



## **Announced Inspection**

**Name of Establishment:** Belfast Orthodontic Clinic

**Establishment ID No:** 11386

**Date of Inspection:** 15 April 2014

**Inspector's Name:** Philip Colgan

**Inspection No:** 17370

**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**

<b>Name of establishment:</b>	Belfast Orthodontic Clinic
<b>Address:</b>	218 Ormeau Road Belfast BT7 2FY
<b>Telephone number:</b>	028 9069 3330
<b>Registered organisation / registered provider:</b>	Mr Stephen McKenna
<b>Registered manager:</b>	Mr Stephen McKenna
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr Stephen McKenna
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	5
<b>Date and type of previous inspection:</b>	Announced Inspection 08 July 2013
<b>Date and time of inspection:</b>	15 April 2014 08:45-09:55
<b>Name of inspector:</b>	Philip Colgan

## 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 Stephen McKenna, the registered provider;
- 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:

	<b>Number</b>	
<b>Discussion with staff</b>	1	
<b>Staff Questionnaires</b>	8 issued	8 returned

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

## 6.0 Inspection Focus

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 – Substantially Compliant</b>	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.
<b>5 – Compliant</b>	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

Belfast Orthodontic Clinic is located in a converted end of terrace residential building located in the professional business area of the Ormeau Road; one of the main southern arterial routes into the city of Belfast.

Private car parking is available for patients and on-street parking is also available nearby.

Belfast Orthodontic Clinic operates five dental chairs, providing both private and NHS specialist orthodontic care. The establishment is accessible for patients with a disability; the ground floor surgery, radiography room and toilet facilities are wheelchair accessible.

The establishment has a main reception area, separate staff toilets and patient facilities, a decontamination room, radiography room, a staff room and a small laboratory. A waiting area is available on each floor for patient use. The upper floor provides a confidential consultation area and office area, with a spacious records management/storage area.

Mr Stephen McKenna works alongside five associate specialist practitioners and four associate practitioners; they are supported by a team including an orthodontic therapist, dental nurses, receptionists and administrative staff.

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

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

## 8.0 Summary of Inspection

This announced inspection of Belfast Orthodontic Clinic was undertaken by Philip Colgan on 15 April 2014 between the hours of 08:45 and 09:55. Mr McKenna, registered provider was available for verbal feedback at the conclusion of the inspection. The inspection was facilitated by the lead dental nurse.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mr McKenna completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr McKenna 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 the lead dental nurse, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; eight were nine were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with the lead dental nurse, with responsibility for infection prevention and control and decontamination, evidenced that staff were knowledgeable regarding the inspection theme and that they have received training in relation to their relevant duties which included the equipment used in the decontamination process. The lead dental nurse confirmed that there is an induction programme in place for newly appointed staff and that infection prevention and control including decontamination is included in the induction process.

### **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. The lead dental nurse confirmed that staff are familiar with best practice guidance outlined in the document and audit compliance on an ongoing basis.

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 the lead dental nurse evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. The lead dental nurse confirmed that staff are aware of and adhere 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.

The practice has a hand hygiene policy and procedure in place and the lead nurse 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 and patients.

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 the lead dental nurse 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 the lead dental nurse 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. Since Belfast Orthodontic Clinic is a specialist orthodontic practice, they do not require containers for the disposal of pharmaceutical waste.

Waste was appropriately segregated and suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including washer disinfectors and 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.

Mr McKenna 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 evidence gathered through the inspection process concluded that Belfast Orthodontic Clinic is compliant with this inspection theme.

No requirements and no recommendations were made as a result of the announced inspection. Findings of the inspection can be found in the main body of the report.

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

## **9.0 Follow-up on Previous Issues**

No requirements or recommendations were made as a result of the previous inspection.

## 10.0 Inspection Findings

### 10.1 Prevention of Blood-borne virus exposure

<b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b> <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b>	
<b>Criteria Assessed:</b>	
<p><b>11.2</b> 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><b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p><b>13.3</b> 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>	
<b>Inspection Findings:</b>	
<p>Mr McKenna rated the practice arrangements for the prevention of blood-borne virus exposure as compliant 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 the lead dental nurse evidenced that:</p> <ul style="list-style-type: none"> <li>• the prevention and management of blood-borne virus exposure is included in the staff induction programme,</li> <li>• staff training has been provided for clinical staff, and</li> <li>• records are retained regarding the Hepatitis B immunisation status of clinical staff.</li> </ul> <p>Discussion with the lead dental nurse 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 the lead dental nurse evidenced that sharps are appropriately handled. Sharps boxes are wall mounted, 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 the lead dental nurse and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. The lead dental nurse confirmed that staff are aware of the actions to be taken in the event of a sharps injury.</p>	

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

## 10.2 Environmental design and cleaning

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.1 Your dental service’s premises are clean.</b></p>
<p><b>Inspection Findings:</b></p> <p>Mr McKenna rated the practice arrangements for environmental design and cleaning as compliant 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 and were sealed at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>Discussion with the lead dental nurse confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> <li>• equipment surfaces, including the dental chair, are cleaned between each patient,</li> <li>• daily cleaning of floors, cupboard doors and accessible high level surfaces,</li> <li>• weekly cleaning schedule,</li> <li>• cleaning equipment is colour coded,</li> <li>• cleaning equipment is stored in a non-clinical area, and</li> <li>• dirty water is disposed of at an appropriate location.</li> </ul> <p>Discussion with the lead dental nurse and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and the lead dental nurse spoken with demonstrated awareness of this.</p>

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

### 10.3 Hand Hygiene

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criteria Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> 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><b>Inspection Findings:</b>                  Mr McKenna rated the practice arrangements for hand hygiene as compliant on the self-assessment.                   The practice has a hand hygiene policy and procedure in place.                   The lead dental nurse confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.                   Discussion with the lead dental nurse 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. The lead dental nurse confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.                   The inspector observed that laminated posters promoting hand hygiene were on display in dental surgeries and the decontamination room.</p>

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

**10.4 Management of Dental Medical Devices**

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.4</b> Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b>                  Mr McKenna rated the practice approach to the management of dental medical devices as compliant on the self-assessment.                   The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.                   The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with the lead dental nurse confirmed that this is adhered to.                   The lead dental nurse confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient’s mouth.                   Observations made and discussion with the lead dental nurse confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> <li>• filters are cleaned/replaced as per manufacturer’s instructions;</li> <li>• an independent bottled-water system is used to dispense distilled water to supply the DUWLs in three of the dental chairs: two are directly connected to the mains water supply;</li> <li>• self-contained water bottles are removed, flushed with distilled and left open to the air for drying on a daily basis in accordance with manufacturer's guidance;</li> <li>• DUWLs are drained at the end of each working day;</li> <li>• DUWLs are flushed at the start of each working day and between every patient;</li> <li>• DUWLs and handpieces are fitted with anti-retraction valves; and</li> <li>• DUWLs are purged using disinfectant as per manufacturer’s recommendations.</li> </ul>

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

## 10.5 Personal Protective Equipment

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> 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><b>Inspection Findings:</b>  Mr McKenna 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 the lead dental nurse spoken with demonstrated awareness of this. The lead dental nurse confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with the lead dental nurse evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with the lead nurse confirmed that:</p> <ul style="list-style-type: none"> <li>• hand hygiene is performed before donning and following the removal of disposable gloves;</li> <li>• single use PPE is disposed of appropriately after each episode of patient care;</li> <li>• heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and</li> <li>• eye protection for staff and patients is decontaminated after each episode.</li> </ul> <p>The lead dental nurse confirmed that staff are aware of the practice uniform policy.</p>

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

**10.6 Waste**

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> 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><b>Inspection Findings:</b>  Mr McKenna rated the practice approach to the management of waste as compliant 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. The lead dental nurse confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.   Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.   Observations made and discussion with the lead dental nurse confirmed that staff are aware of the different types of waste and appropriate disposal streams.   Pedal operated bins are available throughout the practice.   Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste.   Since Belfast Orthodontic Clinic is a specialist orthodontic practice, they do not require containers for the disposal of pharmaceutical waste.</p>

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

## 10.7 Decontamination

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b> 13.4          Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>Mr McKenna 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 disinfectant and three 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>

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

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

## **11.0 Additional Areas Examined**

### **11.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with the lead dental nurse, with responsibility for infection prevention and control and decontamination. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight were returned to RQIA within the timescale required.

Review of the submitted questionnaires and discussion with the lead dental nurse evidenced that the staff were knowledgeable regarding the inspection theme and that they have received training in relation to their relevant duties which included the equipment used in the decontamination process. The lead dental nurse confirmed that there is an induction programme in place for newly appointed staff and that infection prevention and control including decontamination is included in the induction process. Clinical staff confirmed that they have been immunised against Hepatitis B.

### **11.2 Patient Consultation**

Mr McKenna 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 findings of this inspection were discussed with Mr McKenna as part of the inspection process.

This inspection resulted in no recommendations or requirements being made. The registered provider is asked to sign the appropriate page confirming he is assured about the factual accuracy of the content of the report.

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:

**Philip Colgan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

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**Philip Colgan**  
**Inspector/Quality Reviewer**

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**Date**



The Regulation and Quality Improvement Authority



No requirements/recommendations resulted from the announced inspection of Belfast Orthodontic Clinic undertaken on 15 April 2014 and I agree/~~do not agree~~\* with the content of the report.

*\* Please delete as appropriate*

Please provide any additional comments or observations you may wish to make:

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SIGNED: *Stephen McKenna*  
Registered Provider

SIGNED: *Stephen McKenna*  
Registered Person in Control  
(or Designated Person in Control)

NAME: STEPHEN MCKENNA  
(PRINT)

NAME: STEPHEN MCKENNA  
(PRINT)

DATE: 16 MAY 2014

DATE: 16 MAY 2014

The registered provider/manager is required to sign this declaration and return to:

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

DATE RECEIVED	APPROVED	SIGNATURE OF INSPECTOR
20/5/14	Yes	<i>[Signature]</i>



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

**Name of practice:** Belfast Orthodontic Clinic

**RQIA ID:** 11386

**Name of inspector:** Philip Colgan

**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

<b>1 Prevention of bloodborne virus exposure</b>			
<b>Inspection criteria</b> <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>1.1</b> 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		<i>If no, answer remaining questions in this section to reflect your current arrangements</i> A policy is available.
<b>1.2</b> Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5)	Yes		This is part of staff induction training and is regularly reinforced. Records of completion of induction programmes are kept on file.
<b>1.3</b> 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		Occupational Health checks have been carried out on all staff at risk from sharp injuries. New associates joining the practice receive an Occupational Health check prior to receiving a dental code from the BSO.
<b>1.4</b> Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	Yes		Hepatitis B immunisation is a requirement for employment and all staff have demonstrated sufficient titre level or have appointments to receive the last booster.
<b>1.5</b> Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	Yes		A blood / bodily fluid spillage kit is available, clearly labelled and staff made aware how to use it.
<b>1.6 Management of sharps</b>  <b>Any references to sharps management should be read in conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013</b>  Are sharps containers correctly assembled?	Yes		The sharps containers come assembled from Cannon Hygiene.

<b>1.7</b> Are in-use sharps containers labelled with date, locality and a signature?	Yes		A pre-printed label is attached to the side of each container with the required information.
<b>1.8</b> Are sharps containers replaced when filled to the indicator mark?	Yes		The indicator mark is clearly visible and the container replaced prior reaching this mark.
<b>1.9</b> Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	Yes		The sharps containers are closed and locked before the indicator mark is reached. There is space on the pre-printed label to add a signature and date.
<b>1.10</b> Are full sharps containers stored in a secure facility away from public access?	Yes		The containers are removed from the surgery promptly by Cannon Hygiene. We typically do not store the containers on site, but there is a safe and secure area available for storage.
<b>1.11</b> Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	Yes		We have taken advice from Cannon Hygiene where to mount the containers on the walls and we use the fixings supplied .
<b>1.12</b> 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		A policy is available for guidance in the event of a blood-borne virus exposure.
<b>1.13</b> Are inoculation injuries recorded?	Yes		Any inoculation injuries are recorded.
<b>1.14</b> Are disposable needles and disposable syringes discarded as a single unit?	Yes		Needles and syringes are discarded as a single unit.
Provider's level of compliance			Compliant

<b>2 Environmental design and cleaning</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>2.1</b> Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)	Yes		We have an environmental cleaning policy. This has been circulated to the staff and they fully understand its importance.
<b>2.2</b> Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	Yes		Cleaning duties and training form part of the induction programme for staff. Records of cleaning clinical and non clinical areas are recorded and kept on file.
<b>2.3</b> Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	Yes		Every effort is made to keep the clinical environment uncluttered and tidy. We try to keep the clinical environment free from unnecessary products or paper..
<b>2.4</b> Is the dental chair cleaned between each patient? (6.46, 6.62)	Yes		The dental chairs are sprayed with a recommended disinfectant solution and wiped clean with a disposable wipe between each patient.
<b>2.5</b> Is the dental chair free from rips or tears? (6.62)	Yes		There are no rips or tears in the upholstery. Our dental chairs are new and modern design.
<b>2.6</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	Yes		There is no damage to the dental surgery surfaces. The smooth surfaces aid cleaning.
<b>2.7</b> Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	Yes		Work surfaces and post-formed work tops. The floors are newly covered with hospital grade vinyl floor covering.
<b>2.8</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	Yes		All surfaces are dust free and are cleaned on a regular basis.
<b>2.9</b> Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	Yes		The windows and door fittings are cleaned regularly. Air conditioning is not used and air is not circulated around the building.
<b>2.10</b> Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	Yes		Hospital grade vinyl is used for the floor covering.

<b>2.11</b> Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)	Yes		With coving up the wall to 15 cm.
<b>2.12</b> Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)	Yes		Keyboard covers are available. We also do not type with contaminated gloved fingers.
<b>2.13</b> Are toys provided easily cleaned? (6.73)	Yes		No toys are provided.
<b>2.14</b> Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	Yes		No fans are used in the surgery.
<b>2.15</b> Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)	Yes		We use a recognisable colour-coded system for the cleaning equipment. Various areas are colour zoned. Staff have received training with the system that is in place.
<b>2.16</b> Is cleaning equipment stored in a non-clinical area? (6.60)	Yes		Separate in a lockable store.
<b>2.17</b> Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)	Yes		
<b>2.18</b> 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)	Yes		Contaminated and potentially contaminated surfaces are cleaned between each patient.
<b>2.19</b> Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)	Yes		This cleaning forms part of the daily routine of surgery cleaning.
<b>2.20</b> Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	Yes		This cleaning forms part of the daily routine of surgery cleaning.

<p><b>2.21</b> 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>Outside drain is currently used.</p>
<p><b>2.22</b> 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>Details are kept in a COSHH folder.</p>
<p>Provider's level of compliance</p>			<p>Compliant</p>

<b>3 Hand hygiene</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>3.1</b> Does the practice have a local policy and procedure for hand hygiene? (2.6 Appendix 1)	Yes		A policy is available.
<b>3.2</b> Is hand hygiene an integral part of staff induction? (6.3)	Yes		Hand hygiene is covered during the induction programme.
<b>3.3</b> Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	Yes		Additional training and reinforcing of standards of hand hygiene is carried out throughout the year.
<b>3.4</b> Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	Yes		Liquid soap and anti-bacterial hand gels are positioned close to each hand washing sink. Pictorial instructions are printed on each dispenser.
<b>3.5</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	Yes		Liquid soap and anti-bacterial hand gels are positioned close to each hand washing sink. Pictorial instructions are printed on each dispenser.
<b>3.6</b> 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		We have a staff dress code and clear reference is made to these points. A pictorial reference is shown in the common staff areas.
<b>3.7</b> Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures? (6.9, 6.22)	Yes		We have a staff dress code and clear reference is made to these points. A pictorial reference is shown in the common staff areas.
<b>3.8</b> Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	Yes		Pictorial instructions are printed on each dispenser.
<b>3.9</b> Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place? (2.4g, 6.10)	Yes		
<b>3.10</b> Is there a separate dedicated hand basin available in each room where the decontamination of	Yes		

equipment takes place? (2.4u, 5.7, 6.10)			
<b>3.11</b> Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	Yes		Hand washing sinks are clutter free.
<b>3.12</b> Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)	Yes		The facilities are clean and intact. They are regularly checked and updated.
<b>3.13</b> Do the hand washing basins provided in clinical and decontamination areas have :  <ul style="list-style-type: none"> <li>• no plug; and</li> <li>• no overflow.</li> </ul> Lever operated or sensor operated taps.(6.10)	Yes		The sinks have been retro-fitted, plugs removed and overflows closed. Lever operated taps are present on all sinks.
<b>3.14</b> Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)	Yes		No nail brushes are used.
<b>3.15</b> 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		We use Cutan branded products, in single use cartridges, similar to hospitals.
<b>3.16</b> Is skin disinfectant rub/gel available at the point of care? (Appendix 1)	Yes		We use Cutan branded products, in single use cartridges, similar to hospitals.
<b>3.17</b> Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	Yes		Absorbant paper roll is used at each sink.

<p><b>3.18</b> Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p>	<p>Yes</p>		<p>We use Cutan branded products, in single use cartridges, similar to hospitals.</p>
<p>Provider's level of compliance</p>			<p>Compliant</p>

<b>4 Management of dental medical devices</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>4.1</b> 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		
<b>4.2</b> 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		A Legionella risk assessment has been carried out.
<b>4.3</b> Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	Yes		
<b>4.4</b> 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		Impressiv decontamination solution is used.
<b>4.5</b> Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	Yes		Appliances are decominated at the orthodontic lab and again prior to placing in the patient's mouth.
<b>4.6</b> Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	Yes		Bioclear is used as per the manufacture instructions
<b>4.7</b> Dental Unit Water lines (DUWLs): Is there an independent bottled-water system used to	Yes		3 chairs use reverse osmosis water. 2 new chairs purify the water directly.

dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)			
<b>4.8</b> Dental Unit Water lines (DUWLs): For dental surgical procedures involving irrigation; is a separate single-use sterile water source used for irrigation? (6.91)			Dental surgical procedures are not performed at our clinic.
<b>4.9</b> Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)	Yes		
<b>4.10</b> 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)	Yes		There is an end of day routine with 3 of the chairs which involves this procedure.
<b>4.11</b> 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)	Yes		In 2 of the new Kavo chairs an air gap is present and a chemical is added to the water continuously to confirm the water lines are safe. [newest technology]
<b>4.12</b> 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		The dentist are in charge of flushing the lines at the start of the session and before each patient.
<b>4.13</b> Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)	Yes		This has been confirmed by our dental suppliers, Henry Schein and Dentaquip.
<b>4.14</b> Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)	Yes		A system is in place and the manufacture's recommendations are followed.
<b>4.15</b> Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the	Yes		

manufacturer's guidelines? (6.89)			
Provider's level of compliance			Compliant

<b>5 Personal Protective Equipment</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>5.1</b> Does the practice have a policy and procedures for the use of personal protective equipment? (2.6, 6.13)	Yes		There is a policy which addresses this issue.
<b>5.2</b> Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	Yes		<i>PPE forms part of the induction programme.</i>
<b>5.3</b> Are powder-free CE marked gloves used in the practice? (6.20)	Yes		We use safedon bodyguard type.
<b>5.4</b> Are alternatives to latex gloves available? (6.19, 6.20)	Yes		We are converting to be almost completely latex free, nitrile only.
<b>5.5</b> Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	Yes		Single use equipment is disposed after each episode of patient care.
<b>5.6</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	Yes		Hand hygiene is performed.
<b>5.7</b> Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	Yes		Yellow marigold type.
<b>5.8</b> Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	Yes		
<b>5.9</b> Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	Yes		

<b>5.10</b> 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)	Yes		Plastic aprons are available.
<b>5.11</b> Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)	Yes		Single use aprons are disposed after each procedure in the clinical waste.
<b>5.12</b> 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)	Yes		
<b>5.13</b> Are masks disposed of as clinical waste after each use? (6.27, 6.36)	Yes		
<b>5.14</b> Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)	Yes		
<b>5.15</b> Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)	Yes		Staff are provided with 3 sets of uniform.
<b>5.16</b> Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)	Yes		Eye protection is used.
<b>5.17</b> Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)	Yes		Eye protection is used by patients and staff.
Provider's level of compliance			Compliant

<b>6 Waste</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01.</b>
<b>6.1</b> 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		A policy is available.
<b>6.2</b> 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		Part of the induction programme for staff.
<b>6.3</b> Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	Yes		Cannon hygiene as used by the majority of dentists. Documentation is retained on file.
<b>6.4</b> Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	Yes		
<b>6.5</b> 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		
<b>6.6</b> 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		
<b>6.8</b> Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	Yes		
<b>6.9</b> Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	Yes		Foot controlled supplied by Cannon Hygiene.

<b>6.10</b> 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		
<b>6.11</b> Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	Yes		
<b>6.12</b> Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	Yes		Clinical waste is stored in a lockable storage unit - large yellow bin, supplied by Cannon Hygiene, and kept with in the surgery.
<b>6.13</b> 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		Clinical waste is stored in a lockable storage unit - large yellow bin, supplied by Cannon Hygiene, and kept with in the surgery.
<b>6.14</b> 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		Collection records are retained on file.
<b>6.15</b> Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	Yes		Collection records are retained on file
<b>6.16</b> 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))	Yes		Waste segregation is stictly adhered to.
<b>6.17</b> 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		Waste segregation is stictly adhered to.
Provider's level of compliance			Compliant

<b>7 Decontamination</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>7.1</b> Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3–5.8)	Yes		We have a separate decontamination room.
<b>7.2</b> Does the practice have washer disinfectors in sufficient numbers to meet the practice requirements? (PEL(13)13)	Yes		A Meile type.
<b>7.3</b> Are all reusable instruments being disinfected using the washer disinfectors? (PEL(13)13)	Yes		
<b>7.4</b> Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	Yes		3 Statim 2000 models.
<b>7.5 a</b> Has all equipment used in the decontamination process been validated?	Yes		
<b>7.5 b</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		
<b>7.6</b> Have separate log books been established for each piece of equipment?	Yes		Separate log books are available.
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	Yes		Separate log books are available.

<p><b>7.7 a</b> 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>Separate log books are available.</p>
<p><b>7.7 b</b> Is there a system in place to record cycle parameters of equipment such as a data logger?</p>	<p>Yes</p>		<p>All steriliation and decontamination equipment have data loggers.</p>
<p>Provider's level of compliance</p>			<p>Compliant</p>

**Please provide any comments you wish to add regarding good practice**

**Appendix 1**



**Name of practice: Belfast Orthodontic Clinic**

**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