staff member would be working under supervision until such times as the check is received. A requirement was made that an enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.

Four requirements and nine recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mrs Kelly and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15(3)	<p>Ensure that the decontamination room is refurbished to effectively facilitate the decontamination of dental instruments as detailed in HTM 01-05. The matters identified in the body of the report should be addressed within the refurbishment.</p> <p>It is suggested that contact should be made with Health Estates at the Department of Health for advice and guidance in this regard. Any recommendations made should be implemented.</p>	<p>Discussion with Mrs Kelly and observations made evidenced that the decontamination room has not been refurbished. Mrs Kelly confirmed that a dental supplier had contacted Health Estates, on their behalf, for advice and guidance in relation to the proposed plans for the refurbishment approximately three weeks prior to this inspection.</p> <p>This requirement has not been addressed and is now stated for a second time.</p> <p>This matter is of serious concern to RQIA and as a result enforcement action has been taken in order to progress improvement. Further details can be seen in section 12.0 of this report.</p>	Not compliant
2	15(3)	<p>A validated washer disinfector of adequate capacity is should be installed and incorporated into the decontamination process to remove the need for manual cleaning of dental instruments.</p> <p>A washer disinfector logbook should be established and the relevant information and periodic tests undertaken and recorded as outlined in HTM 01-05.</p>	<p>A washer disinfector has not been installed in the practice.</p> <p>This requirement has not been addressed and is now stated for a second time.</p> <p>This matter is of serious concern to RQIA and as a result enforcement action has been taken in order to progress improvement. Further details can be seen in section 12.0 of this report.</p>	Not compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	11.3	<p>A formal documented induction programme should be developed.</p> <p>The induction programme should include radiography and radiation protection and safeguarding as topics to be covered.</p>	<p>Review of documentation evidenced that a formal documented induction programme has been developed. The inspector suggested that the induction form is further developed to facilitate signatures of the staff member and mentor against each topic covered.</p> <p>This recommendation has been addressed.</p>	Compliant
2	13	<p>The infection prevention and control policies and procedures do not reflect the requirements of HTM 01-05(Revised 2013) and PEL(13)(13), and further development is needed.</p>	<p>Review of the infection prevention and control policies evidenced they had been updated to reflect the requirements of HTM 01-05 (revised 2013) and PEL(13)(13). An amendment is needed in the decontamination policy regarding the use of the window in the decontamination room to provide air in the room. Windows should not be used and arrangements should be established within the refurbishment of the decontamination room to provide adequate ventilation. This matter is discussed further in section 12.0 of the report.</p> <p>This recommendation has been addressed. A recommendation was made during this inspection to review the decontamination policy in relation to the ventilation in the decontamination room.</p> <p>Policies and procedures will need further development on</p>	Compliant

			completion of the decontamination room and the implementation of a washer disinfectant within the decontamination process.	
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10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
<p>Criteria Assessed:</p> <p>11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.</p> <p>13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p>13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings:</p> <p>Mr Kelly did not rate the compliance level with regard to the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment. He did, however, indicate that the necessary arrangements were in place.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with staff evidenced that:</p> <ul style="list-style-type: none"> • The prevention and management of blood-borne virus exposure is included in the staff induction programme. • Staff training has been provided for clinical staff • All recently appointed staff have received an occupational health check • Records are retained regarding the Hepatitis B immunisation status of clinical staff <p>Discussion with staff confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.</p> <p>Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps containers are wall mounted, appropriately used, and signed and dated on final closure. Suitable locking, storage and collection arrangements are in place. A recommendation was made that sharps containers are signed and dated on assembly.</p> <p>Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.</p> <p>A sharps box for pharmaceutical waste was not available in the practice; however, a supply has been ordered. Additional information in this regard can be found in section 10.6 of this report and a recommendation was made that pharmaceutical waste is disposed of in purple lidded sharps containers.</p>

<p>Provider's overall assessment of the dental practice's compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</p>	<p>Substantially compliant</p>

10.2 Environmental design and cleaning

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.1 Your dental service’s premises are clean.</p>
<p>Inspection Findings:</p> <p>Mr Kelly did not rate the compliance level with regard to the practice arrangements for environmental design and cleaning on the self-assessment. He did, however, indicate that the necessary arrangements were in place, with the exception of the storage of cleaning equipment in a non-clinical area.</p> <p>The practice has cleaning schedules in place for each area of the practice, however a policy and procedure for cleaning and maintaining the environment has not been developed. A recommendation was made in this regard.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. The inspector was unable to access all of the surgeries as patient treatments were ongoing during the inspection. 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. The inspector observed that flooring in one surgery was coved at the edges. One surgery had vinyl flooring, however, this was not sealed at the edges. New flooring is required in the decontamination room on refurbishment. The flooring and shelving in the first floor store had exposed wood which had not been sealed and the flooring of the staff toilet was not sealed at the edges. A recommendation was made to address these matters. Other issues pertaining to the decontamination room are discussed in section 12.0 of the report.</p> <p>Discussion with a dental nurse confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient • Daily cleaning of floors, cupboard doors and accessible high level surfaces • Weekly/monthly cleaning schedule • Cleaning equipment is stored in a non-clinical area (plant room) • Dirty water is disposed of at an appropriate location <p>Cleaning equipment is colour coded, however, discussion with the dental nurse confirmed that only two colour codes are in operation and staff are using one mop to clean general areas and one mop to clean the decontamination room, clinical areas and toilet facilities. This is not in keeping with good practice. A recommendation was made that these arrangements are reviewed and implemented in line with HTM 01-05. These arrangements should be reflected in the policy and procedure in place for cleaning and maintaining the environment. The same mop for decontamination and clinical areas must not be used to clean toilet facilities.</p> <p>Discussion with the dental nurse and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of</p>

Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	No rating given
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Substantially compliant

10.3 Hand Hygiene

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criteria Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings: Mr Kelly did not rate the compliance level with regard to the practice arrangements for hand hygiene on the self-assessment. He did, however, indicate that the necessary arrangements were in place, with the exception of the availability of a dedicated hand wash basin in the decontamination room, and the make-up of the hand wash basins in surgeries.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>The dental nurse confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. Hand cream is also made available for staff. The dental nurse confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. The ceramic hand wash basins in surgeries had an overflow and the inspector advised that this should be addressed on the next refurbishment of the surgery areas. A hand wash basin is not available in the decontamination room. This is discussed further in section 12.0 of the report.</p> <p>The inspector observed that laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Substantially compliant</p>

10.4 Management of Dental Medical Devices

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr Kelly did not rate the compliance level with regard to the practice approach to the management of dental medical devices on the self-assessment. He did, however, indicate that the necessary arrangements were in place, with the exception of the provision of a legionella risk assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>A legionella risk assessment was in place; however, this did not contain sufficient information and is in need of further development. A recommendation was made that the legionella risk assessment is further developed to include the following:</p> <ul style="list-style-type: none"> • Details of the water supply throughout the practice. This may be done in written form or a schematic drawing • The risk management measures in place or to be put in place including the arrangements in the second floor residential accommodation which is unoccupied, annual inspection of the water tank/s, monthly recording of hot and cold water temperatures, and weekly flushing of infrequently used water outlets • Specific details of the management of DUWLs • Records should be retained of the periodic checks undertaken <p>Review of records evidenced that all hot and cold water temperatures are monitored and recorded every three months. The inspector advised that this should be carried out monthly and that it was sufficient in a practice of this size to monitor one source per month on a rotational basis.</p> <p>The dental nurse confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth.</p> <p>Observations made and discussion with the dental nurse confirmed that DUWLs are generally appropriately managed. This includes that:</p> <ul style="list-style-type: none"> • Filters are cleaned/replaced as per manufacturer's instructions • An independent bottled-water system is used to dispense distilled water to supply the DUWLs • Self-contained water bottles are flushed and re-filled with distilled water treated with Alpron in accordance with manufacturer's guidance • DUWLs and handpieces are fitted with anti-retraction valves • DUWLs filters are changed in accordance with manufacturer's guidelines

The practice policy for the management of DUWLs states that DUWLs should be flushed for 30 seconds every morning and after lunch. However, the dental nurse advised that DUWLs are flushed for two minutes each morning and they are not flushed between patients. A recommendation was made that DUWLs should be flushed for at least two minutes at the start of each working day and for at least 20-30 seconds between every patient in keeping with HTM 01-05. The practice policy should be updated to reflect these arrangements.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	No rating given
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Substantially compliant

10.5 Personal Protective Equipment

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings: Mr Kelly did not rate the compliance level with regard to the practice approach to the management of personal protective equipment (PPE) on the self-assessment. He did, however, indicate that the necessary arrangements were in place. The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. The dental nurse confirmed that the use of PPE is included in the induction programme. Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice. Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves • Single use PPE is disposed of appropriately after each episode of patient care • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary • Eye protection for staff and patients is decontaminated after each episode <p>The dental nurse confirmed that staff are aware of the practice uniform policy.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Compliant</p>

10.6 Waste

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p>Inspection Findings: Mr Kelly did not rate the compliance level with regard to the practice approach to the management of waste on the self-assessment. He did, however, indicate that the necessary arrangements were in place. The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. The dental nurse confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically. Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years. Observations made and discussion with the dental nurse confirmed that staff are aware of the different types of waste and appropriate disposal streams. Pedal operated bins are available throughout the practice. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste. The inspector observed that only sharps containers suitable for general sharps waste were available for use in surgeries and that purple lidded sharps containers for the disposal of pharmaceutical waste were not available. This was discussed with Mrs Kelly who confirmed that purple lidded sharps containers had been ordered. A recommendation was made that pharmaceutical waste should be disposed of in purple lidded sharps containers.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Substantially compliant</p>

10.7 Decontamination

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr Kelly did not rate the compliance level with regard to the decontamination arrangements of the practice on the self-assessment. He did, however, indicate that the necessary arrangements were in place, with the exception of the provision of a washer disinfector for the disinfection of dental instruments.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. However, the decontamination room is in need of refurbishment and the use of a validated washer disinfector has to be implemented within the decontamination process in order to achieve compliance with HTM 01-05. Requirements as discussed in section 9.0 of the report in relation to the refurbishment of the decontamination room and the installation of a washer disinfector are now stated for the second time. This matter is discussed further in section 12.0 of the report.</p> <p>Mrs Kelly advised that plans had been drawn up for the decontamination room and that the practice was waiting for comment on the plans from Health Estates at the Department of Health. Mrs Kelly anticipated that the refurbishment of the decontamination room and the installation of a washer disinfector could be progressed within a short timescale once Health Estates had made comment.</p> <p>The practice has an ultrasonic cleaner and a non-vacuum steriliser in place. Mrs Kelly advised that the steam steriliser had been validated on the day prior to the inspection, however, there was no documentary evidence to confirm this. The ultrasonic cleaner was due for re-validation in December 2013. Mrs Kelly also informed the inspector that there were no plans to re-validate the ultrasonic cleaner as its use will be discontinued on the establishment of a washer disinfector within the decontamination process. A requirement was made that all equipment used within the decontamination process must be validated and arrangements established for annual re-validation thereafter.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p>

<p>Provider's overall assessment of the dental practice's compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</p>	<p>Moving towards compliance</p>

Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Compliance Level
	Substantially compliant

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with a dentist and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff also confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr Kelly confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, that feedback provided by patients has been used by the service to improve and that results of the consultation have been made available to patients. Review of the most recent patient consultation evidenced that only four responses had been received over an approximate one month period. The current system was discussed with Mrs Kelly and it was suggested that a more targeted approach is taken in relation to patient consultation.

A recommendation was made in this regard. Results of the patient satisfaction survey should be collated and made available to patients.

11.3 Staff Recruitment

A new staff member has recently been recruited to work in the practice. Mrs Kelly confirmed that although an enhanced AccessNI check had been submitted in respect of the staff member, the check had not been received prior to them commencing work. Mrs Kelly confirmed that the staff member would be working under supervision until such times as the check is received. A requirement was made that an enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.

12.0 Enforcement

Dental practices in Northern Ireland were directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by **November 2012**. Best practice arrangements in HTM 01-05 reflect that the decontamination facilities should be clearly separate from the clinical treatment area. This implies the use of a separate room or rooms for the accommodation of clean (output) and dirty (input) work. In these facilities the room(s) should be used for this purpose only and access should be restricted to those staff performing decontamination duties. The Professional Estates Letter (PEL) (12) 13, superseded by PEL (13) 13 directed that in order to achieve a validated cleaning/washing cycle, a washer disinfectant must be used within the decontamination process.

During the announced inspection on 5 November 2013, there were a number of issues identified in relation to the decontamination room and two requirements were made with regard to the refurbishment of the room and the provision of a validated washer disinfectant within the decontamination process. A three month timescale was given for the requirements to be addressed.

During this inspection it was identified that the decontamination room had not been refurbished and a washer disinfectant had not been installed, validated and implemented within the decontamination process. Mrs Kelly advised that plans had been drawn up for the decontamination room and that the practice was waiting for comment on the plans from Health Estates at the Department of Health. Mrs Kelly anticipated that the refurbishment of the decontamination room and the installation of a washer disinfectant could be progressed within a short timescale once Health Estates had made comment.

The practice has an ultrasonic cleaner and a non-vacuum steriliser in place. Mrs Kelly advised that the steam steriliser had been validated on the day prior to the inspection, however, there was no documentary evidence to confirm this. The ultrasonic cleaner was due for re-validation in December 2013. Mrs Kelly also informed the inspector that there were no plans to re-validate the ultrasonic cleaner as its use will be discontinued on the establishment of a washer disinfectant within the decontamination process. A requirement was made that all equipment used within the decontamination process must be validated and arrangements established for annual re-validation thereafter.

Given that dental practices were aware that best practice standards as outlined in HTM 01-05 were to be fully implemented by November 2012, and a three month timescale was given during the previous inspection for these requirements to be addressed, this is of serious concern to RQIA.

Following the inspection, this matter was reported to senior management in RQIA as a serious concern, following which a decision was taken to hold an

intention to issue a failure to comply notice meeting. Mr and Mrs Kelly were subsequently invited to attend a meeting at RQIA. As the initial date suggested clashed with a period of planned leave by Mr and Mrs Kelly, the meeting was rescheduled to Thursday 1 May 2014 at 2.00pm. Mrs Kelly had confirmed that Mr Kelly would not be available to attend the meeting, however, she would. On the morning of 1 May 2014, RQIA received a telephone call from the lead nurse in the practice to advise that Mrs Kelly was unable to attend. The lead nurse also advised that the refurbishment of the decontamination room had not yet commenced and a washer disinfector had not been provided. A decision was therefore taken to proceed with the intention to issue a failure to comply notice meeting in Mr and Mrs Kelly's absence.

At the conclusion of the meeting a decision was taken to issue a failure to comply notice to Mr and Mrs Kelly. The failure to comply notice directed that the following actions were required to comply with regulations:

The decontamination room should be refurbished to provide a fully functioning decontamination room which is equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. This includes the following:

- The layout of the room should be in keeping with best practice as indicated in HTM 01-05 (2013 edition) and PEL (13) 13, which replaced PEL (12) 23.
- Provision of an automated validated washer disinfector of adequate capacity, fully implemented into the decontamination process.
- Staff undertaking decontamination duties should be trained in the use of the washer disinfector.
- A logbook should be established for the washer disinfector containing the relevant information as indicated in HTM 01-05.
- Periodic tests of the washer disinfector as outlined in HTM 01-05 should be undertaken and recorded in the washer disinfector logbook.
- Evidence should be provided that the steam steriliser has been validated.

The date by which compliance with the failure to comply notice must be achieved is 2 July 2014, at which time a further inspection will be carried out.

13.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sinead Kelly as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

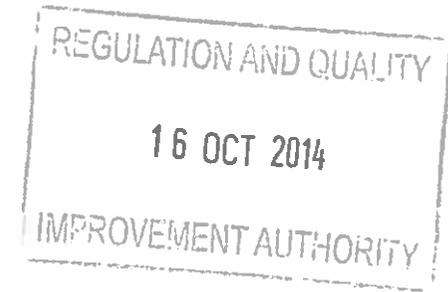
Emily Campbell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Emily Campbell
Inspector / Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Announced Inspection

Ann Street Dental Practice

09 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Sinead Kelly either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (NI) 2005 as amended.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15(3)	<p>Ensure that the decontamination room is refurbished to effectively facilitate the decontamination of dental instruments as detailed in HTM 01-05. The matters identified in the body of the report should be addressed within the refurbishment.</p> <p>It is suggested that contact should be made with Health Estates at the Department of Health for advice and guidance in this regard. Any recommendations made should be implemented.</p> <p>Ref 9.0 & 10.7</p>	Two	<p><i>Completed</i></p> <p><i>Done.</i></p>	2 July 2014
2	15(3)	<p>A validated washer disinfectant of adequate capacity should be installed and incorporated into the decontamination process to remove the need for manual cleaning of dental instruments.</p> <p>A washer disinfectant logbook should be established and the relevant information and periodic tests undertaken and recorded as outlined in HTM 01-05.</p> <p>Ref 9.0 & 10.7</p>	Two	<p><i>Done</i></p> <p><i>established</i></p>	2 July 2014

3	15 (3)	<p>All equipment used within the decontamination process must be validated and arrangements established for annual re-validation thereafter.</p> <p>Ref 10.7</p>	One	<p><i>Validation arrangements in place.</i></p>	2 July 2014
4	19 (2) Schedule 2 (2)	<p>An enhanced AccessNI check should be undertaken and received prior to any new staff, including associate dentists, commencing work in the practice.</p> <p>Ref 11.4</p>	One	<p><i>Noted.</i></p>	Immediate and ongoing

RECOMMENDATIONS					
These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13	Review and amend the decontamination policy in relation to the ventilation in the decontamination room. Ref 9.0	One	<i>Done</i>	Three months
2	13	Sharps containers should be signed and dated on assembly. Ref 10.1	One	<i>Noted</i>	Immediate and ongoing
3	13	Pharmaceutical waste should be disposed of in purple lidded sharps containers. Ref 10.1 & 10.6	One	<i>Noted</i>	One month
4	13	A policy and procedure for cleaning and maintaining the environment should be developed. Ref 10.2	One	<i>Noted</i>	Three months
5	13	Flooring in the decontamination room should be covered at the edges and flooring in clinical areas should be sealed where it meets the walls. The flooring and shelving in the first floor store should be sealed. The flooring in the staff toilet should be	One	<i>Noted</i>	2 July 2014 Three months Three months

		sealed at the edges.			
		Ref 10.2			
6	13	<p>The arrangements for the colour coding of cleaning materials and equipment should be reviewed and implemented in line with HTM 01-05.</p> <p>These arrangements should be reflected in the policy and procedure for cleaning and maintaining the environment.</p> <p>The same mop for decontamination and clinical areas must not be used to clean toilet facilities.</p> <p>Ref 10.2</p>	One	<i>Noted.</i>	<p>One month</p> <p>Immediate and ongoing</p>
7	13	<p>The legionella risk assessment should be further developed to include the following:</p> <ul style="list-style-type: none"> • Details of the water supply throughout the practice. This may be done in written form or a schematic drawing • The risk management measures in place or to be put in place including the arrangements in the second floor residential accommodation which is unoccupied, annual inspection of the water tank/s, monthly recording of hot and cold water temperatures, and weekly flushing of infrequently used water outlets • Specific details of the management of DUWLs 	One	<i>Done.</i>	Three months

		<ul style="list-style-type: none"> Records should be retained of the periodic checks undertaken <p>Ref 10.4</p>			
8	13	<p>Dental unit water lines (DUWLs) should be flushed for at least two minutes at the start of each working day and for at least 20-30 seconds between every patient in keeping with HTM 01-05.</p> <p>The practice policy for the management of DUWLs should be updated to reflect these arrangements.</p> <p>Ref 10.4</p>	One	<p><i>Done</i></p> <p><i>Noted</i></p>	<p>Immediate and ongoing</p> <p>Three months</p>
9	13	<p>Establish a system for a more targeted approach to be taken in relation to patient consultation.</p> <p>On completion of the consultation period, results of the patient satisfaction survey should be collated and made available to patients.</p> <p>Ref 11.2</p>	One	<p><i>Noted.</i></p> <p><i>Noted.</i></p>	Three months



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**Self Assessment audit tool of compliance with
HTM01-05 - Decontamination - Cross Infection Control**

Name of practice: Ann Street Dental Practice Limited
RQIA ID: 11364
Name of inspector: Emily Campbell

This self-assessment tool should be completed in reflection of the current decontamination and cross infection control arrangements in your practice.

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Ann Street Dental Practice Ltd, 6 Ann Street, Enniskillen, Northern Ireland, BT74 7ES Tel: (028) 66322 628 From R.O.I. (048) 66322 628

Opening Hours: Mon 9-8pm, Tues 9-5.30pm, Wed 9-5.30pm, Thurs 9-5.30pm, Fri 9-3pm, Sat by Appointment.

Practice Principal: Mr Christopher G. Kelly. B.D.S., B.Sc., 1994 Q.U.B. Associate: Mr Neil Groves. B.D.S., 1995 Dundee.

Dental Therapist: Available by Appointment. Company No. NI605869

1 Prevention of bloodborne virus exposure			
Inspection criteria <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05
1.1 Does the practice have a policy and procedure/s in place for the prevention and management of blood borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance? (2.6)	✓		<i>If no, answer remaining questions in this section to reflect your current arrangements</i>
1.2 Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5)	✓		
1.3 Have all staff at risk from sharps injuries received an Occupational Health check in relation to risk reduction in blood-borne virus transmission and general infection? (2.6)	✓		
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	✓		
1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	✓		
1.6 Management of sharps Any references to sharps management should be read in conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 Are sharps containers correctly assembled?	✓		



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1.7 Are in-use sharps containers labelled with date, locality and a signature?	✓		
1.8 Are sharps containers replaced when filled to the indicator mark?	✓		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	✓		
1.10 Are full sharps containers stored in a secure facility away from public access?	✓		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	✓		
1.12 Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure? (2.6)	✓		
1.13 Are inoculation injuries recorded?	✓		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	✓		
Provider's level of compliance			Provider to complete



2 Environmental design and cleaning			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
2.1 Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)	✓		
2.2 Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	✓		
2.3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	✓		
2.4 Is the dental chair cleaned between each patient? (6.46, 6.62)	✓		
2.5 Is the dental chair free from rips or tears? (6.62)	✓		
2.6 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	✓		
2.7 Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	✓		
2.8 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	✓		
2.9 Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	✓		
2.10 Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	✓		



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<p>2.11 Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)</p>	<p>✓</p>		
<p>2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)</p>	<p>✓</p>		
<p>2.13 Are toys provided easily cleaned? (6.73)</p>	<p>✓</p>		
<p>2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)</p>	<p>✓</p>		
<p>2.15 Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)</p>	<p>✓</p>		
<p>2.16 Is cleaning equipment stored in a non-clinical area? (6.60)</p>		<p>✓</p>	
<p>2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)</p>	<p>✓</p>		
<p>2.18 Are the surfaces of equipment cleaned between each patient (E.g. work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surface of aspirator and X-ray heads)? (6.62)</p>	<p>✓</p>		
<p>2.19 Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)</p>	<p>✓</p>		
<p>2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)</p>	<p>✓</p>		

<p>2.21 Is there a designated area for the disposal of dirty water, which is outside the kitchen, clinical and decontamination areas; for example toilet, drain or slop-hopper (slop hopper is a device used for the disposal of liquid or solid waste)?</p>	✓		<p>ANN STREET DENTAL PRACTICE LTD</p>
<p>2.22 Does the practice have a local policy and procedure/s for spillage in accordance with COSHH? (2.4d, 2.6)</p>	✓		
<p>Provider's level of compliance</p>			<p>Provider to complete</p>



3 Hand hygiene			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
3.1 Does the practice have a local policy and procedure for hand hygiene? (2.6 Appendix 1)	✓		
3.2 Is hand hygiene an integral part of staff induction? (6.3)	✓		
3.3 Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	✓		
3.4 Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	✓		
3.5 Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	✓		
3.6 Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish? (6.8, 6.23, Appendix 1)	✓		
3.7 Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures? (6.9, 6.22)	✓		
3.8 Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	✓		
3.9 Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place? (2.4g, 6.10)	✓		



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<p>3.10 Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)</p>		✓	
<p>3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p>	✓		
<p>3.12 Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)</p>	✓		
<p>3.13 Do the hand washing basins provided in clinical and decontamination areas have :</p> <ul style="list-style-type: none"> • no plug; and • no overflow. <p>Lever operated or sensor operated taps.(6.10)</p>		✓	
<p>3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p>	✓		
<p>3.15 Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?</p> <p>Bar soap should not be used. (6.5, Appendix 1)</p>	✓ ✓		
<p>3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p>	✓		
<p>3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p>	✓		



<p>3.18 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p>		<p>✓</p>	<p>hand cream is available.</p> <p>ANN STREET DENTAL PRACTICE LTD</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>



4 Management of dental medical devices			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
4.1 Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices? (1.18, 2.4a, 2.6, 2.7, 3.54)	✓		
4.2 Has the practice carried out a risk assessment for legionella under the Health and Safety Commission's "Legionnaires' disease - the control of legionella bacteria in water systems Approved Code of Practice and Guidance" (also known as L8)? (6.75-6.90, 19.0)		✓	
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	✓		
4.4 Impression material, prosthetic and orthodontic appliances: Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturer's instructions?(7.0)	✓		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	✓		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	✓		



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<p>4.7 Dental Unit Water lines (DUWLs): Is there an independent bottled-water system used to dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)</p>	✓		
<p>4.8 Dental Unit Water lines (DUWLs): For dental surgical procedures involving irrigation; is a separate single-use sterile water source used for irrigation? (6.91)</p>	✓		
<p>4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)</p>	✓		
<p>4.10 Dental Unit Water lines (DUWLs): Are self-contained water bottles (bottled water system) removed, flushed with distilled or RO water and left open to the air for drying on a daily basis, and if necessary overnight, and in accordance with manufacturer's guidance? (6.83)</p>	✓		
<p>4.11 Dental Unit Water lines (DUWLs): Where bottled water systems are not used is there a physical air gap separating dental unit waterlines from mains water systems. (Type A)?(6.84)</p>			N/A
<p>4.12 Dental Unit Water lines (DUWLs): Are DUWLs flushed for a minimum of 2 minutes at start of each working day and for a minimum of 20-30 seconds between every patient? (6.85)</p>	✓		
<p>4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	✓		
<p>4.14 Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)</p>	✓		

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<p>4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)</p>	<p>✓</p>	<p>.</p>	<p>ANN STREET Provider to complete DENTAL PRACTICE LTD</p>
<p>Provider's level of compliance</p>			<p>ANN STREET Provider to complete DENTAL PRACTICE LTD</p>



5 Personal Protective Equipment

Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
5.1 Does the practice have a policy and procedures for the use of personal protective equipment? (2.6, 6.13)	✓		
5.2 Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	✓		
5.3 Are powder-free CE marked gloves used in the practice? (6.20)	✓		
5.4 Are alternatives to latex gloves available? (6.19, 6.20)	✓		
5.5 Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	✓		
5.6 Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	✓		
5.7 Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	✓		
5.8 Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	✓		
5.9 Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	✓		



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<p>5.10 Are disposable plastic aprons worn during all decontamination processes or clinical procedures where there is a risk that clothing/uniform may become contaminated? (6.14, 6.24-6.25)</p>	<p>✓</p>		
<p>5.11 Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)</p>	<p>✓</p>		
<p>5.12 Are plastic aprons, goggles, masks or face shields used for any clinical and decontamination procedures where there is a danger of splashes? (6.14, 6.26-6.29)</p>	<p>✓</p>		
<p>5.13 Are masks disposed of as clinical waste after each use? (6.27, 6.36)</p>	<p>✓</p>		
<p>5.14 Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)</p>	<p>✓</p>		
<p>5.15 Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)</p>	<p>✓</p>		
<p>5.16 Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)</p>	<p>✓</p>		
<p>5.17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)</p>	<p>✓</p>		
<p>Provider's level of compliance</p>			<p>Provider to complete</p>



6 Waste			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01.
6.1 Does the practice have a policy and procedure/s for the management and disposal of waste? (2.6, 6.1 (07-01) 6.4 (07-01))	✓		
6.2 Have all staff attended induction and on-going training in the process of waste disposal? (1.22, 6.43 (07-01) 6.51 (07-01))	✓		
6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	✓		
6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	✓		
6.5 Are orange bags used for infectious Category B waste such as blooded swabs and blood contaminated gloves? (HTM 07-01, PEL (13) 14, 5.39 (07-01) Chapter 10 - Dental 12 (07-01))	✓		
6.6 Are black/orange bags used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam? (HTM 07-01, PEL (13) 14, 5.50 (07-01) Chapter 10-Dental 8 (07-01))	✓		
6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	✓		

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6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	✓		
6.10 Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))	✓		ANN STREET DENTAL PRACTICE LTD
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	✓		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	✓		
6.13 Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	✓		
6.14 Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)?(3.32 (07-01))	✓		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	✓		
6.16 Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal? (6.1 (07-01), 6.9 (07-01))	✓		
6.17 Is there evidence the practice is segregating waste in accordance with HTM 07-01? (5.86 (07-01), 5.88 (07-01), 4.18 (07-01))	✓		
Provider's level of compliance	Provider to complete		



7 Decontamination			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
7.1 Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3-5.8)	✓		
7.2 Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)		✓	
7.3 Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)		✓	
7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	✓		
7.5 a Has all equipment used in the decontamination process been validated?	✓		
7.5 b Are arrangements in place to ensure that all equipment is validated annually? (1.9, 11.1, 11.6, 12,13, 14.1, 14.2, 15.6)	✓		
7.6 Have separate log books been established for each piece of equipment?	✓		
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	✓		

<p>7.7 a Are daily, weekly, monthly periodic tests undertaken and recorded in the log books as outlined in HTM 01-05? (12, 13, 14)</p> <p>7.7 b Is there a system in place to record cycle parameters of equipment such as a data logger?</p>	<p>✓</p> <p>✓</p>		<p>ANN STREET DENTAL PRACTICE LTD</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>



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Appendix 1



The Regulation and
Quality Improvement
Authority

Name of practice: Ann Street Dental Practice Limited

Declaration on consultation with patients

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17(3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9.

1 Do you have a system in place for consultation with patients, undertaken at appropriate intervals?

Yes

No

If no or other please give details:

2 If appropriate has the feedback provided by patients been used by the service to improve?

Yes

No

3 Are the results of the consultation made available to patients?

Yes

No