

Announced Care Inspection Report 30 October 2017



Clandeboyne Dental Clinic

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 109G Clandeboyne Road, Bangor, BT20 3JW

Tel No: 02891 270873

Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with three registered places.

3.0 Service details

Organisation/Registered Provider: Mr David Boyd	Registered Manager: Mr David Boyd
Person in charge at the time of inspection: Mr David Boyd	Date manager registered: 13 February 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An announced inspection took place on 30 October 2017 from 10.00 to 13.40.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to patient safety in respect of staff training and development, recruitment, safeguarding, the management of medical emergencies, radiology and the environment. Other examples included health promotion, engagement to enhance the patients' experience and governance arrangements.

Three areas requiring improvement were identified. These related to infection prevention and control, the decontamination of dental handpieces and undertaking periodic tests in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the practice.

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

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Boyd, registered person and the practice manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 17 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 January 2017.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Boyd, registered person, the practice manager, two associate dentists, and two dental nurses. A tour of some areas of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control and decontamination

- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2017

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

6.2 Review of areas for improvement from the last care inspection dated 17 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 11.1 Stated: Second time	It is recommended that staff personnel files for newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: The practice manager confirmed that no new staff had been recruited since the previous inspection and assurances were given should staff be recruited in the future staff personnel files will include all the relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.	

<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>All staff should receive refresher training on the process for decontamination of instruments, to ensure that best practice is followed.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records and discussion with the practice manager confirmed that several staff had attended refresher training on the process for the decontamination of instruments in keeping with best practice.</p> <p>However, although staff had been updated in the decontamination of instruments, reusable dental handpieces were being manually cleaned prior to sterilisation. Best practice outlines that all compatible reusable dental instruments should be cleaned and sterilised using an automated process.</p> <p>A separate area for improvement under the standards has been made in this regard.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered person should update the Radiation Protection Safety Local Rules to reflect changes of staff.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the radiation protection file and discussion with the practice manager confirmed that the local rules have been updated.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p>	<p>The registered person should review the frequency and recording of fire drills and retain records for inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records and discussion with the practice manager confirmed that fire drills are being undertaken more frequently. The most recent fire drill had been undertaken in May 2017 and records were available for inspection.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff had been recruited since the previous care inspection, however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with the practice manager confirmed that no new staff had been recruited since the previous inspection. As discussed should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. The practice manager confirmed that refresher training has been booked for January 2017 and all staff will be attending. It was confirmed that the safeguarding lead will also be completing formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct

referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included. The practice manager agreed to review their policies in keeping with the regional policy and guidance documents.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were available for staff reference. The 'Adult Safeguarding Operational Procedures' (September 2016) were emailed to the practice following the inspection.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). A discussion took place in relation to the procedure for the safe administration of Buccolam pre-filled syringes and the various doses and quantity needed as recommended by the Health and Social Care Board (HSCB). Mr Boyd has advised that Buccolam will be administered safely in the event of an emergency as recommended by the HSCB and in keeping with the BNF. Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with a child. Following the inspection RQIA received confirmation on 13 November 2017 that this item had been provided. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Two issues were identified that were not in keeping with best practice in relation to infection prevention and control as follows:

- the overflows in the hand wash basins in the identified surgeries should be blanked off and sealed using a stainless steel plate and anti-bacterial mastic and the plug should be removed
- provide pedal or sensor operated waste bins in the identified clinical and decontamination areas

These issues were discussed with Mr Boyd and the practice manager and an area for improvement under the standards has been made in this regard.

Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead with responsibility for infection control and decontamination.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and two steam sterilisers had been provided to meet the practice requirements. The dental nurse confirmed that all reusable dental handpieces were being manually cleaned prior to sterilisation. Best practice outlines that all reusable compatible dental instruments should be cleaned and sterilised using an automated process. Observation of a random sample of handpieces identified that some handpieces were compatible with processing in a washer disinfectant. Processing of handpieces was discussed with the practice manager and Mr Boyd who were advised to refer to the Professional Estates Letter (PEL) 13 (13), dated 24 March 2015 which was issued to all dental practices by the DHSSPS. An area for improvement under the standards has been made in this regard.

A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices with the exception of the steam penetration test for one of the sterilisers. The dental nurse confirmed that the steam penetration test had been carried out and recorded on a weekly basis instead of daily. An area of improvement under the standards has been made to address this issue.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during October 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), however, Mr Boyd confirm that this has been decommissioned and is not operational.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA dated April 2017 demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment that included the routine servicing and maintenance of the security alarm system, fire detection system and firefighting equipment. Arrangements were also in place to ensure that portable appliance testing (PAT) is undertaken in respect of electrical equipment.

A legionella risk assessment had been undertaken and water temperatures had been monitored and recorded as recommended.

A fire risk assessment had been undertaken during February 2017 by an external organisation. Staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Review of records confirmed that the pressure vessels in the practice have been inspected during June 2017 in keeping with the written scheme of examination.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Eight patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Six patients indicated that they were very satisfied with this aspect of care and two indicated that they were satisfied. One comment provided included the following:

- "This is an extremely well run, efficient and friendly dental clinic."

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with

during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, appraisal, safeguarding, management of medical emergencies, radiology and the environment.

Areas for improvement

Issues identified in relation to infection prevention and control should be addressed.

The procedure for the decontamination of dental handpieces should be reviewed.

A daily steam penetration test should be undertaken and recorded for the identified steam steriliser in keeping with HTM 01-05.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

Staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Staff confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. There was a range of health promotion leaflets available in the reception area and items were available to

purchase. The practice manager is an oral health educator and arranges courses for dental nurses on health promotion. It was confirmed that oral health is actively promoted on an individual level with patients during their consultations with the dentists and dental hygienist.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents

Communication

Staff confirmed that arrangements are in place for onward referral in respect of specialist treatments.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Four patients indicated that they were very satisfied with this aspect of care and four indicated that they were satisfied. One comment provided included the following:

- “Extremely satisfied.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Six staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- “Regular notes audit.”

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Six patients indicated that they were very satisfied with this aspect of care and two indicated that they were satisfied. Comments provided included the following:

- "I could not wish for any better treatment."
- "Friendly bunch of staff."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Six staff indicated that they were very satisfied with this aspect of care and two indicated that they were satisfied. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- “Very caring considerate staff.”

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mr Boyd is the nominated individual with overall responsibility for the day to day management of the practice. He is supported by the practice manager.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. The practice manager agreed to review the complaints procedure to include the contact details for the Dental Complaints Service in respect of private patients. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The practice manager confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Boyd demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. Six patients indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. Comments provided included the following:

- "All staff are very motivated and extremely knowledgeable and approachable to answer any queries I may have."
- "Never any problems."
- "Very pleasant staff."
- "Great team."

All submitted staff questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. One comment provided included the following:

- "Clear open lines of communication."

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Boyd, registered person and the practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall address the following issues identified in relation to infection prevention and control:</p> <ul style="list-style-type: none"> • the overflows in the hand wash basins in the identified surgeries should be blanked off and sealed using anti-bacterial mastic and any plugs should be removed • provide pedal or sensor operated waste bins in the decontamination, clinical and toilet areas <p>Ref:6.4</p>
	<p>Response by registered person detailing the actions taken: work all actioned</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall review the procedure for the decontamination of dental handpieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13. Compatible handpieces should be processed in the washer disinfector.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: additional washer disinfector compatible handpieces ordered to meet timescale demands of pre-sterilisation</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that periodic testing is undertaken in respect of the identified steam steriliser and recorded in keeping with HTM 01-05.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: effective immediately</p>

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



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