



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Ballybot Dental Surgery Limited
Establishment ID No: 11375
Date of Inspection: 10 March 2015
Inspector's Name: Emily Campbell
Inspection No: 20878

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

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| Name of establishment: | Ballybot Dental Surgery Limited |
| Address: | 25 Patrick Street Newry BT35 8EB |
| Telephone number: | 028 3026 3326 |
| Registered organisation / Responsible individual: | Ballybot Dental Surgery Limited Ms Morna Baxter |
| Registered manager: | Ms Morna Baxter |
| Person in charge of the establishment at the time of Inspection: | Ms Morna Baxter |
| 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 31 January 2014 |
| Date and time of inspection: | 10 March 2015 9.50am – 12.55pm |
| 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 Ms Morna Baxter, responsible individual;
- 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 | |
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| Discussion with staff | 3 | |
| Staff Questionnaires | 10 issued | 7 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; and
- 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 | | |
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| 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

Ballybot Dental Surgery Limited is located within two mid-terrace houses which have been converted and adapted to accommodate a dental practice. The practice is close to Newry city centre.

Public and on-street car parking is available for patients. The establishment is accessible for patients with a disability.

Ballybot Dental Surgery Limited operates three dental chairs, providing both private and NHS dental care. A waiting area and disabled toilet facilities and surgery are available for patient use, on the ground floor. An office, staff room and decontamination room are also available on this floor. The first floor has two surgeries, waiting area, toilet and an x-ray room.

Ms Baxter is supported by associate dentists, a dental hygienist and a team of nursing and administration staff.

Ms Baxter has been the responsible individual and registered manager of Ballybot Dental Surgery Limited since registration with RQIA in May 2012.

The establishment's statement of purpose outlines the range of services provided. These include general dental care, implants and adult orthodontics.

This practice is registered as an independent hospital (IH) providing dental treatment (DT).

8.0 Summary of Inspection

This announced inspection of Ballybot Dental Surgery Limited was undertaken by Emily Campbell on 10 March 2015 between the hours of 9.50am and 12.55pm. Ms Morna Baxter, responsible individual, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirements and two of the three recommendations made have been addressed. One recommendation in relation to the provision of safeguarding training has been addressed in relation to safeguarding children but not in respect of safeguarding vulnerable adults. As this recommendation has already been stated twice, a requirement was made during this inspection in relation to safeguarding vulnerable adults training. The detail of the action taken by Ms Baxter can be viewed in the section following this summary.

Prior to the inspection, Ms Baxter completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Ms Baxter in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

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; seven 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 have 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 ongoing basis. In general policies and procedures were located in various places and the inspector suggested that a policy file should be developed so that staff can have easy access to policies and procedures for their advice and guidance.

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 Ms Baxter and staff 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 are adhering to, the practice policy in this regard. Sharps management at the practice was observed to be in line with best practice.

The practice has a policy and procedure in place for cleaning and maintaining the environment. A recommendation was made that this should be further developed to include the environmental cleaning arrangements in the practice and the colour coding of cleaning equipment. The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment. A recommendation was made that flooring in surgeries should be sealed at the edges and where cabinetry meets the flooring.

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 appropriate locations. Information promoting hand hygiene is provided for staff.

A written scheme for the prevention of legionella is available. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with staff confirmed that dental unit water lines (DUWLs) are appropriately managed.

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.

The practice has a policy and procedure in place for the management and disposal of waste. A recommendation was made that this is further developed to include up to date information on disposal streams and types of waste in keeping with HTM 07-01. Appropriate arrangements were in place for the management of general and clinical waste, including sharps. 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.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. 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 Ballybot Dental Surgery Limited is compliant with this inspection theme.

Ms Baxter 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.

One requirement and three 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 Ms Baxter 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(2)(a)(b) | <p>The following issues regarding radiation protection must be addressed:</p> <ul style="list-style-type: none"> • ensure that all staff have been entitled for their relevant radiology duties; • ensure that x-ray quality audits are completed six monthly; and • ensure that audits of justification and clinical evaluation recording are completed on an annual basis. <p>X-ray quality audits and justification and clinical evaluation audits must be completed by all of the dentists.</p> | <p>Review of the radiation protection file evidenced that staff had not been entitled for their relevant radiology duties; however, this was completed during the inspection.</p> <p>X-ray quality, justification and clinical recording audits have only been completed by Ms Baxter and two associate dentists who have now left the practice. There were no audits completed in respect of three associate dentists, though one of these associates has only recently commenced working in the practice. Ms Baxter advised the inspector that one associate who only works in the practice one day per week told her that she did not need to undertake audits as she had completed these in the other practice she works in. The inspector explained that audits need to be completed in respect of this associate dentists both as a quality assurance process for Ms Baxter regarding the standard and quality of radiology practice within this dental practice and as required under IRR and IR(ME)R regulations.</p> | Compliant |

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| | | | <p>Ms Baxter enquired if dentists should audit each other and it was agreed that this would be good practice.</p> <p>On 20 March 2015, Ms Baxter provided the inspector with copies of completed x-ray audits in respect of all dentists working in the practice. The audits of justification and clinical evaluation recording did not include the clinical evaluation component; this was subsequently provided to the inspector on 30 March 2015.</p> <p>This requirement has been addressed.</p> | |
| 2 | 15(3) | <p>Dental handpieces which are compatible with the washer disinfectant should be decontaminated using this process.</p> <p>Contact the manufacturer of the dental handpieces without a compatibility symbol to establish how they should be cleaned.</p> | <p>Discussion with Ms Baxter and the lead dental nurse confirmed that compatible dental handpieces are processed through the washer disinfectant.</p> <p>Requirement addressed.</p> | Compliant |
| 3 | 15(4) | <p>Endodontic reamers and files should be treated as single use and discarded following use.</p> | <p>Discussion with Ms Baxter and the lead dental nurse confirmed that endodontic files and reamers are treated as single use.</p> <p>Requirement addressed.</p> | Compliant |

| No | Minimum Standard Ref. | Recommendations | Action Taken – as confirmed during this inspection | Inspector's Validation of Compliance |
|----|-----------------------|--|---|--------------------------------------|
| 1 | 9 | The results of the patient satisfaction consultation should be made available to patients. | The inspector reviewed the summary of the most recent patient satisfaction survey completed in 2014. Ms Baxter confirmed that the summary is available to patients on request and this is indicated in the patient guide. | Compliant |
| 2 | 15.3 | Safeguarding training should be provided for all staff as outlined in the Minimum Standards for Dental Care and Treatment 2011. | <p>Consultation with Ms Baxter and the lead nurse and review of training certificates confirmed that safeguarding training in relation to children has been provided, however, safeguarding vulnerable adults training had not yet been provided. Ms Baxter advised that she had scheduled an external provider to provide this in the practice; however, it was not delivered.</p> <p>This recommendation has been partially addressed. As this recommendation has been already been stated twice, a requirement was made during this inspection in respect of safeguarding vulnerable adults.</p> | Substantially compliant |
| 3 | 12 | A revised expiry date of 18 months from date of receipt should be recorded on the Glucagon medication which is not stored in the fridge. | <p>Review of the emergency medications confirmed that the Glucagon medication which is not stored in a fridge had the appropriate revised expiry date recorded.</p> <p>Recommendation addressed.</p> | Compliant |

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.

Criteria Assessed:

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.

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.

Inspection Findings:

Ms Baxter rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.

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. In general policies and procedures were located in various places and the inspector suggested that a policy file should be developed so that staff can have easy access to policies and procedures for their advice and guidance.

Review of documentation and discussion with Ms Baxter and staff evidenced that:

- 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; and
- records are retained regarding the Hepatitis B immunisation status of clinical staff.

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.

Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are safely positioned to prevent unauthorised access, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

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.

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| Provider's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |
| Inspector's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |

10.2 Environmental design and cleaning

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| <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>Ms Baxter rated the practice arrangements for environmental design and cleaning as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment. A recommendation was made that this should be further developed to include the environmental cleaning arrangements in the practice and the colour coding of cleaning equipment. Cleaning equipment is colour coded, however, the colour coding is not reflective of the National Patient Safety Agency (NPSA) recommendations and the inspector suggested that this is also taken into consideration in association with the policy development.</p> <p>The inspector undertook a tour of the premises, including two of the three surgeries, which were found to be maintained to a good standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and the flooring in the decontamination room was covered and sealed. A recommendation was made that flooring in surgeries should be sealed at the edges and where cabinetry meets the flooring. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Covers are not provided for keyboard in surgeries; however, the lead nurse confirmed that these have been ordered.</p> <p>Discussion with staff 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 colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with staff 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 Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.</p> |

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

10.3 Hand Hygiene

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| <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: Ms Baxter rated the practice arrangements for hand hygiene as compliant on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Staff 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 and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. Hand washing basins in surgeries do not have sensor or lever operated taps, however, the lead dental nurse demonstrated that a no touch technique is used when performing hand hygiene. The inspector suggested that sensor or lever operated taps should be supplied on the next refurbishment of surgeries. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Laminated posters promoting hand hygiene were on display in dental surgeries, and the decontamination room. The inspector suggested that posters promoting hand hygiene are also displayed in toilet facilities.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |

10.4 Management of Dental Medical Devices

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| <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>Ms Baxter rated the practice approach to the management of dental medical devices as compliant on the self-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>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with staff confirmed that this is adhered to. An amendment was made to the legionella risk assessment during the inspection.</p> <p>Staff 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 staff confirmed that DUWLs are 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 disinfectant in accordance with manufacturer's guidance; • A single use sterile water source is used for irrigation in dental surgical procedures; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer’s recommendations. |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |

10.5 Personal Protective Equipment

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| <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: Ms Baxter rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Staff confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>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; and • Eye protection for staff and patients is decontaminated after each episode. <p>Staff confirmed that they were aware of the practice uniform policy.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |

10.6 Waste

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| <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: Ms Baxter rated the practice approach to the management of waste as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste. A recommendation was made that this is further developed to include up to date information on disposal streams and types of waste in keeping with HTM 07-01. Staff confirmed that management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>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.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Substantially compliant</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

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| <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>Ms Baxter rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including a washer disinfector and two steam sterilisers, have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p> |

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| <p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |
| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliant</p> |

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| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliance Level</p> |
| | <p>Compliant</p> |

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with the lead dental nurse and briefly with an associate dentist and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven 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

Ms Baxter 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. The inspector reviewed the summary of the most recent patient satisfaction survey completed in 2014.

Currently patient satisfaction questionnaires are randomly posted out to patients with stamped addressed envelopes for return to the practice. The number of responses back to the practice is low in comparison to the number issued and the inspector suggested ways in which a more effective approach could be taken in relation to patient consultation.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Morna Baxter 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



The Regulation and
Quality Improvement
Authority

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

Name of practice: Ballybot Dental Surgery Ltd
RQIA ID: 11375
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

| 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) | YES | | |
| 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) | YES | | |
| 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) | YES | | |
| 1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8) | YES | | |
| 1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74) | YES | | |
| 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? | YES | | |

| | | | |
|--|-----|--|-----------|
| 1.7 Are in-use sharps containers labelled with date, locality and a signature? | YES | | |
| 1.8 Are sharps containers replaced when filled to the indicator mark? | YES | | |
| 1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed? | YES | | |
| 1.10 Are full sharps containers stored in a secure facility away from public access? | YES | | |
| 1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)? | YES | | |
| 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) | YES | | |
| 1.13 Are inoculation injuries recorded? | YES | | |
| 1.14 Are disposable needles and disposable syringes discarded as a single unit? | YES | | |
| Provider's level of compliance | | | Compliant |

| 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) | YES | | |
| 2.2 Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55) | YES | | |
| 2.3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6) | YES | | |
| 2.4 Is the dental chair cleaned between each patient? (6.46, 6.62) | YES | | |
| 2.5 Is the dental chair free from rips or tears? (6.62) | YES | | |
| 2.6 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38) | YES | | |
| 2.7 Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47) | YES | | |
| 2.8 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38) | YES | | |
| 2.9 Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64) | YES | | |
| 2.10 Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64) | YES | | |

| | | | |
|--|------------|-----------|---|
| <p>2.11 Do all floor coverings in clinical and decontamination areas have covered edges that are sealed and impervious to moisture? (6.47)</p> | | <p>NO</p> | <p>The decontamination room meets the standard. Plan is to replace existing floors when renew required.</p> |
| <p>2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)</p> | | <p>NO</p> | |
| <p>2.13 Are toys provided easily cleaned? (6.73)</p> | <p>YES</p> | | |
| <p>2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)</p> | <p>YES</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>NO</p> | <p>Mops are colour coded.</p> |
| <p>2.16 Is cleaning equipment stored in a non-clinical area? (6.60)</p> | <p>YES</p> | | |
| <p>2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)</p> | <p>YES</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>YES</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>YES</p> | | |
| <p>2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)</p> | <p>YES</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>YES</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>YES</p> | | |
| <p>Provider's level of compliance</p> | | | <p>Substantially compliant</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) | YES | | |
| 3.2 Is hand hygiene an integral part of staff induction? (6.3) | YES | | |
| 3.3 Is hand hygiene training provided periodically throughout the year? (1.22, 6.3) | YES | | |
| 3.4 Is hand hygiene carried out before and after every new patient contact? (Appendix 1) | YES | | |
| 3.5 Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1) | YES | | |
| 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) | YES | | |
| 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) | YES | | |
| 3.8 Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12) | YES | | |
| 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) | YES | | |

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

| | | | |
|---|------------|--|------------------|
| <p>3.18 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p> | <p>YES</p> | | |
| <p>Provider's level of compliance</p> | | | <p>Compliant</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) | YES | | |
| 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) | YES | | |
| 4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2) | YES | | |
| 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) | YES | | |
| 4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b) | YES | | |
| 4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90) | YES | | |

| | | | |
|---|-----|----|------------------------------------|
| 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) | YES | | |
| 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) | YES | | |
| 4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82) | | NO | As per manufacturers instructions. |
| 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) | | NO | As per manufacturers instructions. |
| 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) | N/A | | |
| 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) | YES | | |
| 4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87) | YES | | |
| 4.14 Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86) | YES | | |

| | | | |
|--|-----|--|-----------|
| 4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89) | YES | | |
| Provider's level of compliance | | | Compliant |

| 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) | YES | | |
| 5.2 Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13) | YES | | |
| 5.3 Are powder-free CE marked gloves used in the practice? (6.20) | YES | | |
| 5.4 Are alternatives to latex gloves available? (6.19, 6.20) | YES | | |
| 5.5 Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c) | YES | | |
| 5.6 Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1) | YES | | |
| 5.7 Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23) | YES | | |
| 5.8 Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23) | YES | | |
| 5.9 Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23) | YES | | |

| | | | |
|--|------------|--|------------------|
| <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>YES</p> | | |
| <p>5.11 Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)</p> | <p>YES</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>YES</p> | | |
| <p>5.13 Are masks disposed of as clinical waste after each use? (6.27, 6.36)</p> | <p>YES</p> | | |
| <p>5.14 Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)</p> | <p>YES</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>YES</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>YES</p> | | |
| <p>5.17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)</p> | <p>YES</p> | | |
| <p>Provider's level of compliance</p> | | | <p>Compliant</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)) | YES | | |
| 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)) | YES | | |
| 6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01)) | YES | | |
| 6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14) | YES | | |
| 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)) | YES | | |
| 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)) | YES | | |
| 6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01)) | YES | | |

| | | | |
|---|-----|----|--|
| 6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01)) | YES | | |
| 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)) | YES | | |
| 6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01)) | YES | | |
| 6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01)) | YES | | We label our sharps containers but not the waste bags collected by Cannon Hygiene. |
| 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)) | YES | | |
| 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)) | YES | | |
| 6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01)) | YES | | |
| 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)) | | NO | |
| 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)) | YES | | |
| Provider's level of compliance | | | Substantially compliant |

| 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) | YES | | |
| 7.2 Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13) | YES | | |
| 7.3 Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13) | YES | | |
| 7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements? | YES | | |
| 7.5 a Has all equipment used in the decontamination process been validated? | YES | | |
| 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) | YES | | |
| 7.6 Have separate log books been established for each piece of equipment? | YES | | |
| Does the log book contain all relevant information as outlined in HTM01-05? (11.9) | YES | | |

| | | | |
|---|------------|--|------------------|
| <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>YES</p> | | |
| <p>7.7 b Is there a system in place to record cycle parameters of equipment such as a data logger?</p> | <p>YES</p> | | |
| <p>Provider's level of compliance</p> | | | <p>Compliant</p> |

| |
|---|
| <p>Please provide any comments you wish to add regarding good practice</p> |
| <p></p> |

Appendix 1



Name of practice: Ballybot Dental Surgery Ltd

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 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 YES No

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

Yes YES No



Quality Improvement Plan

Announced Inspection

Ballybot Dental Surgery Limited

10 March 2015

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 Ms Morna Baxter 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 | 18 (2) (a) | Safeguarding training in respect of vulnerable adults should be provided for all staff as outlined in the Minimum Standards for Dental Care and Treatment 2011. Ref 9.0 | One | Training booked for 21 st April 2015 | Three months |

| 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 | <p>The policy and procedure for cleaning and maintaining the environment should be further developed to include the environmental cleaning arrangements in the practice and the colour coding of cleaning equipment.</p> <p>Consideration should be given to adopting the National Patient Safety Agency (NPSA) recommendations as outlined in HTM 01-05 within the policy development.</p> <p>Ref 10.2</p> | One | Developed, completed and actioned as advised. | Three months |
| 2 | 13 | <p>Flooring in surgeries should be sealed at the edges and where cabinetry meets the flooring.</p> <p>Ref 10.2</p> | One | Contractor booked to seal edges/where cabinetry meets floor as advised. | Three months |
| 3 | 13 | <p>The policy and procedure for the management and disposal of waste should be further developed to include up to date information on disposal streams and types of waste in keeping with HTM 07-01.</p> <p>Ref 10.6</p> | One | Policy and procedure being drafted at present and development will be complete within the required timeframe. | Three months |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to independent.healthcare@rqia.org.uk

| | |
|---|-----------------|
| Name of Registered Manager Completing QIP | Dr Morna Baxter |
| Name of Responsible Person / Identified Responsible Person Approving QIP | Dr Morna Baxter |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | Emily Campbell | 21.4.15 |
| Further information requested from provider | | | |