



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Clogher Valley Dental Care (Clogher)</b>
<b>Establishment ID No:</b>	<b>11437</b>
<b>Date of Inspection:</b>	<b>4 July 2014</b>
<b>Inspector's Name:</b>	<b>Emily Campbell</b>
<b>Inspection No:</b>	<b>17886</b>

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

<b>Name of establishment:</b>	Clogher Valley Dental Care (Clogher)
<b>Address:</b>	25 Main Street Clogher BT76 0AA
<b>Telephone number:</b>	028 8554 8100
<b>Registered organisation / registered provider:</b>	Mr Richard Graham
<b>Registered manager:</b>	Mr Richard Graham
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr Richard Graham
<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>	Follow-up Inspection 14 February 2014
<b>Date and time of inspection:</b>	2.30pm – 4.05pm
<b>Name of inspector:</b>	Emily Campbell

## 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 Richard Graham, registered provider;
- 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>	2	
<b>Staff Questionnaires</b>	6 issued	0 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:

<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

Clogher Valley Dental Care, Clogher, is located within a two storey terrace building which has been adapted to provide a dental practice in the centre of Clogher Village. On street and nearby public car parking is available.

The establishment is accessible for patients with a disability.

Clogher Valley Dental Practice, Clogher, operates two dental chairs, providing both private and NHS dental care. The practice has a reception, waiting areas, toilet facilities, two surgeries, decontamination room and staff and storage facilities.

Mr Richard Graham, registered provider, is supported by an associate dentist, dental nurses and administration staff. Mr Graham also operates a dental practice in nearby Fivemiletown.

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

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

## 8.0 Summary of Inspection

This announced inspection of Clogher Valley Dental Care, Clogher, was undertaken by Emily Campbell on 4 July 2014 between the hours of 2.30pm and 4.05pm. Mr Richard Graham, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendation made as a result of the previous inspection were also examined. Observations and discussion demonstrated that two of the three requirements and the recommendation made have been addressed. One requirement regarding the establishment of equipment logbooks and periodic testing has been partially addressed and the unaddressed aspect is stated for the third time. The detail of the action taken by Mr Graham can be viewed in the section following this summary.

Prior to the inspection, Mr Graham completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Graham in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. Mr Graham did not rate the practice compliance levels against each criterion. This should be taken into consideration on completion of future self-assessments.

During the course of the inspection the inspectors 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; none were returned to RQIA within the timescale required. Discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles.

### **Inspection Theme – Cross infection control**

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012. HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 1 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

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



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

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with Mr Graham 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 inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. A recommendation was made to replace the light pull cord in the ground floor toilet. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. A recommendation was made that the exposed wooden strips below the windows in the decontamination room are sealed/painted. The overall décor of the practice is tired and dated and the dental surgeries are in need of refurbishment; some cabinetry has become worn and swollen with moisture damage, walls need repainted and both surgeries have carpeted areas. Mr Graham advised that there is an issue with damp in the ground floor surgery which he is actively trying to address. It is his intention to commence refurbishment of the surgeries when this is addressed. A recommendation was made that a time scaled refurbishment plan is established to address these matters. As an interim measure the affected cupboard door should be replaced until a full refurbishment can be completed. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.

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. A recommendation was made that the hand washing sinks in the surgeries have the overflows blanked off using a stainless steel plate sealed with antibacterial mastic. Information promoting hand hygiene is provided for staff and patients.

The practice has a legionella risk assessment in place and a recommendation was made to further develop this. An amendment was made to the legionella risk assessment regarding the flushing arrangements of dental unit water lines (DUWLs) during the inspection. Mr Graham and a dental nurse advised that, in the main, management of the DUWL's was undertaken by Mr Graham. Discussion with Mr Graham and the dental nurse confirmed that DUWLs are appropriately managed with the exception of the purging of lines. Mr Graham confirmed, during discussion that it is his belief that DUWLs should not be purged. Therefore there is no system in place for this or for periodic disinfection. HTM 01-05 states that periodical disinfection or purging of the lines should be done to remove the Biofilm build up. A recommendation was

made that the practice should have a procedure to manage the infection risk from their DUWLs either compliant with the manufacturer's instructions or with the guidance form HTM01 05.

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and the dental nurse 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 two steam sterilisers have been provided to meet the practice requirements. As discussed previously a requirement was made for the third time in relation to steriliser logbooks and associated periodic tests.

The evidence gathered through the inspection process concluded that Clogher Valley Dental Care, Clogher, is moving towards compliance with this inspection theme.

Mr Graham 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.

One requirement, stated for the third time and six 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 Graham 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>The decontamination process should include the processing of instruments through a washer disinfectant to ensure that a validated process is in place.</p> <p>The washer disinfectant should be validated and staff training provided on the correct use of the washer disinfectant on commissioning.</p>	<p>Observations made and discussion with a dental nurse confirmed that a validated washer disinfectant has been provided and implemented within the decontamination process. The dental nurse confirmed that staff training in the use of the washer disinfectant had been provided to staff undertaking decontamination duties.</p> <p>Requirement addressed.</p>	Compliant
2	15(3)	<p>Establish logbooks for the washer disinfectant (following installation and commissioning) and each steriliser.</p> <p>Ensure that the periodic tests for each piece of equipment are recorded as identified in HTM 01-05.</p> <p>Establish a system to ensure that the cycle parameters of each cycle of the washer disinfectant (following installation and commissioning) and sterilisers are recorded.</p>	<p>A washer disinfectant logbook has been established. Review of the logbook and discussion with a dental nurse confirmed that the appropriate periodic tests are undertaken and recorded.</p> <p>Logbooks have not been established for the two sterilisers and the periodic tests for the sterilisers are not undertaken and recorded as identified in HTM 01-05. This was discussed in detail with Mr Graham and a dental nurse and reference was made to the sample logbook sheets in HTM 01-05.</p> <p>Data-loggers have been installed on the washer disinfectant and one steriliser to record the cycle parameters for each cycle of the equipment. The second steriliser is used only for back-up purposes; however, there is no paper print out facility or data-logger for this machine. Mr Graham advised that this machine</p>	Moving towards compliance

			<p>cannot have a paper print out facility or data-logger installed. The inspector explained that in this circumstance an automatic control test (ACT) must be undertaken and recorded for every cycle of the steriliser as opposed to the first cycle of the day as is required for the steriliser with the data-logger.</p> <p>This requirement has been partially addressed. The unaddressed aspects are now stated for the third time. Additional information has been included regarding the recording of the ACT for the second steriliser.</p>	
3	25(2)(d)	<p>Ensure the electrical installation is inspected and tested.</p> <p>Any issues identified should be addressed within the specified timeframes.</p>	<p>Review of documentation evidenced that this requirement has been addressed.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	8 & 9	<p>Complete the quality assurance process to seek the views of patients.</p> <p>On completion a report of the findings should be produced and made available to patients.</p>	<p>A patient satisfaction survey has been completed and the inspector reviewed the summary of the consultation.</p> <p>Mr Graham confirmed that this is available to patients.</p> <p>Recommendation addressed.</p>	Compliant

## 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>  <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.  <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 Graham omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment.                   The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.                   Review of documentation and discussion with staff evidenced 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; and</li> <li>• records are retained regarding the Hepatitis B immunisation status of clinical staff.</li> </ul> <p>Mr Graham confirmed that any new staff will be referred for an occupational health check.                   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.                   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.                   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>	

<b>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</b>	<b>No rating given</b>
<b>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</b>	<b>Compliant</b>

## 10.2 Environmental design and cleaning

<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>	
<b>Criterion Assessed:</b> 13.1 Your dental service's premises are clean.	
<b>Inspection Findings:</b>	
<p>Mr Graham omitted to rate the practice arrangements for environmental design and cleaning 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 fair standard of cleanliness. The light pull cord in the ground floor toilet was observed to be dirty and a recommendation was made in this regard. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. A recommendation was made that the exposed wooden strips below the windows in the decontamination room are sealed/painted. The floor covering in the decontamination room is coved at the edges and the vinyl flooring in surgeries is sealed at the edges. The overall décor of the practice is tired and dated and the dental surgeries are in need of refurbishment; some cabinetry has become worn and swollen with moisture damage, walls need repainted and both surgeries have carpeted areas. Mr Graham advised that there is an issue with damp in the ground floor surgery which he is actively trying to address. It is his intention to commence refurbishment of the surgeries when this is addressed. A recommendation was made that a time scaled refurbishment plan is established to address these matters. As an interim measure the affected cupboard door should be replaced until a full refurbishment can be completed. In general fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>Discussion with a dental nurse confirmed 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 dental nurse 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>	

<b>Provider's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>No rating given</b>
<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Moving towards compliance</b>

### 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 Graham omitted to rate the practice arrangements for hand hygiene on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>A 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 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 the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A recommendation was made that the hand washing sinks in the surgeries have the overflows blanked off using a stainless steel plate sealed with antibacterial mastic. The 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 wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

<p><b>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>No rating given</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>

## 10.4 Management of Dental Medical Devices

<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>	
<b>Criterion Assessed:</b> 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.	
<b>Inspection Findings:</b>	
Mr Graham omitted to rate the practice approach to the management of dental medical devices on the self-assessment.	
The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.	
The practice has a legionella risk assessment in place. A recommendation was made to further develop the legionella risk assessment to include the sources of water at the practice and the internal plumbing system and to undertake and record control measures. An amendment was made to the legionella risk assessment regarding the flushing arrangements of DUWLs during the inspection.	
Mrs Graham and a dental nurse advised that management of the DUWLs was undertaken by Mr Graham on a daily basis. The dental nurse confirmed that filters are cleaned/replaced as per manufacturer's instructions, DUWLs are drained at the end of each working day and they are flushed at the start of each working day and between every patient.	
Mr Graham confirmed that:	
<ul style="list-style-type: none"> <li>• Self-contained water bottles are removed, flushed with distilled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; and</li> <li>• DUWLs and handpieces are fitted with anti-retraction valves.</li> </ul>	
Discussion with Mr Graham and the dental nurse confirmed that DUWLs are appropriately managed with the exception of the purging of lines. Mr Graham confirmed, during discussion that it is his belief that DUWLs should not be purged. Therefore there is no system in place for this or for periodic disinfection. HTM 01-05 states that periodical disinfection or purging of the lines should be done to remove the Biofilm build up. A recommendation was made that the practice should have a procedure to manage the infection risk from their DUWLs either compliant with the manufacturer's instructions or with the guidance form HTM01 05.	
The 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.	

<b>Provider's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>No rating given</b>
<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Substantially compliant</b>



## 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 Graham omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and a dental nurse spoken with demonstrated awareness of this. She 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 the 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 dental nurse confirmed that staff are aware of the practice uniform policy.</p>

<p><b>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>No rating given</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>

**10.6 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 Graham omitted to rate the practice approach to the management of waste 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. A 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 dental nurse confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated waste bin are available.</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, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report. Sharps boxes suitable for general sharps waste were provided for use in surgeries, however, purple lidded sharps box for the disposal of pharmaceutical waste were not. This was discussed with Mr Graham who confirmed that the practice policy is to fully discharge local anaesthetic cartridges into the patient’s mouth. However; a small supply of purple lidded sharps boxes are available in the outside store of the practice should the practice policy change.</p>

<p><b>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>No rating given</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></p> <p>Mr Graham omitted to rate the decontamination arrangements of the practice 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 two steam sterilisers have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>A washer disinfector logbook has been established. Review of the washer disinfector logbook evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p> <p>As discussed in section 9.0, logbooks have not been established for the two sterilisers and the periodic tests for the sterilisers are not undertaken and recorded as identified in HTM 01-05. There is no system to ensure that the cycle parameters for each cycle of the second back-up steriliser are recorded. A requirement has been made for the third time in this regard.</p>

<p><b>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>No rating given</b></p>
<p><b>Inspector’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>Compliance Level</b></p>
	<p>Moving towards compliance</p>

## **11.0 Additional Areas Examined**

### **11.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required.

Discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles.

### **11.2 Patient Consultation**

Mr Graham 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 inspector reviewed the summary of the most recent patient consultation.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Richard Graham 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:

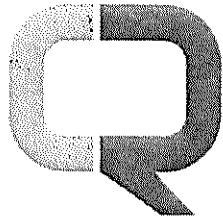
**Emily Campbell**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

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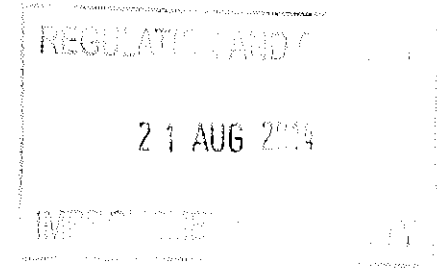
**Emily Campbell**  
**Inspector/Quality Reviewer**

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**Date**



The Regulation and  
Quality Improvement  
Authority



EC

## Quality Improvement Plan

### Announced Inspection

Clogher Valley Dental Care - Clogher

4 July 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 R Graham either during or after the inspection visit.

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

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

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

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

**STATUTORY REQUIREMENTS**

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15(3).	<p>Establish logbooks for each steriliser.</p> <p>Ensure that the periodic tests for each steriliser are recorded as identified in HTM 01-05.</p> <p>Establish a system to ensure that the cycle parameters of each cycle of the back-up steriliser are recorded. In the absence of a paper print out facility or data-logger, this should entail undertaking and recording an automatic control test for every cycle of the steriliser.</p> <p>Ref 9.0 &amp; 10.7</p>	Three	<p>DONE - USING PAGES FROM HTM-01-05 RECOMMENDED BY THE INSPECTOR</p> <p>IF IT IS NOT POSSIBLE TO FIT A DATA-LOGGER THEN THE BACK-UP STERILISER WILL HAVE TO BE TAKEN OUT OF SERVICE AS WE DO NOT HAVE THE MAN POWER TO WATCH IT GO THROUGH EVERY CYCLE.</p>	One month

**RECOMMENDATIONS**

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

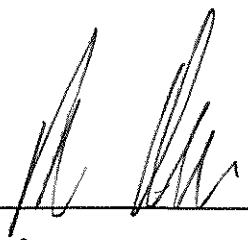
NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13	The light pull cord in the ground floor toilet should be replaced and maintained clean.  Ref 10.2	One	ELECTRICIAN CONTACTED	Two months
2	13	The exposed wooden strips below the windows in the decontamination room are sealed/painted.  Ref 10.2	One	PAINTER CONTACTED	Two months
3	13	A time scaled refurbishment plan should be established for the practice which should include the refurbishment and repainting of surgeries and removal of carpeted areas in surgeries.  As an interim measure the affected cupboard door should be replaced until a full refurbishment can be completed.  Ref 10.2	One	AS DISCUSSED WITH THE INSPECTOR WE HAVE A RECURSIVE PLAN FOR THE SURGERIES. THIS IS DEPENDENT ON FUNDING. AS A HEALTH SERVICE PRACTICE THE DEPARTMENT OF HEALTH IS REMOVING £20,000 OF COMMITMENT PATIENTS ANNUALLY.	Three months
4	13	The hand washing sinks in the two surgeries should have the overflows blanked off using a stainless steel plate sealed with antibacterial mastic.  Ref 10.3	One	THERE ARE NO OVERFLOWS IN THE DOWNSTAIRS SURGERY FOR THE UPSTAIRS SURGERY THE PLUMBER HAS BEEN CONTACTED.	Three months

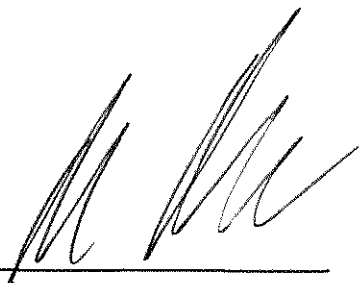


NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	14	<p>Further develop the legionella risk assessment to include the sources of water at the practice and the internal plumbing system.</p> <p>Undertake and record control measures.</p> <p>Ref 10.4</p>	One	<p>WE DO THIS WITH OUR PLUMBER AND CARRIED OUT ANY NECESSARY ACTIONS. THIS IS RECORDED IN OUR LEGIONELLA RISK ASSESSMENT.</p> <p>THIS IS ALREADY BEING DONE AND IS RECORDED IN THE LEGIONELLA RISK ASSESSMENT.</p>	Three months
6	13	<p>The practice should have a procedure to manage the infection risk from their dental unit water lines (DUWLs) either compliant with the manufacturer's instructions or with the guidance from HTM01 05.</p> <p>Ref 10.4</p>	One	<p>WE DO MANAGE THE INFECTION RISK AND HAVE A PROCEDURE TO DO THIS. WE DO NOT PUT ANY CHEMICALS INTO THE BOTTLED WATER AS I BELIEVE CONSTANT EXPOSURE TO THESE CHEMICALS IN AEROSOL FORM COULD BE DANGEROUS BOTH TO MY STAFF &amp; TO MY PATIENTS. IF RQIA CAN GIVE ME A 100% GUARANTEE THAT ANY OF THESE CHEMICALS ARE SAFE THEN WE WILL USE THEM</p>	Two months

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:

Emily Campbell  
 The Regulation and Quality Improvement Authority  
 9th floor  
 Riverside Tower  
 5 Lanyon Place  
 Belfast  
 BT1 3BT

SIGNED:   
 NAME: RICHARD GRAHAM  
 Registered Provider  
 DATE: 14/8/14

SIGNED:   
 NAME: RICHARD GRAHAM  
 Registered Manager  
 DATE: 14/8/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable				
B	Further information requested from provider				

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk)

Name of Registered Manager Completing QIP	
Name of Responsible Person / Identified Responsible Person Approving QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider	✓	B. Campbell	19/7/14