



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Bradbury Dental Surgery
Establishment ID No: 11402
Date of Inspection: 07 January 2015
Inspector's Name: Lynn Long
Inspection No: 20954

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Bradbury Dental Surgery
Address:	46 Bradbury Place Belfast BT7 1RR
Telephone number:	028 9022 2444
Registered organisation / registered provider:	Dental World Ltd Mr Robert McMitchell
Registered manager:	Miss Jessica Larmour
Person in charge of the establishment at the time of Inspection:	Miss Jessica Larmour
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	3
Date and type of previous inspection:	Enforcement Monitoring 30 June 2014
Date and time of inspection:	07 January 2015 10.00-12.00
Name of inspector:	Lynn Long

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 Miss Jessica Larmour, 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:

	Number	
Discussion with staff	4	
Staff Questionnaires	6 issued	2 returned

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

6.0 Inspection Focus

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

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

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

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

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

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

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

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

- Prevention of blood-borne virus exposure;
- environmental design and cleaning;
- hand hygiene;
- management of dental medical devices;
- personal protective equipment; and
- waste.

A number of aspects of the decontamination section of the audit tool have also been revisited.

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

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

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

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 – Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 – Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Bradbury Dental Surgery is located in commercial premises which have been converted and adapted to accommodate a dental practice. The practice is situated in the Shaftesbury Square area in the centre of Belfast. Public car parking is available within walking distance and public transport routes operate directly outside the premises.

The establishment is accessible for patients with a disability.

Bradbury Dental Surgery operates three dental chairs, providing both private and NHS dental care. A reception, waiting area, one surgery and toilet facilities are available on the ground floor of the practice. Two additional surgeries and a separate decontamination room are provided on the first floor and staff and storage facilities are provided on the first and second floors of the building.

Bradbury Dental Surgery is one of nine practices operated by Dental World Limited. Mr McMitchell is the responsible individual. Mr McMitchell has been the registered provider of Bradbury Dental Surgery since initial registration with RQIA in March 2013. Miss Jessica Larmour is the registered manager and has been the registered manager of Bradbury Dental Surgery since March 2014. The practice employs dentists, a hygienist and a team of dental nurses and reception staff.

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

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

8.0 Summary of Inspection

This announced inspection of Bradbury Dental Surgery was undertaken by Lynn Long on 7 January 2015 between the hours of 10.00 and 12.00. Miss Jessica Larmour, registered manager was 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 that nine of the twelve requirements had been fully addressed. Two of the requirements in relation to recording the actions taken to address the legionella risk assessment recommendations and refurbishment of the surgeries have been partially addressed and have been stated for the second time.

One requirement in relation to AccessNI checks had not been fully addressed. Given that this requirement had been stated for a second time, enforcement action was considered in discussion with the Head of Nursing, Pharmacy and Independent Healthcare. It was concluded that enforcement action was not appropriate at present. This requirement has been stated for a third and final time.

Five recommendations had been made previously three had been addressed and two were not reviewed and are carried forward for review during the next inspection. The detail of the action taken by Miss Larmour can be viewed in the section following this summary.

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

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

Questionnaires were also issued to staff; two were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and they confirmed that they had received training relevant to their roles and responsibilities.

Inspection Theme – Cross infection control

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012. HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 01 October 2013. The PEL (13) 13 advised General Dental Practitioners of

the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

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

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

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with Miss Larmour, and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of and are adhering to the practice policy in this regard. 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. A requirement was stated for the second time to complete the refurbishment of the dental surgeries and a recommendation was made to include the patient toilet area in the ongoing refurbishment programme.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. 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. A requirement was stated for the second time to record the actions taken to address the recommendations made as a result of the legionella risk assessment. A requirement was also made to ensure that the Dental Unit Water Lines are being managed in line with manufacturer's guidance or in the absence of manufacturer's guidance in line with best practice outlined in HTM 01-05.

Procedures are in place for the use, maintenance, service and repair of all medical devices.

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and staff spoken with demonstrated awareness of this.

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

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

a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfectant and steam steriliser have been provided to meet the practice requirements. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

The evidence gathered through the inspection process concluded that Bradbury Dental Practice is substantially compliant with this inspection theme.

Miss Larmour 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.

Four requirements, one of which has been stated for the third and final time and two which have been stated for the second time were made. Three recommendations were made and two recommendations which were not reviewed during this inspection have been carried forward for review at the next inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-up on previous issues from follow up inspection on 12 March 2014

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15(3)	<p>The responsible individual must ensure that a dedicated decontamination room is established and fully equipped and operational for the cleaning and sterilisation of reusable dental instruments.</p> <p>Advice and guidance should be sought from Health Estates at the Department of Health in relation to the layout of the room.</p>	<p>A separate dedicated decontamination room has been established and is fully equipped and operational.</p> <p>This requirement has been addressed.</p>	Compliant
2	15(3)	The registered provider must ensure that a validated washer disinfecter of adequate capacity is installed to remove the need for manual washing of dental instruments.	<p>A validated washer disinfecter of adequate capacity has been installed.</p> <p>This requirement has been addressed.</p>	Compliant
3	15(3)	The registered provider must 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>A review of the processes for the decontamination of reusable dental instruments evidenced that it was in keeping with best practice as outlined in HTM 01-05.</p> <p>This requirement has been addressed.</p>	Compliant
4	15(2)(a)	The registered provider must ensure that a system to record the cycle parameters for the Statim steriliser is established.	<p>A system to record the cycle parameters for the Statim steriliser has been established.</p> <p>This requirement has been addressed.</p>	Compliant
5	18(2)(a)	The registered provider must ensure that all staff	Mandatory training in infection prevention and control and	Compliant

		<p>employed in or for the purposes of the practice receive mandatory training in infection prevention and control and decontamination.</p> <p>Training records which include the date and time of the training, the name and signature of the staff in attendance, the content of the training and the name of the person who delivers the training should be retained.</p>	<p>decontamination has been provided by The Northern Ireland Medical and Dental Training Agency (NIMDTA) for Dental World Limited staff. A number of staff currently employed have attended this training.</p> <p>Miss Larmour confirmed that training in relation to infection prevention and control and decontamination has been provided to more recently employed staff as part of their induction.</p> <p>However, induction records were not available for inspection.</p> <p>This requirement has been addressed.</p> <p>A recommendation to retain induction records for inspection has been made.</p>	
<p>6</p>	<p>19(2)(d) Schedule 2</p>	<p>The registered provider must ensure that staff currently employed without an AccessNI check are supervised at all times until such times as a satisfactory AccessNI check has been received.</p> <p>The registered provider shall not employ a person to work unless they have obtained the relevant information.</p> <p>Ensure that all staff have the required AccessNI checks prior to commencing employment.</p>	<p>A review of the records and discussion with Miss Larmour confirmed that AccessNI enhanced disclosure checks had been undertaken and received for all recently employed staff.</p> <p>However, the review identified that four recently employed staff had commenced employment prior to the receipt of a satisfactory AccessNI check.</p> <p>The process of ensuring AccessNI enhanced disclosure checks was discussed at length with Miss Larmour who confirmed that the process was now clear.</p> <p>Given that this requirement had been stated for a second</p>	<p>Moving towards compliance</p>

			<p>time, enforcement action was considered in discussion with the Head of Nursing Homes, Pharmacy and Independent Healthcare. It was concluded that enforcement action was not appropriate at present.</p> <p>The requirement is assessed as moving towards compliance and has been stated for a third and final time.</p>	
7	21(3) Schedule 3 Part II	<p>The registered provider must ensure that all records specified in Schedule 3 Part II of The Independent Health Care Regulations (Northern Ireland) 2005 are at all times available for inspection in the establishment.</p>	<p>All of the records specified in Schedule 3 Part II which the inspector requested to review were available.</p> <p>This requirement has been addressed.</p>	Compliant
8	15(1)(b)	<p>The registered provider must ensure that the following issues in relation to radiation protection are addressed:</p> <ul style="list-style-type: none"> • Appoint a Radiation Protection Supervisor for the practice. The Radiation Protection Supervisor must be made known to all staff and a record confirming the appointment must be retained in the radiation protection file; • Audits of x-ray quality must be undertaken and recorded on a six monthly basis. Issues identified as a result of the audit must be addressed. 	<p>A review of the records and discussion with Miss Larmour and staff confirmed that the issues identified in relation to radiation safety and protection had been addressed.</p> <p>This requirement has been addressed.</p>	Compliant

		<p>All dentist's x-ray quality ratings must be included in the audit;</p> <ul style="list-style-type: none"> • Audits of justification and clinical evaluation recording must be undertaken and recorded on an annual basis. Audits should incorporate review of all dentists justification and clinical evaluation recording; • The recommendations made by the appointed Radiation Protection Advisor must be addressed and a record retained to confirm the actions taken; • Routine testing must be undertaken by the appointed Radiation Protection Advisor at intervals not exceeding three years and any recommendations made must be addressed and a record retained; • All staff, including the dentists must sign to confirm that they have read and understood the local rules for radiology; • Employer's procedures must be established for the practice and include all aspects as required under the Ionising Radiation (Medical Exposure) Regulations 		
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		<p>(Northern Ireland) 2000 as amended;</p> <ul style="list-style-type: none"> • The radiation protection file must be reviewed to ensure it reflects that x-rays are now digital, reflects current staff and that information which is no longer applicable is removed and filed appropriately; • The radiation protection file must be updated to reflect current staff; and • Information which is no longer applicable should be removed from the radiation protection file and filed appropriately. 		
9	25(2)(a)	<p>The registered provider must ensure that remedial works are undertaken in the identified surgery to address the wall damage and flooring issue following the removal of the rusted sink and cabinetry.</p> <p>The surgery should remain out of use until such times as the work is completed.</p>	<p>The identified surgery was observed and it was evident that the remedial works had been completed to address the identified issues.</p> <p>This requirement has been addressed.</p>	Compliant
10	18(2)(a)	<p>The registered provider must ensure that safeguarding children and vulnerable adults training is provided for all staff in line with the Minimum Standards for Dental Care and Treatment 2011.</p> <p>Training records should</p>	<p>A review of the records and discussion with Miss Larmour confirmed that safeguarding training has been provided for staff.</p> <p>This requirement has been addressed.</p>	Compliant

		<p>be retained to include the name and signature of the staff in attendance, the date and time of the training, the content of the training, the name of the trainer.</p>		
11	15(7)	<p>The registered provider must ensure that the remedial works to address the issues identified in the legionella risk assessment are completed.</p> <p>Ensure the control measures outlined in the legionella risk assessment are undertaken and recorded.</p> <p>Confirmation should be retained that the recommendations outlined in the legionella risk assessment have been completed. The date and signature of the staff member confirming completion should be recorded on the risk assessment.</p>	<p>Miss Larmour confirmed that the identified remedial works have been completed. However, the information, confirming completion, had not been recorded in the section titled action taken to address the recommendations.</p> <p>This requirement has been partially addressed and the relevant section has been stated for the second time.</p>	Substantially compliant
12	25(2)(a)	<p>The identified dental surgeries must be refurbished on completion of the decontamination room.</p> <p>The refurbishment must include the removal of the carpet and replacement flooring, replacing rusted cabinetry and replacing surfaces with exposed wood including skirting boards and kicker boards.</p>	<p>The identified dental surgeries have undergone some refurbishment to remove the carpet and flooring.</p> <p>Miss Larmour confirmed that the next phase of refurbishment would include the rusted cabinetry and surfaces with exposed wood.</p> <p>This requirement has been partially addressed and the relevant section has been stated for the second time.</p>	Moving towards compliance

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	Continue to develop the log books for the Statim steriliser to ensure they contain all the relevant information as outlined in HTM 01-05.	A review of the log books confirmed that they contained all of the relevant information. This recommendation has been addressed.	Compliant
2	8	Further develop the management of records policies to reflect the local arrangements at the practice including the individual roles and responsibilities of staff.	A review of the records policies identified that they reflected the individual roles and responsibilities. This recommendation has been addressed.	Compliant
3	8	Develop a freedom of information publication scheme.	This recommendation was not reviewed during this inspection and is carried forward for review during the next inspection.	Not reviewed
4	13	Revisit the HTM 01-05 audit tool which has been endorsed by the Department of Health, to identify the areas of deficit and develop an action plan to address areas identified.	The HTM 01-05 audit tool which has been endorsed by the Department of Health had been completed. An action plan had been developed and the relevant issues had been addressed. This recommendation has been addressed.	Compliant
5	9	Establish a register of complaints and ensure all of the information in relation to complaints is recorded and retained.	This recommendation was not reviewed during this inspection and is carried forward for review during the next inspection.	Not reviewed

10.0 Inspection Findings

10.1 Prevention of blood-borne virus exposure

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criteria Assessed:</p> <p>11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.</p> <p>13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p>13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings:</p> <p>Miss Larmour rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with staff evidenced that:</p> <ul style="list-style-type: none"> • the prevention and management of blood-borne virus exposure is included in the staff induction programme; • staff training has been provided for clinical staff; • all recently appointed staff have received an occupational health check; and • records are retained regarding the Hepatitis B immunisation status of clinical staff. <p>As discussed previously records of staff induction need to be retained and a recommendation has been made.</p> <p>Discussion with staff confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.</p> <p>Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are wall mounted, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.</p> <p>Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.</p>

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

10.2 Environmental design and cleaning

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.1 Your dental service’s premises are clean.</p>
<p>Inspection Findings:</p> <p>Miss Larmour rated the practice arrangements for environmental design and cleaning as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. It was evident that a significant amount of refurbishment work has been undertaken and has enhanced the clinical areas. A recommendation was made to include the patient toilet area in the ongoing refurbishment programme. Clinical and decontamination areas were tidy and uncluttered. As identified a number of work surfaces in the clinical areas had exposed wood or rust evident. Miss Larmour confirmed that these issues would be addressed in the next stage of refurbishment. A requirement in relation to this has been stated for the second time. Floor coverings are impervious and were coved and sealed. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>Discussion with staff confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.</p>

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

10.3 Hand Hygiene

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criteria Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.
Inspection Findings: <p>Miss Larmour rated the practice arrangements for hand hygiene as compliant on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Laminated posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

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

10.4 Management of Dental Medical Devices

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Miss Larmour rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>A review of the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with staff confirmed that this is adhered to. The risk assessment did not reflect the actions which had been taken to address the recommendations made. This was discussed with Miss Larmour and as this formed part of a previous requirement it has been stated for the second time.</p> <p>Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient’s mouth.</p> <p>Observations made and discussion with staff confirmed the following in relation to DUWL’s:</p> <ul style="list-style-type: none"> • Filters are cleaned/replaced as per manufacturer’s instructions; • An independent bottled-water system is used to dispense distilled water or on occasions tap water to supply the DUWLs; • Self-contained water bottles are removed and flushed with either distilled water or on occasions tap water; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; and • DUWLs and handpieces are fitted with anti-retraction valves. <p>The management of DUWL’s was discussed with Miss Larmour and staff. Staff confirmed that at times they are using tap water in the DUWL’s and that they are not always using a recommended product to purge the DUWL’s. This was discussed with Miss Larmour and a requirement was made.</p>

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

10.5 Personal Protective Equipment

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings:</p> <p>Miss Larmour rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Staff confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. <p>Staff confirmed that they were aware of the practice uniform policy.</p>

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

10.6 Waste

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p>Inspection Findings: Miss Larmour 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. Staff 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 staff 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>Adequate provision of sharps containers including those for pharmaceutical waste, were available throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>

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

10.7 Decontamination

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Miss Larmour rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including a washer disinfector and steam steriliser has been provided to meet the practice requirements. The washer disinfector was not operational at the time of the inspection as it was awaiting repair. Evidence was retained of the date staff resorted to manual cleaning and the date the engineer was calling to repair the equipment.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p>

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

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

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with two dental nurses and two dentists. Staff were positive in terms of the training and induction they had received and in relation to the support they receive from the registered manager. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they had received training relevant to their roles and responsibilities.

11.2 Patient Consultation

Miss Larmour 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.

11.3 Trainee Dental Nurses

Miss Larmour confirmed during discussion that two of the recently employed staff were trainee dental nurses. However, confirmation that they were registered to commence a recognised training course was not retained.

A recommendation was made to retain confirmation that unregistered dental nurses are registered to commence the recognised dental nurse training course.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Jessica Larmour, registered manager, as part of the inspection process.

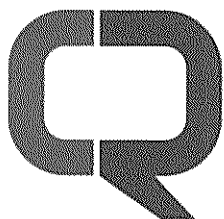
The timescales for completion commence from the date of inspection.

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:

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



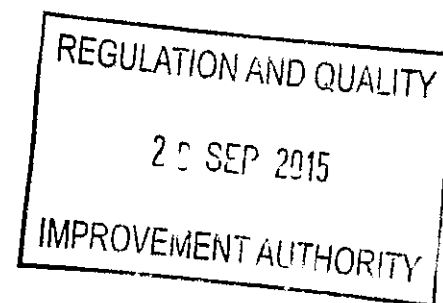
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Bradbury Dental Surgery

07 January 2015



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

The specific actions set out in the Quality Improvement Plan were discussed with Miss Jessica Larmour, 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)	TIMESCALE
1	19 (2) (d) and Schedule 2	<p>The registered provider shall not employ a person to work unless they have obtained the relevant information.</p> <p>Ensure that all staff have the required AccessNI checks prior to commencing employment</p> <p>Ref: 9.0</p>	Third and final time	All staff have all documents completed before they start employment now.	07 January 2015
2	15 (7)	<p>Confirmation should be retained that the recommendations outlined in the legionella risk assessment have been completed. The date and signature of the staff member confirming completion should be recorded on the risk assessment.</p> <p>Ref: 9.0 & 13.4</p>	Two	Completed.	One month
3	25(2)(a)	<p>The identified dental surgeries must be refurbished on completion of the decontamination room.</p> <p>The refurbishment must include, replacing rusted cabinetry and replacing surfaces with exposed wood including skirting boards and kicker boards.</p> <p>Ref: 9.0 & 10.2</p>	Two	Done -	Six months

4	15 (7)	<p>The registered person must ensure that the Dental Unit Water Lines are being managed in line with manufacturer's guidance or in the absence of manufacturer's guidance in line with best practice outlined in HTM 01-05.</p> <p>The issues identified in relation to the use of tap water and purging the lines must be addressed.</p> <p>Ref: 10.4</p>	One	<p>new policies & procedures</p> <p>now using ALProni</p>	Three months
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RECOMMENDATIONS

These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	8	<p>Carried forward for review at the next inspection.</p> <p>Develop a freedom of information publication scheme.</p> <p>Ref: 9.0</p>	One	Done.	Three months
2	9	<p>Carried forward for review at the next inspection.</p> <p>Establish a register of complaints and ensure all of the information in relation to complaints is recorded and retained.</p> <p>Ref: 9.0</p>	One	Done.	Three months
3	11	<p>Records of staff induction should be retained and available for inspection.</p> <p>Ref: 9.0</p>	One	Done.	Three months
4	13	<p>Include the patient toilet area in the ongoing refurbishment programme.</p> <p>Ref: 10.2</p>	One	Done.	Six months
5	14	<p>Retain confirmation that unregistered dental nurses are registered to commence the recognised dental nurse training course.</p> <p>Ref: 11.3</p>	One	Done.	One month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person and return to independent.healthcare@rgia.org.uk

Name of Registered Manager Completing QIP	DAVID MONTGOMERY
Name of Responsible Person / Identified Responsible Person Approving QIP	ROBERT MCMITCHELL

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes		6/10/15
Further information requested from provider		