



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** Bowen Dental (Stewartstown Road)  
**Establishment ID No:** 11398  
**Date of Inspection:** 16 April 2014  
**Inspector's Name:** Stephen O'Connor  
**Inspection No:** 16833

**The Regulation and Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of establishment:</b>	Bowen Dental (Stewartstown Road)
<b>Address:</b>	25 Stewartstown Road Belfast BT11 9FY
<b>Telephone number:</b>	028 9028 3800
<b>Registered organisation / Responsible individual:</b>	Bowen Dental Mr David Bowen
<b>Registered manager:</b>	Ms Francine Doyle
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr David Bowen
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	2
<b>Date and type of previous inspection:</b>	Announced Inspection 2 December 2013
<b>Date and time of inspection:</b>	16 April 2014 11:50 – 13:05
<b>Name of inspector:</b>	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 Mr David Bowen, registered provider, and Ms Francine Doyle, registered 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:

	<b>Number</b>	
<b>Discussion with staff</b>	1	
<b>Staff Questionnaires</b>	6 issued	3 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

Bowen Dental (Stewartstown Road) is located in a residential building which has been renovated to provide a dental practice. The practice is located on the Stewartstown Road in West Belfast. On street car parking is located close by.

The practice is accessible to patients with a disability as all surgeries and toilet facilities are located on the ground floor.

Bowen Dental (Stewartstown Road) currently provides two surgeries, a reception area, staff and storage facilities. A waiting area and toilets for patients use are also available. A dedicated decontamination room is not available in this practice; however plans are in place to establish a dedicated decontamination room.

Bowen Dental (Stewartstown Road) provides two dental chairs, providing both private and NHS dental care. The dentists are supported by a registered manager and a team of dental nurses and reception staff.

Mr Bowen is also the registered provider for two other establishments: Bowen Dental (Springfield Rd), and Twin Spires Dental Surgery, Northumberland Street, Belfast.

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

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

## 8.0 Summary of Inspection

This announced inspection of Bowen Dental (Stewartstown Road) was undertaken by Stephen O'Connor on 16 April 2014 between the hours of 11:50 and 13:05. Mr David Bowen, responsible individual and Ms Francine Doyle, registered manager were both available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated the two requirements made to establish a dedicated fully functional decontamination room, and to install a validated washer disinfecter have not been addressed and these are now stated for the second time. Additional information in this regard can be found in section 12.0 of this report. Observations and discussion demonstrated that two of the three recommendations have been fully addressed and compliance achieved. The recommendation made in relation to developing a local policy for the transportation of instruments outside of the practice is no longer applicable. The detail of the action taken by Mr Bowen can be viewed in the section following this summary.

Prior to the inspection, Mr Bowen and Ms Doyle completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Bowen and Ms Doyle 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; three were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with the lead dental nurse evidenced that staff were knowledgeable regarding the inspection theme and that they had received training appropriate to their relevant roles. Staff who completed questionnaires confirmed that an induction programme for new staff which included infection prevention and control and decontamination was in place.

### **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.

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 Mr Bowen and the lead dental nurse demonstrated 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 are adhering to 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. It was observed that the covering of the dental chair in surgery one was damaged. This was discussed with Mr Bowen and a recommendation was made that in the interests of infection prevention and control and to aid effective cleaning, the damaged chair covering in surgery one should be replaced.

The practice has a hand hygiene policy and procedure in place and discussion with the lead dental 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 demonstrated 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 demonstrated awareness of this.

Observations made confirmed that PPE was readily available and used appropriately by staff.

Appropriate arrangements were in place for the management of general and clinical waste, including sharps. Waste was appropriately segregated and

suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years. Audits regarding waste segregation and procedures are undertaken periodically.

A dedicated decontamination room separate from patient treatment areas has not been established at this practice. Reusable dental instruments are being manually cleaned in the surgeries prior to sterilisation. Requirements were made to establish a fully equipped and operational dedicated decontamination room and install a validated washer disinfectant. Additional information can be found in sections 10.7 and 12.0 of this report.

Observation and discussion with the lead dental nurse demonstrated that two steam sterilisers have been provided to meet the practice requirements. Review of documentation demonstrated that the sterilisers have been validated in accordance with manufacturer's instructions. Review of documentation and discussion with the lead dental nurse demonstrated that not all of the information in relation to the vacuum steriliser is retained. A recommendation was made that consideration should be given to implementing the use of the pre-printed logbook available for the vacuum steriliser, to ensure all the necessary information including the results of periodic test are recorded.

Mr Bowen and Ms Doyle 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 Bowen Dental (Stewartstown Road) is substantially compliant with this inspection theme.

As discussed previously, two requirements were previously made to establish a dedicated fully functional decontamination room, and to install a validated washer disinfectant.

A dedicated decontamination room has not yet been established at this practice. Observations made and discussion with Mr Bowen demonstrated that plans are in place to redevelop a room on the ground floor of the practice into a dedicated decontamination room. A washer disinfectant has not been installed; however, this is on order and is expected to be installed once construction works are completed.

Given that dental practices are aware that best practice standards as outlined in HTM 01-05 were to be fully implemented by November 2012, and a three month timescale was agreed during the previous inspection, for these requirements to be addressed, this is of serious concern to RQIA.

Following the inspection, this matter was reported to senior management in RQIA as a serious concern, following which a decision was taken to hold an

intention to issue a failure to comply notice meeting. Mr Bowen subsequently attended this meeting at RQIA on 12 May 2014.

At the meeting on 12 May 2014, Mr Bowen advised that construction works to establish a dedicated decontamination room are underway and that a washer disinfectant has been ordered.

At the conclusion of the meeting a decision was taken to issue a failure to comply notice to Mr Bowen. The failure to comply notice directed that a dedicated decontamination room must be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

Two requirements, both of which are stated for the second time and two recommendations were made as a result of the announced inspection; details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr Bowen and Ms Doyle 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(3)	<p>A dedicated decontamination room should be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.</p>	<p>A dedicated decontamination room has not been established in this practice. Staff confirmed that reusable dental instruments are being decontaminated in the surgeries.</p> <p>This requirement has not been addressed and is now stated for a second time.</p> <p>This matter is of serious concern to RQIA and as a result enforcement action has been taken in order to progress improvement. Further details can be seen in section 12.0 of this report.</p>	Not compliant
2	15(3)	<p>If the decontamination of dental instruments is to be undertaken in a dedicated decontamination room at this practice, a validated washer disinfecter of adequate capacity must be installed and incorporated into the decontamination process to remove the need for manual cleaning of dental instruments.</p> <p>A log book should be maintained for the washer disinfecter and should contain the following information;</p> <ul style="list-style-type: none"> <li>• details of the machine and location;</li> <li>• commissioning report;</li> </ul>	<p>A washer disinfecter has not been installed in the practice.</p> <p>This requirement has not been addressed and is now stated for a second time.</p> <p>This matter is of serious concern to RQIA and as a result enforcement action has been taken in order to progress improvement. Further details can be seen in section 12.0 of this report.</p>	Not compliant

		<ul style="list-style-type: none"> <li>• daily/weekly test record sheets;</li> <li>• quarterly test record sheets;</li> <li>• annual service/validation certification;</li> <li>• fault history;</li> <li>• process log;</li> </ul>		
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13.4	A log-book should be provided and records of testing, servicing, maintenance and repair of instruments be retained for two years.	<p>Review of documentation and discussion with Ms Doyle demonstrated that templates have been developed to record the relevant information should any instruments leave the practice for testing, servicing, repair and maintenance in the future.</p> <p>This recommendation has been addressed.</p>	Compliant
2	13	The infection prevention and control policies and procedures should be further developed to reflect the requirements of HTM 01-05(Revised 2013) and PEL(13)(13).	<p>Ms Doyle confirmed that the practice infection prevention and control policies and procedures have been further developed. Review of documentation demonstrated that the policies and procedures have been further developed in keeping with HTM 01-05.</p> <p>This recommendation has been addressed.</p>	Compliant
3	13.4	Safe procedures must be in place for the transportation of instruments from the practice to the established decontamination room. The containers must be labelled to identify the user and the contents. A local policy should be developed outlining the procedure for the transportation of instruments outside of the dental practice in accordance with the Carriage of Dangerous Goods and Use of	<p>Mr Bowen confirmed that reusable dental instruments are not transported to another practice for decontamination therefore development of a local policy outlining transport arrangements is not required.</p> <p>This recommendation is no longer applicable as all reusable dental instruments are being decontaminated in the practice.</p>	Not applicable

		Transportable Pressure Equipment Regulations 2007 and the Health and Safety at Work Act 1974.		
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## 10.0 Inspection Findings

### 10.1 Prevention of Blood-borne virus exposure

<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></p> <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>
<p><b>Inspection Findings:</b></p> <p>Mr Bowen and Ms Doyle rated the practice arrangements for the prevention of blood-borne virus exposure as moving towards compliance 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 demonstrated 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;</li> <li>• Mr Bowen confirmed that in the future all newly recruited staff will receive an occupational health check; and</li> <li>• Records are retained regarding the Hepatitis B immunisation status of clinical staff.</li> </ul> <p>Discussion with Mr Bowen and the lead dental nurse demonstrated 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 was aware of the actions to be taken in the event of a sharps injury.</p>

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

## 10.2 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 Bowen and Ms Doyle rated the practice arrangements for environmental design and cleaning as moving towards compliance 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 areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were covered at the edges. In general fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. It was observed that the covering of the dental chair in surgery one was torn. This was discussed with Mr Bowen and a recommendation was made that in the interests of infection prevention and control and to aid effective cleaning the damaged chair covering should be replaced.</p> <p>Discussion with the lead dental nurse demonstrated 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/monthly 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>Moving towards compliance</b></p>
<p><b>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>Substantially 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 Bowen and Ms Doyle rated the practice arrangements for hand hygiene as moving towards compliance on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>The lead dental nurse confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>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.</p> <p>Dedicated hand washing basins are available in the dental surgeries, 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.</p> <p>The inspector observed that laminated posters promoting hand hygiene were on display in dental surgeries.</p>

<p><b>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>Moving towards compliance</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 Bowen and Ms Doyle rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with the lead dental nurse confirmed that this is adhered to.</p> <p>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.</p> <p>Observations made and discussion with Mr Bowen and 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>• Water supply to the DUWLs is provided through the direct mains water supply. Mr Bowen confirmed on discussion that there is a physical air gap separating DUWLs from the mains water system;</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> <li>•</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 Bowen and Ms Doyle 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 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 dental 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>

<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>

**10.6 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 Bowen and Ms Doyle 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. The lead dental nurse confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with the lead dental nurse confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>

<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>                  Mr Bowen and Ms Doyle rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>Observation and discussion with Mr Bowen and the lead dental nurse demonstrated that reusable dental instruments are currently being manually cleaned and sterilised in the dental surgeries. As discussed previously in section 9.0 of this report, requirements were made, stated for the second time, that a fully equipped and operational dedicated decontamination room is established and that a validated washer disinfectant is implemented into the decontamination process. This matter is discussed further in section 12.0 of the report.</p> <p>Observation and discussion with the lead dental nurse demonstrated that a steriliser is housed in each of the surgeries. Review of documentation evidenced that the steam sterilisers have been validated in accordance with the manufacturer's instructions.</p> <p>Review of documentation demonstrated that a pre-printed logbook is in place and used to record the results for the non-vacuum steriliser in keeping with HTM 01-05. Review of documentation demonstrated that although available, a pre-printed logbook is not used for the vacuum steriliser, and that the only information recorded for this machine is the machine printouts. This was discussed with the lead dental nurse and a recommendation was made that consideration should be given to using the pre-printed logbook available to ensure that all the required information including the results of periodic test are recorded.</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>Not compliant</b>

<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Compliance Level</b>
	<b>Substantially 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. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with the lead dental nurse evidenced that staff were knowledgeable regarding the inspection theme and that they had received training relevant to their roles. Staff confirmed on the returned questionnaires that a copy of HTM 01-05 is available and accessible to staff, that there is an induction programme in place and that they have the opportunity to participate in practice meetings and training updates.

### 11.2 Patient Consultation

Mr Bowen and Ms Doyle 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 Enforcement

Dental practices in Northern Ireland were 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**. Best practice arrangements in HTM 01-05 reflect that the decontamination facilities should be clearly separate from the clinical treatment area. This implies the use of a separate room or rooms for the accommodation of clean (output) and dirty (input) work. In these facilities the room(s) should be used for this purpose only and access should be restricted to those staff performing decontamination duties. The Professional Estates Letter (PEL) (12) 13, superseded by PEL (13) 13 directed that in order to achieve a validated cleaning/washing cycle, a washer disinfectant must be used within the decontamination process.

During the announced inspection on 2 December 2013, it was identified that a dedicated decontamination room had not been established and that a validated washer disinfectant had not been provided. Two requirements were made to establish a fully functional decontamination room and to install a validated washer disinfectant.

During this inspection it was identified that a fully functional decontamination room has not been established and a washer disinfectant has not been installed validated and implemented within the decontamination process. Discussion

with Mr Bowen and review of documentation demonstrated that plans are in place to convert a room on the ground floor of the practice into a dedicated decontamination room. Mr Bowen confirmed that the decontamination room plans were developed in conjunction with representatives from Health Estates at The Department of Health and a dental supplier and that remedial works to establish the dedicated decontamination room will commence in the near future.

Reusable dental instruments are being manually cleaned and sterilised in the dental surgeries. HTM 01-05 states that the cleaning of dental instruments should be carried out using a validated automated process. During the inspection Mr Bowen confirmed that a washer disinfectant has been ordered and that it will be installed once a dedicated decontamination room has been established.

Given that dental practices were aware that best practice standards as outlined in HTM 01-05 were to be fully implemented by November 2012, and a three month timescale was given during the previous inspection for these requirements to be addressed, this is of serious concern to RQIA.

Following the inspection, these matters were reported to senior management in RQIA as a serious concern, following which a decision was taken to hold an intention to issue a failure to comply notice meeting. Mr Bowen subsequently attended this meeting at RQIA on 12 May 2014.

At the meeting on 12 May 2014, Mr Bowen advised that construction works to establish a dedicated decontamination room are underway and that a washer disinfectant has been ordered.

At the conclusion of the meeting a decision was taken to issue a failure to comply notice to Mr Bowen. The failure to comply notice directed that:

A dedicated decontamination room must be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. This includes the following:

- The layout of the room should be in keeping with best practice as indicated in HTM 01-05 (2013 edition) and PEL (13) 13, which replaced PEL (12) 23.
- Provision of an automated validated washer disinfectant of adequate capacity, fully implemented into the decontamination process.
- Staff undertaking decontamination duties should be trained in the use of the washer disinfectant.
- A logbook should be established for the washer disinfectant containing the relevant information as indicated in HTM 01-05.

- Periodic tests of the washer disinfectant as outlined in HTM 01-05 should be undertaken and recorded in the washer disinfectant logbook.
- The cessation of the decontamination of dental instruments in dental surgeries.

It was agreed with Mr Bowen that compliance with the failure to comply notice should be achieved by 11 July 2014, at which time a further inspection would be carried out to verify compliance.

### **13.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Bowen, responsible individual, and Ms Doyle, registered 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**

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**Stephen O'Connor**  
**Inspector / Quality Reviewer**

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**Date**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Announced Inspection**  
**Bowen Dental (Stewartstown Road)**  
**16 April 2014**



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

The specific actions set out in the Quality Improvement Plan were discussed with Mr David Bowen, responsible individual and Ms Francine Doyle, registered 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)	TIMESCAL
1	15 (3)	<p>A dedicated decontamination room should be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.</p> <p><b>Ref: 9.0, 10.7 &amp; 12.0</b></p>	Two	<p><i>Work is currently being completed on the decontamination room. The room will be operational from 19th June 2014.</i></p>	By 11 July 2014
2	15 (3)	<p>A validated washer disinfecter of adequate capacity must be installed and incorporated into the decontamination process to remove the need for manual cleaning of dental instruments.</p> <p>A log book should be maintained for the washer disinfecter and should contain the following information;</p> <ul style="list-style-type: none"> <li>• details of the machine and location;</li> <li>• commissioning report;</li> <li>• daily/weekly test record sheets;</li> <li>• quarterly test record sheets; (if required)</li> <li>• annual service/validation certification;</li> <li>• fault history; and</li> <li>• process log.</li> </ul> <p><b>Ref: 9.0, 10.7 &amp; 12.0</b></p>	Two	<p><i>Arrangements have been made for the washer disinfecter to be installed and validated on 19th June 2014.</i></p> <p><i>Log book to be implemented from operational date of 19th June 2014.</i></p>	By 11 July 2014

**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)	TIMESCAL
1	13	In the interests of infection prevention and control and to aid effective cleaning the damaged chair covering in surgery one must be replaced/repaired.  <b>Ref: 10.2</b>	One	<i>Recovering of chair is currently being organised.</i>	Two months
2	13	Consideration should be given to implementing the use of the pre-printed logbook available for the vacuum steriliser, to ensure all the necessary information including the results of periodic test are recorded.  <b>Ref: 10.7</b>	One	<i>Pre-printed log book is currently in use.</i>	One month

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

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

SIGNED: *David Bowen*

NAME: DAVID BOWEN  
 Registered Provider

DATE 1/6/14

SIGNED: *Francine Doyle*

NAME: Francine Doyle  
 Registered Manager

DATE 1/6/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>E. C. O'Neil</i>	9/6/14
B	Further information requested from provider				



The Regulation and  
Quality Improvement  
Authority

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

**Name of practice:** Bowen Dental (Stewartstown Dental)  
**RQIA ID:** 11398  
**Name of inspector:** Emily Campbell

**This self-assessment tool should be completed in reflection of the current decontamination and cross infection control arrangements in your practice.**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

<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>
<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		
<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)		No	Will be arranged for all new staff
<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		
<b>1.5</b> Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	Yes		
<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		

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

<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		
<b>2.2</b> Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	Yes		
<b>2.3</b> Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	Yes		
<b>2.4</b> Is the dental chair cleaned between each patient? (6.46, 6.62)	Yes		
<b>2.5</b> Is the dental chair free from rips or tears? (6.62)		No	Chair is surgery 1 is to be reupholstered
<b>2.6</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)		No	
<b>2.7</b> Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)		No	To be completed
<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		
<b>2.9</b> Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	Yes		
<b>2.10</b> Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	Yes		

<b>2.11</b> Do all floor coverings in clinical and decontamination areas have covered edges that are sealed and impervious to moisture? (6.47)	Yes		
<b>2.12</b> Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)	Yes		
<b>2.13</b> Are toys provided easily cleaned? (6.73)			N/A
<b>2.14</b> Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	Yes		
<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		
<b>2.16</b> Is cleaning equipment stored in a non-clinical area? (6.60)	Yes		
<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		
<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		
<b>2.20</b> Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	Yes		

<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><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>Provider's level of compliance</p>			<p>Moving towards compliance</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		
<b>3.2</b> Is hand hygiene an integral part of staff induction? (6.3)	Yes		
<b>3.3</b> Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	Yes		
<b>3.4</b> Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	Yes		
<b>3.5</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	Yes		
<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		
<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		
<b>3.8</b> Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	Yes		
<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		

<p><b>3.10</b> Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)</p>		No	Decontamination Room being established
<p><b>3.11</b> Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p>	Yes		
<p><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)</p>	Yes		
<p><b>3.13</b> Do the hand washing basins provided in clinical and decontamination areas have :</p> <ul style="list-style-type: none"> <li>• no plug; and</li> <li>• no overflow.</li> </ul> <p>Lever operated or sensor operated taps.(6.10)</p>		No	To be established
<p><b>3.14</b> Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p>	Yes		
<p><b>3.15</b> Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?</p> <p>Bar soap should not be used. (6.5, Appendix 1)</p>	Yes		
<p><b>3.16</b> Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p>	Yes		
<p><b>3.17</b> Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p>	Yes		

<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>Provider's level of compliance</p>			<p>Moving towards compliance</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		
<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		
<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		
<b>4.6</b> Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)			N/A the practice has a DVGW type examination certificate for the disinfection of our water system in the dental chairs. Testing of water strips to commence monthly.

<p><b>4.7</b> Dental Unit Water lines (DUWLs): Is there an independent bottled-water system used to dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)</p>			N/A
<p><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)</p>			N/A
<p><b>4.9</b> Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)</p>			N/A
<p><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)</p>			N/A
<p><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)</p>	Yes		
<p><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)</p>	Yes		
<p><b>4.13</b> Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	Yes		
<p><b>4.14</b> Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)</p>	Yes		

<b>4.15</b> Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)	Yes		
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		
<b>5.2</b> Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	Yes		
<b>5.3</b> Are powder-free CE marked gloves used in the practice? (6.20)	Yes		
<b>5.4</b> Are alternatives to latex gloves available? (6.19, 6.20)	Yes		
<b>5.5</b> Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	Yes		
<b>5.6</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	Yes		
<b>5.7</b> Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	Yes		
<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		
<b>5.11</b> Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)	Yes		
<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		
<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		
<b>5.17</b> Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)	Yes		
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		
<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		
<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		
<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))		No	Not currently required to segregate waste as done by Cannon
<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		
<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))		No	Completed by Cannon
<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		
<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		
<b>6.15</b> Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	Yes		
<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		
<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		
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)		No	Being established
<b>7.2</b> Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)		No	
<b>7.3</b> Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)		No	
<b>7.4</b> Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	Yes		
<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		
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	Yes		

<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><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>Provider's level of compliance</p>			<p>Moving towards compliance</p>

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

## Appendix 1



Name of practice: **Bowen Dental (Stewartstown Road)**

### 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