Announced Follow Up Care Inspection Report
19 March 2019

Bovally Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: Bovally House, Anderson Avenue, Limavady, BT49 0TF
Tel No: 028 7776 6980
Inspector: Emily Campbell

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a registered dental practice with five registered places.

3.0 Service details

Organisation/Registered Provider: Mr Leslie McKee	**Registered Manager:** Mr Leslie McKee
Person in charge at the time of inspection: Mr Leslie McKee	**Date manager registered:** 12 September 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 5

4.0 Inspection summary

An announced follow-up care inspection took place on 19 March 2019 from 12:10 to 14:10.

This inspection was underpinned by The Health and Personal Social Services (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 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

RQIA received information in relation to infection prevention and control practices and the decontamination of reusable dental instruments. The inspection focused on the arrangements in the practice to ensure compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices. The inspection was undertaken in association with representatives from the Health and Social Care Board (HSCB) and the Public Health Agency.

The following areas were examined during the inspection:

- infection prevention and control
- decontamination of reusable dental instruments

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	11

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Leslie McKee, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 8 June 2018

Other than those actions detailed in the quality improvement plan (QIP) no further actions were required to be taken following the most recent inspection on 8 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection we met with Mr McKee, registered person, an associate dentist, and two dental nurses, one of whom is the lead decontamination nurse. A tour of some areas of the premises was also undertaken.

A variety of records pertaining to infection prevention and control and decontamination were reviewed during the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr McKee at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 June 2018

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 13.4 **Stated:** First time	The registered person shall ensure that dental handpieces are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.	**Met**
	Action taken as confirmed during the inspection: Mr McKee and a dental nurse confirmed on discussion that compatible dental handpieces are processed through the washer disinfector.	

6.3 Inspection findings

Infection prevention and control (IPC)

Prevention of bloodborne virus exposure

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 four staff personnel files evidenced that Hepatitis B immunisation records were incomplete. An area for improvement against the standards was made that records should be retained of the Hepatitis B immunisation history and status of all clinical staff. The PHA provided the practice with a vaccination recording template to assist in this matter following the inspection.

A blood/bodily fluid spillage kit was available; however, it was unclear if the products contained in the kit are chlorine-releasing agents. An area for improvement against the standards was made to ensure that the blood/bodily fluid spillage kit has chlorine-releasing agents. Mr McKee advised by email on 30 March 2019 that a new chlorine based blood/bodily fluid spillage kit had been ordered.

Staff confirmed that they had received training in relation to the prevention and management of blood-borne virus exposure.

Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are safely positioned to prevent unauthorised access, appropriately used, and signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection in an allocated room. However, the waste storage room is not locked and therefore could be accessed by the public. An area for improvement against the standards was made to address this.

Discussion with staff 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.

Environmental cleaning

The practice has a policy and procedure in place for cleaning and maintaining the environment.

A tour of some areas of the premises was undertaken, including two of the five surgeries and the decontamination room. The premises were found to be maintained to a good standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were easy to clean. Floor coverings are impervious and were sealed at the edges. Fixtures, fittings, dental chairs and equipment were generally free from damage, dust and visible dirt. However, the bench of the clean set down area in the decontamination room had a broken area on the surface and an area for improvement against the standards was made to address this.

Keyboards in the surgeries were not waterproof and did not have covers; however, an associate dentist confirmed that keyboard covers had been ordered. Tiling was observed above the worktops in clinical areas. Mr McKee was advised that the grouting should be sealed and consideration given to replacement/cladding over of tiles. Mr McKee confirmed by email on 3 April 2019, that the grouting had been sealed and that the tiles would be replaced when feasible.

Discussion with staff confirmed that appropriate arrangements are in place for cleaning including:

- equipment surfaces, including the dental chair, are cleaned between each patient
- daily cleaning of floors, cupboard doors and accessible high level surfaces
- cleaning schedule
- cleaning equipment is colour coded
- cleaning equipment is stored in a non-clinical area
- dirty water is disposed of at an appropriate location.

Discussion with staff confirmed that staff had received relevant training to undertake their duties.

The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH).

Hand hygiene

The practice has a hand hygiene policy and procedure in place.

Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.

Dedicated hand washing sinks are available in the dental surgeries and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A fabric hand towel was observed in the patients' toilet facility and paper towels in clinical areas are not wall mounted. An area for improvement against the standards was made in this regard.

Hand washing basins have overflows, which cannot be blanked off; Mr McKee is aware that hand washing sinks should be replaced with dedicated hand washing basins, compliant with HTM 01-05, on the next refurbishment.

There is no hand washing basin available in the decontamination room, however, a dental nurse confirmed that the hand washing sink in Mr McKee's surgery is used for hand washing. The decontamination room is accessed via Mr McKee's surgery. In addition alcohol gel is available in the decontamination room.

Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.

Wipe-clean posters promoting hand hygiene were observed to be on display.

Management of medical devices

The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.

Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth.

Discussion with staff confirmed that dental unit water lines (DUWLs) are appropriately managed and are purged using disinfectant as per manufacturer's recommendations.

Personal protective equipment

The practice has a policy and procedure in place for the use of personal protective equipment (PPE).

Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice, with the exception of disposable aprons, which are only available in Mr McKee's surgery and the decontamination room. An area for improvement was made in this regard.

Discussion with staff confirmed that:

- hand hygiene is performed before donning and following the removal of disposable gloves
- heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary
- eye protection for staff and patients is decontaminated after each episode

Although staff spoken with demonstrated that single use PPE is disposed of appropriately after each episode of patient care, disposable gloves were observed in the bin in the patient toilet facility. An area for improvement was made against the standards to ensure that disposable gloves are appropriately disposed of and arrangements made to monitor waste disposal. This matter should be discussed with staff.

Management of waste

Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams. However, as discussed previously, disposable gloves were observed in the bin in the patient toilet facility and an area for improvement was made in this regard.

Pedal operated clinical waste bins are available in all clinical areas. However, general waste bins in surgeries and the patient toilet facility are not pedal operated. An area for improvement against the standards was made in this regard.

Areas for improvement

Records should be retained of the Hepatitis B immunisation history and status of all clinical staff.

Ensure that the blood/bodily fluid spillage kit has chlorine-releasing agents.

The waste storage room should be locked to prevent unauthorised access.

The bench of the clean set down area in the decontamination room should be replaced.

Wall mounted paper towel dispensers should be provided in clinical areas and toilet facilities. The use of fabric towels should cease.

Disposable aprons should be available in all clinical areas.

Ensure that disposable gloves are appropriately disposed of and arrangements are made to monitor waste disposal.

General waste bins in surgeries and toilet facilities should be pedal operated.

	Regulations	Standards
Areas for improvement	0	8

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. However, there is no ventilation in the decontamination room. During the announced inspection on 5 July 2017, an area for improvement against the regulations was stated for the second time, to ensure that a ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' is installed in the decontamination room. During the announced inspection on 8 June 2018, ventilation had still not been provided, however, Mr McKee confirmed that a ventilation system was planned to be installed in July 2018 and a copy of works documents relevant to the installation were provided. It was disappointing to note that the ventilation had still not been addressed. Mr McKee advised that this had not been completed due to the contractor delaying the works. The delay in addressing this area for improvement is not acceptable and an area for improvement against the regulations has therefore been stated for the third and final time. A three month timescale has been stated for completion of works and Mr McKee was advised that failure to address the area for improvement may result in enforcement activity.

Appropriate equipment, including a washer disinfector and a steam steriliser, has been provided. Mr McKee and a dental nurse confirmed that one washer disinfector and one steriliser is sufficient to meet the requirements for the five surgeries as there are ample supplies of reusable dental instruments and not all surgeries are in use at the same time. Mr McKee however advised that he intends to provide an additional steriliser in the future as a back-up.

The steriliser was due to be validated on 8 January 2019; however, Mr McKee advised that the engineer was unable to schedule validation of the steriliser until 27 March 2019. Documentary evidence was provided by email on 30 March 2019, evidencing that the steriliser had been validated on 27 March 2019. In addition a validation certificate was supplied for the back-up steriliser referred to above. An area for improvement against the standards was made to ensure that requests to validate decontamination equipment are made in a timely manner to ensure that validation is carried out when due.

There was no evidence of current validation of the washer disinfector and Mr McKee confirmed that this would be carried out on 27 March 2019, when the steriliser was being validated. Mr McKee advised by email on 30 March 2019 that since the inspection, the washer disinfector had broken down and that he had ordered a new one, which would be installed the following week. A copy of the sales invoice for the purchase and validation of the new washer disinfector was also provided. An area for improvement against the regulations was made to provide a copy of the washer disinfector validation certificate to RQIA, when the machine is validated.

The washer disinfector data logger was out of order and manual records were not retained of the cycle parameters for each cycle of the machine as outlined in HTM 01-05. An area for improvement against the standards was made in this regard. Records should be retained for two years.

Decontamination equipment logbooks were reviewed and the following issues were identified:

- no fault history record for the steriliser
- whilst the automatic control test (ACT) for the steriliser was entered daily, there was a tendency by staff to enter the ditto symbol below certain entries. Full details of the ACT should be recorded
- there was no system to identify when the quarterly soil test for the washer disinfector was due

An area for improvement against the standards was made to address these matters.

Areas for improvement

Extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' must be installed in the decontamination room.

Requests to validate decontamination equipment should be made in a timely manner to ensure that validation is carried out when due.

A copy of the washer disinfector validation certificate should be provided to RQIA.

Until such time as a washer disinfector data logger is provided, manual records should be retained of the cycle parameters for each cycle of the machine.

A fault history record should be available in the steriliser logbook, full details of the daily ACT for the steriliser should be recorded and a system should be established to identify when the soil test for the washer disinfector is due.

	Regulations	Standards
Areas for improvement	2	3

	Regulations	Standards
Total number of areas for improvement	2	11

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Leslie McKee, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the area for improvement identified. The registered person should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 25 (1) **Stated:** Third time **To be completed by:** 19 June 2019	The registered person must ensure that a ventilation system in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 to include extract ventilation on the 'dirty side' and make-up ventilation on the 'clean side' is installed in the decontamination room. Ref: 6.3
	Response by registered person detailing the actions taken: On Monday 29/04/19 both aircool engineering and limavady glass attended the practice to re measure the glass the glass is ordered and will take 2 weeks to arrive. Aircool have our fans and these will be installed as soon as the glass arrives.
Area for improvement 2 **Ref:** Regulation 15 (2) **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall provide a copy of the washer disinfector validation certificate to RQIA. Ref: 6.3
	Response by registered person detailing the actions taken: We have ordered a new washer disinfector from dmi i have an email to say it is on back order and will arrive at the start of june I can send a letter from dmi to confirm this if required.
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 30 April 2019	The registered person shall ensure that records are retained of the Hepatitis B immunisation history and status of all clinical staff. Ref: 6.3
	Response by registered person detailing the actions taken: This has been completed and recorded.

Area for improvement 2 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall ensure that the blood/bodily fluid spillage kit has chlorine-releasing agents. Ref: 6.3
	Response by registered person detailing the actions taken: This has been carried out.
Area for improvement 3 **Ref**: Standard 14.2 **Stated:** First time **To be completed by:** 26 March 2019	The registered person shall ensure that the waste storage room is locked to prevent unauthorised access. Ref: 6.3
	Response by registered person detailing the actions taken: Waste is stored in a locked store with a key pad on the door.
Area for improvement 4 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall replace the bench of the clean set down area in the decontamination room. Ref: 6.3
	Response by registered person detailing the actions taken: This was carried out on 16/04/19.
Area for improvement 5 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 May 2019	The registered person shall ensure that wall mounted paper towel dispensers are provided in clinical areas and toilet facilities. The use of fabric towels should cease. Ref: 6.3
	Response by registered person detailing the actions taken: This was completed on 16/04/19.
Area for improvement 6 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 26 March 2019	The registered person shall ensure that disposable aprons are available in all clinical areas. Ref: 6.3
	Response by registered person detailing the actions taken: This was carried out on the day after the inspection.

Area for improvement 7 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 20 March 2019	The registered person shall ensure that disposable gloves are appropriately disposed of and arrangements are made to monitor waste disposal. Ref: 6.3
	Response by registered person detailing the actions taken: All staff are aware of waste disposal.
Area for improvement 8 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 April 2019	The registered person shall ensure that general waste bins in surgeries and toilet facilities are pedal operated. Ref: 6.3
	Response by registered person detailing the actions taken: New pedal bins have been provided.
Area for improvement 9 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 19 June 2019	The registered person shall ensure that requests to validate decontamination equipment are made in a timely manner to ensure that validation is carried out when due. Ref: 6.3
	Response by registered person detailing the actions taken: This has been done and certificates have been forwarded to yourselves.
Area for improvement 10 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 20 March 2019	The registered person shall ensure that until such time as a washer disinfector data logger is provided, manual records are retained of the cycle parameters for each cycle of the machine as outlined in HTM 01-05. Ref: 6.3
	Response by registered person detailing the actions taken: Staff are aware.
Area for improvement 11 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 20 March 2019	The registered person shall ensure that a fault history record is available in the steriliser logbook, full details of the daily automatic control test (ACT) for the steriliser are recorded and a system is established to identify when the soil test for the washer disinfector is due. Ref: 6.3
	Response by registered person detailing the actions taken: All staff are aware and carry this out.

Please ensure this document is completed in full and returned via Web Portal

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