



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Belmore Dental Studio & Implant Clinic
Establishment ID No: 11389
Date of Inspection: 06 March 2015
Inspector's Name: Stephen O'Connor
Inspection No: 20870

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Belmore Dental Studio & Implant Clinic
Address:	16 Belmore Street Enniskillen BT74 6AA
Telephone number:	028 6632 9222
Registered organisation / registered provider:	Mr Niall McEnhill Ms Sinead McEnhill
Registered manager:	Mrs Iris Browne
Person in charge of the establishment at the time of Inspection:	Mrs Iris Browne
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	4
Date and type of previous inspection:	Announced Inspection 01 November 2013
Date and time of inspection:	06 March 2015 09:50–12:20
Name of inspector:	Stephen O'Connor

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Independent Health Care Regulations (Northern Ireland) 2005;
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

	Number	
Discussion with staff	3	
Staff Questionnaires	15 issued	15 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

Belmore Dental Studio & Implant Clinic is located in a former residential building which has been adapted for use as a dental practice. Belmore Dental Studio & Implant Clinic is located in Enniskillen town centre and public car parking is available nearby for patients.

The establishment is not accessible for patients with a disability. However, arrangements are in place to accommodate patients with a disability who cannot access the surgery.

Belmore Dental Studio & Implant Clinic operates four dental chairs, providing both private and NHS dental care. Two waiting areas and toilet facilities are available for patient use. There is an office and staff room on the ground floor and an x-ray room, decontamination room and store room on the first floor.

Ms McEnhill and Mr McEnhill are supported by a registered manager, practice manager, two associate dentists, a dental hygienist, a dental therapist and a team of reception and dental nursing staff.

Ms McEnhill and Mr McEnhill have been the registered providers and Mrs Browne the registered manager of Belmore Dental Studio & Implant Clinic since initial registration with RQIA on the 11 April 2012.

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 Belmore Dental Studio & Implant Clinic was undertaken by Stephen O'Connor on 06 March 2015 between the hours of 09:50 and 12:20. The inspection was facilitated by Ms Lorraine Browne, practice manager who was available for verbal feedback at the conclusion of the inspection. Mrs Iris Browne, registered manager was available during part of the inspection. Ms Sinead McEnhill and Mr Niall McEnhill, registered providers were not in the practice during the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirement made in regards to validation of decontamination equipment has not been fully addressed and this has been stated for the second time. Observation and discussion demonstrated that the four recommendations have been addressed and compliance achieved. The detail of the action taken by Ms McEnhill and Mr McEnhill can be viewed in the section following this summary.

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

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

Questionnaires were also issued to staff; 15 were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that they were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B. A comment included on submitted questionnaire can be found in section 11.1 of this report.

Inspection Theme – Cross infection control

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.

HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 1 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

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

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference. Staff are familiar with best practice guidance outlined in the document and audit compliance on an ongoing basis.

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. A recommendation was made that a blood and bodily fluid spillage kit should be provided and staff trained in its use. Review of documentation and discussion with Ms Browne and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of, and are adhering to, the practice policy in this regard. In general 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 staff demonstrated that good practice is adhered to in relation to hand hygiene. It was observed that the stainless steel hand washing basins have overflows. A recommendation was made that these overflows should be blanked off. 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. Review of the legionella risk assessment demonstrated that not all control measures have been implemented. This was discussed with Ms Browne and a recommendation was made to address this. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with a dental nurse demonstrated that systems are in place to manage the dental unit water lines (DUWLs). However, DUWLs are not purged with a disinfectant. This was discussed with Ms Browne and a requirement was made to address this.

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.

Arrangements were in place for the management of general and clinical waste, including sharps. Waste was appropriately segregated with the exception of pharmaceutical waste 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. It was observed that some freestanding clinical waste bins are not pedal operated, and that sharps containers suitable for the disposal of pharmaceutical waste have not been provided. These issues were discussed with Ms Browne and a recommendation was made to address them.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including a washer disinfectant and a steam steriliser have been provided to meet the practice requirements. Review of documentation and discussion with Ms Browne demonstrated that the validation of the washer disinfectant and steam steriliser has expired. As discussed previously a requirement, stated for the second time has been made in this regard. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

The evidence gathered through the inspection process concluded that Belmore Dental Studio & Implant Clinic is substantially compliant with this inspection theme.

Ms McEnhill and Mr McEnhill 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.

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

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

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15(2)(b)	The washer disinfectant and steriliser should be validated and arrangements put in place to ensure annual revalidation thereafter.	<p>Review of documentation and discussion with Ms Browne demonstrated that following the previous inspection the washer disinfectant and steam steriliser were validated on the 06 December 2013. However, although these machines have been serviced during 2014 and 2015 they have not been validated.</p> <p>This requirement has not been fully addressed and is now stated for the second time.</p>	Moving towards compliance

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	Disposable non-linting cloths should be provided to dry instruments.	<p>Disposable non-linting clothes were observed in the decontamination room.</p> <p>This recommendation has been addressed.</p>	Compliant
2	13	Ensure the correct dilution strength of detergent is used for the process of manual cleaning.	<p>The dilution strength of detergents is on display near the manual washing sink in the decontamination room and the dental nurse was aware of the correct dilution strength to be used.</p> <p>This recommendation has been addressed.</p>	Compliant
3	13	Record the automatic control test daily or retrospectively at the end of the week.	<p>Review of the steam steriliser logbook demonstrated that the details of the daily automatic control test are recorded.</p> <p>This recommendation has been addressed.</p>	Compliant
4	13	Remedial action should be taken to ensure that the correct information is being captured on the secure digital card of the steriliser.	<p>A dental nurse confirmed that it was identified that the reason the secure digital card (SD) card was not capturing the correct information was due to an internet connection problem. The dental nurse confirmed that this problem has been fixed and that the SD card now captures all the necessary information.</p> <p>This recommendation has been addressed.</p>	Compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

STANDARD 13 – Prevention and Control of Infection (Safe and effective care)

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

Criteria Assessed:

11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.

13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.

13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.

Inspection Findings:

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

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. A recommendation was made that a blood and bodily fluid spillage kit should be provided and staff trained on its use.

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

- the prevention and management of blood-borne virus exposure is included in the staff induction programme;
- staff training has been provided for clinical staff; and
- records are retained regarding the Hepatitis B immunisation status of clinical staff.

Ms Browne confirmed that in the future new clinical staff will receive an occupational health check.

Discussion with staff confirmed that they are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.

Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes suitable for general clinical waste are safely positioned, 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. Sharps boxes suitable for the disposal of pharmaceutical waste are not available, additional information in this regard can be found in section 10.6 of this report.

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.

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

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>Ms McEnhill and Mr McEnhill 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 to include two of the four dental surgeries and the decontamination room; these areas were found to be maintained to a high 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 covered at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>Discussion with Ms Browne and 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>Compliant</p>
<p>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</p>	<p>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: Ms McEnhill and Mr McEnhill rated the practice arrangements for hand hygiene as compliant on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Review of documentation and discussion with Ms Browne demonstrated that hand hygiene is included in the induction programme and staff confirmed that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that the stainless steel hand washing basins in the dental surgeries have overflows. This is not in keeping with best practice guidance and a recommendation was made to address this. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

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

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.	
Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.	
Inspection Findings:	
<p>Ms McEnhill and Mr McEnhill rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>A legionella risk assessment has been undertaken by an external organisation. Review of the legionella risk assessment demonstrated that not all control measures to reduce the risk of legionella have been implemented. This was discussed with Ms Browne and a recommendation was made to address this. Following the inspection the L8 document legionnaires' disease approved code of practice and guidance was forwarded to the practice via email.</p> <p>Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to the laboratory and before being placed in the patient's mouth.</p> <p>Observations made and discussion with staff confirmed that arrangements are in place to manage DUWLs. This includes that:</p> <ul style="list-style-type: none"> • filters are cleaned/replaced as per manufacturer's instructions; • an independent bottled-water system is used to dispense distilled water to supply the DUWLs; • self-contained water bottles are removed, flushed with distilled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • a single use sterile water source is used for irrigation in dental surgical procedures; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; and • DUWLs and handpieces are fitted with anti-retraction valves. <p>Discussion with Ms Browne and a dental nurse confirmed that DUWLs are not purged using a disinfectant. A requirement was made to review the manufacturer's guidance and ensure that the DUWLs are disinfected/purged in keeping with the guidance; and to ensure that a commercially available biocide is used to disinfect DUWLs.</p>	

Provider's overall assessment of the dental practice's compliance level against the standard assessed	Compliant
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	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: Ms McEnhill and Mr McEnhill rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Review of documentation and discussion with Ms Browne demonstrated 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>Compliant</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Compliant</p>

10.6 Waste

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>	
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>	
<p>Inspection Findings: Ms McEnhill and Mr McEnhill rated the practice approach to the management of waste as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Review of documentation and discussion with Ms Browne demonstrated that the management of waste is included in the induction programme and staff confirmed that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with staff confirmed that they are aware of the different types of waste and appropriate disposal streams.</p> <p>It was observed that clinical waste bins in some surgeries are housed in cupboards and that in some surgeries free standing clinical waste bins are provided. The free standing clinical waste bins are not pedal operated and a recommendation was made to address this.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers suitable for general clinical waste throughout the practice. As discussed previously sharps containers suitable for pharmaceutical waste have not been provided. This was discussed with Ms Browne and staff, who confirmed that partially discharged anaesthetic cartridges are disposed of in general sharps containers. This is not in keeping with best practice guidance and a recommendation was made to address this.</p>	

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

10.7 Decontamination

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings: Ms McEnhill and Mr McEnhill 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 disinfecter and a steam steriliser have been provided to meet the practice requirements.</p> <p>As discussed previously, review of documentation and discussion with Ms Browne demonstrated that following the previous inspection the washer disinfecter and steam steriliser were validated on the 06 December 2013. These machines were subsequently serviced during 2014 and 2015; however they have not been validated since December 2013. This was discussed with Ms Browne and a requirement, stated for the second time has been made in this regard.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p>

Provider’s overall assessment of the dental practice’s compliance level against the standard assessed	Compliant
Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed	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 Ms Lorraine Browne, practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Fifteen were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B. Some of the submitted questionnaire indicated that they had not received training in some of the areas included in this inspection theme. This was discussed with Ms Browne who agreed to address this at the next staff meeting. A comment included on submitted questionnaire is as follows:

- “The care and service provided at Belmore is of the highest standard we can achieve”.

11.2 Patient Consultation

Ms McEnhill and Mr McEnhill 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. A report dated October 2014 detailing the findings of the most recent patient satisfaction survey was reviewed during the inspection.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Browne, practice manager 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:

Stephen O'Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



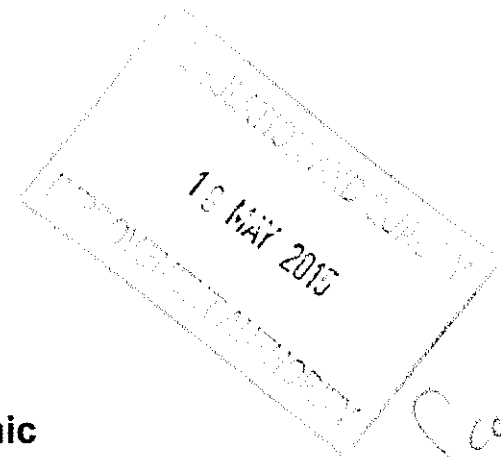
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Belmore Dental Studio & Implant Clinic

06 March 2015



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19/5/2015*

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Lorraine Browne, practice manager either during or after the inspection visit.

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

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15(2)(b)	<p>The washer disinfecter and steriliser should be validated and arrangements put in place to ensure annual revalidation thereafter.</p> <p>Ref: 9.0 & 10.7</p>	Two	<p>Validation carried out & arrangements for annual inspection</p>	Two months
2	15(2)(b)	<p>The following issues in relation to Dental Unit Water Lines (DUWLs) must be addressed:</p> <ul style="list-style-type: none"> • review the manufacturer's guidance and ensure that the DUWLs are disinfected/purged in keeping with the guidance; and • ensure a commercially available biocide is used to disinfect DUWLs. <p>Ref: 10.4</p>	One	<p>All DUWL's are disinfected & purged according to Manufacturer's guidelines & biocide used</p>	One month

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	A blood and bodily fluid spillage kit should be provided and staff trained on its use. Ref: 10.1	One	Blood & bodily fluid spillage kit in place.	One month
2	13	Overflows in all stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic. Ref: 10.3	One	New sinks ordered. Due to be fitted in coming weeks	Two months
3	13	Review the legionella risk assessment and ensure that all recommendations made have been addressed and that control measures as outlined in the report have been implemented. Records should be retained for inspection. Ref: 10.4	One	Control measures implemented and recommendations addressed. Records completed & retained	Two months

4	13	<p>The following issues in relation to clinical waste should be addressed:</p> <ul style="list-style-type: none"> • ensure all freestanding clinical waste bins are pedal operated; and • ensure sharps containers suitable for pharmaceutical waste are provided. <p>Ref: 10.6</p>	One	<p>Pedal bins now installed and Sharps Containers for pharmaceutical waste in place</p>	One month
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to independent.healthcare@rqia.org.uk

Name of Registered Manager Completing QIP	Iris Browne
Name of Responsible Person / Identified Responsible Person Approving QIP	Sinead McEnhill

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	STEPHEN O'Connell	21.05.15
Further information requested from provider	no	STEPHEN O'Connell	21.05.15