



Announced Inspection

Name of Establishment: Bangor Dental Care Ltd
Establishment ID No: 11383
Date of Inspection: 25 March 2015
Inspector's Name: Carmel McKeegan
Inspection No: 20832

The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of establishment:	Bangor Dental Care Ltd
Address:	1 Moira Drive Bangor BT20 4RN
Telephone number:	028 9146 3131
Registered organisation / responsible individual:	Bangor Dental Care Ltd Mr James Rooney
Registered manager:	Mr James Rooney
Person in charge of the establishment at the time of Inspection:	Mr James Rooney
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	2
Date and type of previous inspection:	Follow up Inspection 04 November 2013
Date and time of inspection:	25 March 2015 10.30-12.00
Name of inspector:	Carmel McKeegan

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 Mr James Rooney, 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	
Discussion with staff	3	
Staff Questionnaires	5 issued	4 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		
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

Bangor Dental Care Ltd is located within a residential property which has been extended and adapted to accommodate a dental practice. The practice is located on the outskirts of Bangor town centre. On-street parking is available for patients.

The establishment is accessible for patients with a disability.

Bangor Dental Care Ltd operates two dental chairs, providing both private and NHS dental care. A reception, waiting area and toilet facilities are available for patient use.

Mr Rooney is supported by a team of staff including, dental nurses and a practice manager. The practice has also been approved as a training practice by the Medical and Dental Training Agency (MDTA). A dental foundation year one (DF1) is currently on placement at the practice.

Mr Rooney had been the registered provider of Bangor Dental Care Ltd since initial registration with RQIA on 25 August 2011.

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

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

8.0 Summary of Inspection

This announced inspection of Bangor Dental Care Ltd was undertaken by Carmel McKeegan on 25 March 2015 between the hours of 10.30 and 12.00. Mr Rooney, responsible individual, was available for discussion at the beginning of the inspection and for verbal feedback at the conclusion of the inspection. The inspection was facilitated by the lead dental nurse, Ms Siriber who was provided with verbal feedback throughout the inspection.

The requirement and recommendation made as a result of the previous inspection were also examined. Observations and discussion demonstrated that both the requirement and the recommendation had been addressed and compliance achieved. The detail of the action taken by Mr Rooney can be viewed in the section following this summary.

Prior to the inspection, Mr Rooney completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Rooney in the self-assessment were not altered in any way by RQIA. Mr Rooney omitted to rate the compliance levels against each criterion. 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; four 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. 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 01 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. Ms Siriber confirmed that the Infection Prevention Society (IPS) Audit tool to assess compliance with HTM 01-05 had not been completed within the last 12 months. It is recommended that the 2013 edition of the IPS audit tool is undertaken six monthly. Following the inspection a copy of the 2013 edition of the IPS audit tool was forwarded to the practice.

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 Siriber evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Ms Siriber confirmed that staff 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 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. Recommendations were made to reupholster a dental chair in surgery one, to provide an intact surface that can be effectively cleaned, and to make arrangements for floor coverings in the surgeries to be sealed at the edges where the floor meets the skirting boards and the cabinetry.

The practice has a hand hygiene policy and procedure in place and the staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. A recommendation was made that the overflows of dedicated stainless steel hand washing basins in dental surgeries are blanked off with a stainless steel plate sealed with antibacterial mastic and that plugs are also removed. Information promoting hand hygiene is provided for staff and patients.

A written scheme for the prevention of legionella is available. A recommendation was made to ensure that the legionella risk assessment is reviewed at least every two years or following any alteration or modification to the water system. 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.

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 not available in this practice. Arrangements have been established with the Central Services Sterilisation Department (CSSD) in the Ulster Hospital Dundonald for the processing of reusable dental instruments. A review of the process and discussion with staff confirmed that the reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

The evidence gathered through the inspection process concluded that Bangor Dental Care Ltd is substantially compliant with this inspection theme.

Mr Rooney 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.

Five 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 Mr Rooney, Ms Siriber 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	30(a)	As the entity carrying on the practice has changed an application for registration of Bangor Dental Care Limited must be submitted to RQIA.	The inspector can confirm that an application was received by RQIA in respect of Bangor Dental Care Limited. The application was approved and the practice is now registered as a Limited company. Requirement addressed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	Establish a record pertaining to the testing, servicing, maintenance and repair of instruments. Records should be retained at the practice for two years.	Discussion with Ms Siriber and a review of records confirmed that a record is maintained, as outlined, and this record will be retained in the practice for two years. Recommendation addressed.	Compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

<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:</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 Rooney had omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment.</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; and • 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 boxes are wall mounted and/or safely stored away from public 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.</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>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>

10.2 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 Rooney had omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises 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, it is recommended that that floor coverings in the surgeries are sealed at the edges where the floor meets the skirting boards and the cabinetry. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt, with the exception of the dental chair in surgery one which had a small tear, it is recommended that the dental chair is reupholstered to provide an intact impervious surface that can be effectively cleaned.</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>

<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>

10.3 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 Rooney had omitted to rate the practice arrangements for hand hygiene on the self-assessment. The practice has a hand hygiene policy and procedure in place. Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically. 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. 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. A recommendation was made that the overflows on the stainless steel hand washing basins, are blanked off using a stainless steel plate sealed with antibacterial mastic and that plugs are removed. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. Laminated/wipe-clean posters promoting hand hygiene were on display in dental surgeries 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 Rooney had omitted to rate the practice approach to the management of dental medical devices 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>Review of the legionella risk assessment indicated that this assessment had been completed on 05 November 2012 and had been due for review on 05 November 2104. The inspector advised that the legionella risk assessment should be reviewed every two years or following any alteration or modification to the water system. A recommendation is made in this regard.</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.</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 treated with a disinfectant to supply the DUWLs for one dental chair; • self-contained water bottles are removed, flushed with distilled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • water supply to the DUWLs for the other dental chair is provided through the direct mains water supply. Ms Siriber confirmed that there is a physical air gap separating DUWLs from mains water systems; • a single use sterile water source is used for irrigation in dental surgical procedures; • DUWLs are drained at the end of each working day where appropriate; • 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. <p>A written practice policy for the management of dental unit water lines was not available on the day of the inspection, however this was received by the inspector by email, on the 26 March 2015.</p>

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 Rooney had omitted to rate the practice approach to the management of personal protective equipment (PPE) 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>

<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 Rooney had omitted to rate the practice approach to the management of waste on the self-assessment. The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Staff 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 staff 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 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>	

<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>

10.7 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 Rooney had omitted to rate the decontamination arrangements of the practice on the self-assessment.</p> <p>Discussion with Ms Siriber confirmed that arrangements have been established with CSSD in the Ulster Hospital Dundonald for processing of all reusable dental instruments.</p> <p>All reusable dental instruments are collected, processed and returned to the practice by CSSD in the Ulster Hospital Dundonald.</p> <p>A review of the process and discussion with staff confirmed that the reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.</p> <p>A copy of the updated 2013 edition of HTM 01-05 Decontamination in primary care dental practices is available for staff reference. Ms Siriber confirmed during discussion that the Infection Prevention Society (IPS) audit tool had not been completed within the past 12 months. A recommendation was made that an audit of HTM 01-05 using the Infection Prevention Society (IPS) audit tool (2013 edition) should be undertaken every six months. Following the inspection a copy of the 2013 edition of the IPS audit tool was forwarded to the practice.</p>

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

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 the lead dental nurse, a dental nurse and the dental foundation year one trainee dentist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four 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. Staff also confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr Rooney 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.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Rooney and Ms Siriber 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:

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

Carmel McKeegan
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Bangor Dental Care Ltd

25 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 Mr James Rooney and the lead dental nurse 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.

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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	The dental chair in surgery one should be reupholstered to provide an intact surface that can be effectively cleaned. Ref: 10.2	One	ACTIONED	Three months
2	13	Floor coverings in the surgeries should be sealed at the edges where the floor meets the skirting boards and the cabinetry. Ref: 10.2	One	ACTIONED	Three months
3	13	The overflow on dedicated stainless steel hand washing basins should be blanked off with a stainless steel plate and sealed with antibacterial mastic. Plugs should also be removed from dedicated hand washing basins. Ref: 10.3	One	ACTIONED	Two months

X

Inspection ID: 20832

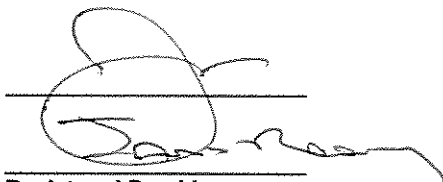
4	13	<p>The legionella risk assessment should be reviewed every two years or following any alteration or modification to the water system. Evidence should be provided that any recommendation made therein, are addressed with records retained for inspection.</p> <p>Ref: 10.4</p>	One	<p><i>ACTED</i></p>	Two months
5	13	<p>An audit of compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool (2013 edition) should be undertaken six monthly.</p> <p>Ref: 10.7</p>	One	<p><i>ACTED</i></p>	One month

Inspection ID: 20832

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Carmel McKeegan
The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED:



Registered Provider

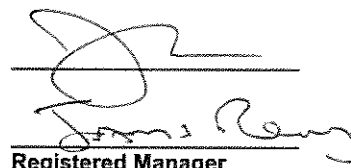
NAME:

Registered Provider

DATE

9.9.15

SIGNED:



Registered Manager

NAME:

Registered Manager

DATE

9/9/15

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable				
B	Further information requested from provider				