

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Dental Excellence, Belfast</b>
<b>Establishment ID No:</b>	<b>11444</b>
<b>Date of Inspection:</b>	<b>2 September 2014</b>
<b>Inspector's Name:</b>	<b>Emily Campbell</b>
<b>Inspection No:</b>	<b>18332</b>

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

<b>Name of establishment:</b>	Dental Excellence, Belfast
<b>Address:</b>	277 Antrim Road Belfast BT15 2GZ
<b>Telephone number:</b>	028 9074 3709
<b>Registered organisation / Responsible individual:</b>	Dental Excellence Dr Khalid Hussain
<b>Registered manager:</b>	Ms Anne Crawley (Acting)
<b>Person in charge of the establishment at the time of Inspection:</b>	Ms Jacqueline McClelland
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	4
<b>Date and type of previous inspection:</b>	Announced Inspection 14 October 2013
<b>Date and time of inspection:</b>	2 September 2014 10.05am – 12.45pm
<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 Ms Jacqueline McClelland, dental nurse and inspection facilitator;
- 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	
<b>Discussion with staff</b>	3	
<b>Staff Questionnaires</b>	18 issued	6 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

Dental Excellence, Belfast, is located in a former residential property which has been extended and renovated to provide a dental practice. The practice occupies the first and second floors of the three storey building. The practice is located on a busy arterial route into Belfast. On street car parking and public transport are available directly outside the practice.

The establishment is not fully accessible to patients with a disability. However, arrangements are in place to accommodate patients with a disability who cannot access the practice.

Dental Excellence, Belfast, operates four dental chairs, providing both private and NHS dental care. The practice has a waiting/reception area, toilet facilities, a decontamination room, office and staff and storage facilities.

Associate dentists work in Dental Excellence, Belfast, who are supported by a regional manager, a hygienist and a team of dental nurses and reception staff. Mr Hussain operates a further four practices and is the responsible individual in respect of these.

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

Mr Khalid Hussain is the responsible individual for the Dental Excellence group, which incorporates a further four practices. Mr Hussain has been the responsible individual for the practice since registration with RQIA in November 2012. Ms Anne Crawley, regional manager, has been the acting registered manager since December 2013.

Dental Excellence is registered as an independent hospital (IH) providing dental treatment (DT).

## 8.0 Summary of Inspection

This announced inspection of Dental Excellence, Belfast, was undertaken by Emily Campbell on 2 September 2014 between the hours of 10.05am and 12.45pm. Mr Hussain, responsible individual, and Ms Anne Crawley, acting registered manager, were not available during the inspection. Ms Jacqueline McClelland, dental nurse, facilitated the inspection and was available 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 the requirements made have been addressed. The recommendation made has been partially addressed and the unaddressed aspect in relation to the ventilation in the decontamination room is stated for the second time. The detail of the action taken by Mr Hussain and Ms Crawley can be viewed in the section following this summary.

Prior to the inspection, Mr Hussain and Ms Crawley completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Hussain and Ms Crawley in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. Mr Hussain and Ms Crawley 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 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; six were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were generally knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff also confirmed that they have been immunised against Hepatitis B. A recommendation was made during this inspection in regards to staff training in relation to the steriliser periodic tests.

### **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.

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. A recommendation was made that the management of blood and bodily fluid spillage procedure is further developed to reflect the current arrangements in the practice. The sharps injury procedure should also be further developed to include the onward referral arrangements to Occupational Health in the event of a sharps injury. A recommendation was made that the practice of dentists not disposing of needles, following the administration of local anaesthetic, should be reviewed to reduce the risk of needle stick injury to nursing staff in keeping with good practice. This should be reflected in the practice's policy and procedure in this regard. The management of sharps boxes in main was generally satisfactory. However a recommendation was made regarding the positioning of boxes in one surgery and the signing and dating of boxes on assembly. Further details can be seen in section 10.1 of the report.

The practice has a policy and procedure in place for cleaning and maintaining the environment. A recommendation was made that this should be further developed to include the arrangements for the general environment, including the contracted cleaning arrangements.

The inspector undertook a tour of the premises, including two of the four dental surgeries, which were found to be maintained to a fair standard of cleanliness. A recommendation was made to address a number of issues identified. Recommendations were also made in relation to the sealing of flooring at the edges and where cabinetry meets the flooring, the repair of tears/rips in dental chairs or operator chairs and the sealing of the electrical wiring boxing along the skirting board in the decontamination room. Further details can be seen in section 10.2 of the report.

Dedicated hand washing basins are available in the appropriate locations. A recommendation was made that the overflows in dedicated hand washing basins in surgeries are blanked off using a stainless steel plate sealed with antibacterial mastic. A recommendation was also made that the use of Hibiscrub should be reviewed and the practice of decanting liquids should cease with immediate effect. Information promoting hand hygiene is provided for staff and patients.

A written scheme for the prevention of legionella is available. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with staff confirmed that dental unit water lines (DUWLs) are appropriately managed.

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and staff spoken with demonstrated awareness of this. Observations made confirmed that PPE was readily available and used appropriately by staff.

The practice has a policy and procedure in place for the management and disposal of waste. With reference to the definition of sharps waste and disposal, the policy reflects that yellow lidded sharps boxes should be used and "Note orange lids must not be used". A recommendation was made that this should be further developed to reflect the arrangements in this regard in keeping with HTM 07-01 and the associated PEL (13) 14, including the disposal of pharmaceutical waste. 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 recommendation was made that all clinical waste bins should be pedal operated.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Extract ventilation only is available in the room and a recommendation was made for the second time that contact should be made with health estates at the Department of Health for advice and guidance in this regard. Appropriate validated equipment, including a washer disinfectant and three steam sterilisers have been provided to meet the practice requirements. Logbooks are in place for decontamination equipment. A recommendation was made to address issues identified in relation to the washer disinfectant logbook and the periodic testing of decontamination equipment. Further details can be seen in section 10.7 of the report.

The evidence gathered through the inspection process concluded that Dental Excellence, Belfast, is moving towards compliance with this inspection theme.

Mr Hussain and Ms Crawley 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.

Twelve 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 Ms McClelland 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	25 (2) (b)	<p>The following issues in the decontamination room should be addressed:</p> <ul style="list-style-type: none"> <li>• Electrical wiring along the skirting board should be trunked</li> <li>• A hole in the wall should be plastered</li> <li>• The open cabinet frame should have a backing installed and consideration given to the provision of doors on it</li> <li>• The wooden plinth between the skirting board and the floor should be removed or sealed</li> <li>• Cabinetry should be sealed where it meets the floor</li> <li>• The dead leg pipe should be removed</li> <li>• The overflow of the hand wash hand basin should be "blanked off" using a stainless steel plate and sealing it with anti-bacterial mastic</li> </ul>	<p>Review of the decontamination room evidenced that:</p> <ul style="list-style-type: none"> <li>• Electrical wiring along the skirting board had been boxed in. However, this had not been sealed and a recommendation was made during this inspection in this regard.</li> <li>• The hole in the wall has been plastered.</li> <li>• The open cabinet frame has not had a backing installed and doors had not been installed. However, staff confirmed that the wall behind the cabinet is included in the cleaning schedule and the inspector observed that the interior of the cabinet and the wall behind it were clean.</li> <li>• The wooden plinth between the skirting board and the floor has been sealed.</li> <li>• Cabinetry has been sealed where it meets the floor.</li> <li>• The dead leg pipe has been removed.</li> <li>• The overflow of the hand wash hand basin has been "blanked off" using a stainless steel plate and sealing it with anti-bacterial mastic.</li> </ul> <p>Requirement addressed.</p>	Compliant

2	15 (3)	<p>Dental handpieces should be decontaminated in line with the manufacturer's instructions and any handpieces which are compatible with the washer disinfectant should be decontaminated using this process.</p> <p>Handpieces should be provided in sufficient numbers to facilitate this.</p>	<p>Staff confirmed that dental handpieces are processed through the washer disinfectant within the decontamination process and that there are sufficient supplies of handpieces.</p> <p>Requirement addressed.</p>	Compliant
3	15 (4)	<p>Endodontic reamers and files should be treated as single use – regardless of the manufacturer's designation.</p>	<p>Staff confirmed that endodontic reamers and files are treated as single use.</p> <p>Requirement addressed.</p>	Compliant
4	15 (3)	<p>The washer disinfectant and sterilisers should be validated and arrangements established to ensure annual validation thereafter.</p>	<p>Review of documentation evidenced that the decontamination equipment has been validated.</p> <p>Requirement addressed.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	<p>The door and windows of the decontamination room should remain closed during the decontamination process.</p> <p>Contact should be made with health estates at the Department of Health for advice and guidance in regards to the ventilation system in the decontamination room.</p> <p>Any recommendations made should be addressed and records retained.</p>	<p>Staff confirmed that the door and windows of the decontamination room are closed during the decontamination process and the inspector observed that signs were on the windows to advise they should not be opened.</p> <p>Only extract ventilation is provided in the decontamination room and neither Ms McClelland nor staff were able to advise if contact had been made with health estates at the Department of Health for advice and guidance in this regard.</p> <p>This recommendation has been partially addressed and the unaddressed aspect is stated for the second time.</p>	Substantially compliant

## 10.0 Inspection Findings

### 10.1 Prevention of Blood-borne virus exposure

#### **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:**

**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.

**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:**

Mr Hussain and Ms Crawley omitted to rate the compliance level of 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. A recommendation was made that the management of blood and bodily fluid spillage procedure is further developed to reflect that household bleach is not used and that a blood/bodily fluid spillage kit is available in the practice containing an alternative product. The sharps injury procedure should also be further developed to include the onward referral arrangements to Occupational Health in the event of a sharps injury.

Review of documentation and discussion with staff evidenced that:

- the prevention and management of blood-borne virus exposure is included in the staff induction programme;
- staff training has been provided for clinical staff; and
- records are retained regarding the Hepatitis B immunisation status of clinical staff.

Discussion with Ms McClelland confirmed that there is no consistency in relation to new staff being referred to the Occupational Health Department for an occupational health check and most staff have received their Hepatitis B vaccinations from their own general practitioner. The inspector suggested that in future all new staff are referred to the Occupational Health Department as part of the recruitment process.

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. However, Ms McClelland confirmed that generally dentists do not dispose of needles, following the administration of local anaesthetic and needles are then disposed of by dental nurses. A recommendation was made that this practice should be reviewed as a risk management measure to reduce unnecessary handling by a third party and in keeping with good practice. This should be reflected in the practice's policy and procedure in this regard.

Sharps boxes in general were either wall mounted or safely positioned to prevent unauthorised access. However, one sharps box was located on the floor and one sharps box was mounted on

the side of a cupboard at a level which prevented effective daily cleaning of the floor in one surgery. Sharps boxes are appropriately used and signed and dated on final closure. A recommendation was made that sharps boxes should not be located on or close to floor level and sharps boxes should be signed and dated on assembly. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

Staff are aware of the actions to be taken in the event of a sharps injury.

<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>

## 10.2 Environmental design and cleaning

### **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.**

#### **Criterion Assessed:**

**13.1** Your dental service's premises are clean.

#### **Inspection Findings:**

Mr Hussain and Ms Crawley omitted to rate the compliance level of the practice arrangements for environmental design and cleaning on the self-assessment.

The practice has a policy and procedure in place for cleaning and maintaining the environment. A recommendation was made that this should be further developed to include the arrangements for the general environment, including the contracted cleaning arrangements.

The inspector undertook a tour of the premises, including two of the four dental surgeries, which were found to be maintained to a fair standard of cleanliness. The following issues were identified:

- The light pull cord in the patient toilet facility had become grubby;
- A free standing fan was observed to have a build-up of dust on the blades and guard;
- The inside of a cupboard observed in one surgery was dirty; and
- Keyboard covers are not used in dental surgeries.

A recommendation was made to address these matters. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were sealed at the edges and where cabinetry meets the flooring in the decontamination room. Flooring in the dental surgeries is not all sealed at the edges or where cabinetry meets the flooring. A recommendation was made in this regard. As discussed in section 10.1, a recommendation was made regarding the positioning of sharps boxes to facilitate the effective cleaning of floors. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt, with the exception of a tear observed in an operator chair in one surgery. A recommendation was made that tears/rips in dental chairs or operator chairs should be repaired/refurbished. As discussed in section 9.0, a recommendation was made that the electrical wiring boxing along the skirting board in the decontamination room should be sealed.

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

- Equipment surfaces, including the dental chair, are cleaned between each patient;
- Daily cleaning of cupboard doors and accessible high level surfaces;
- Weekly/monthly cleaning schedule;
- Cleaning equipment is colour coded; and
- Cleaning equipment is stored in a non-clinical area.

As discussed previously, a number of issues were identified in relation to the current arrangements, which require more attention to detail being paid to them. Ms McClelland advised that flooring throughout the practice is cleaned on a daily basis by a contracted cleaner. Ms McClelland was unable to confirm where dirty water is disposed of following mopping of the floors.



Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.

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

<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

<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>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.	
<b>Inspection Findings:</b> <p>Mr Hussain and Ms Crawley omitted to rate the compliance level of 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>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. The dedicated hand washing basins in dental surgeries have overflows and a recommendation was made that these should be blanked off using a stainless steel plate sealed with antibacterial mastic. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. The liquid soap provided in surgeries is Hibiscrub and observations made evidenced that this is being decanted from a larger container. This was confirmed by staff spoken with. A recommendation was made that the use of Hibiscrub should be reviewed and consideration given to the provision of general hand soap. The practice of decanting liquids should cease with immediate effect.</p> <p>The inspector observed that laminated posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</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>Substantially compliant</b>

## 10.4 Management of Dental Medical Devices

<p align="center"><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b></p> <p align="center"><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></p> <p><b>13.4</b> Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>Mr Hussain and Ms Crawley omitted to rate the compliance level of the practice approach to the management of dental medical devices on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with staff confirmed that this is adhered to.</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 that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> <li>• Filters are cleaned/replaced as per manufacturer's instructions;</li> <li>• An independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs;</li> <li>• Self-contained water bottles are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance;</li> <li>• DUWLs are drained at the end of each working day;</li> <li>• DUWLs are flushed at the start of each working day and between every patient;</li> <li>• DUWLs and handpieces are fitted with anti-retraction valves; and</li> <li>• DUWLs are purged using disinfectant as per manufacturer's recommendations.</li> </ul>

<p><b>Provider's overall assessment of the dental practice's compliance level against the standard assessed</b></p>	<p align="center"><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 align="center"><b>Compliant</b></p>

## 10.5 Personal Protective Equipment

<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> <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.
<b>Inspection Findings:</b> <p>Mr Hussain and Ms Crawley omitted to rate the compliance level of 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 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"> <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>Staff confirmed that they were aware of the practice uniform policy.</p>

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

## 10.6 Waste

<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> <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..	
<b>Inspection Findings:</b> <p>Mr Hussain and Ms Crawley omitted to rate the compliance level of 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. With reference to the definition of sharps waste and disposal, the policy reflects that yellow lidded sharps boxes should be used and “Note orange lids must not be used”. A recommendation was made that this should be further developed to reflect the arrangements in this regard in keeping with HTM 07-01 and the associated PEL (13) 14, including the disposal of pharmaceutical waste. 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>Some clinical waste bins are pedal operated and some are not. A recommendation was made that all clinical waste bins should be pedal operated.</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 orange lidded sharps boxes for general sharps waste and purple lidded sharps boxes for pharmaceutical waste were available throughout the practice. As discussed previously, recommendations were made in relation to signing and dating sharps boxes on assembly and that they should not be stored on the floors of surgeries.</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>Substantially compliant</b>

## 10.7 Decontamination

### **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.**

#### **Criterion Assessed: 13.4**

Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.

#### **Inspection Findings:**

Mr Hussain and Ms Crawley omitted to rate the compliance level of the decontamination arrangements of the practice on the self-assessment.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. As discussed in section 9.0 only extract ventilation is available in the room and a recommendation was made for the second time that contact should be made with health estates at the Department of Health for advice and guidance in this regard. Any recommendations made should be addressed and records retained.

Appropriate equipment, including a washer disinfector and three steam sterilisers have been provided to meet the practice requirements.

Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

A pre-printed logbook for the washer disinfector has been provided; however, this has not been used yet and did not contain the relevant details regarding the specifics of the machines and the responsible persons. Review of the current washer disinfector periodic tests identified that a daily cleaning efficacy test was not included. Ms McClelland and staff spoken with were not aware if a soil test was required for the machine. Review of the steriliser logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the daily automatic control test (ACT), which was not being consistently recorded. Discussion with a dental nurse and a trainee dental nurse confirmed that they were not aware of what an ACT consisted of or who undertook the test. Ms McClelland advised that it would be expected that whoever was assigned to the decontamination room on that day would complete the ACT. A recommendation was made that:

- Staff training should be provided regarding the periodic tests required for the sterilisers with particular emphasis on the ACT;
- An ACT should be undertaken and recorded for the first cycle of each day in respect of each steriliser;
- The new pre-printed logbook for the washer disinfector should be completed with the details of the machine specifics and a daily efficacy test should be undertaken and recorded; and
- The practice should review the washer disinfector manufacturer's instructions or consult with the service engineer to establish if a periodic soil test should be undertaken and if so this should be actioned and recorded.

<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>

<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Compliance Level</b>
	<b>Moving towards compliance</b>

## **11.0 Additional Areas Examined**

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

During the course of the inspection, the inspector spoke with Ms McClelland, a dental nurse and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that staff were generally knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff also confirmed that they have been immunised against Hepatitis B. As discussed previously a recommendation was made in regards to staff training in relation to the steriliser periodic tests.

### **11.2 Patient Consultation**

Mr Hussain and Ms Crawley 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. Ms McClelland advised that a patient satisfaction survey had recently been completed, however, the results had not yet been collated.



## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Jacqueline McClelland as part of the inspection process.

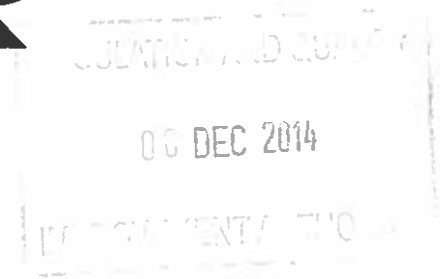
The timescales for completion commence from the date of inspection.

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**



## **Quality Improvement Plan**

### **Announced Inspection**

#### **Dental Excellence**

**2 September 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 Ms Jacqueline McClelland 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.

**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 electrical wiring boxing along the skirting board in the decontamination room should be sealed.  Ref 9.0, 10.2 & 10.7	One	Skirting was painted + Sealed.	Three months
2	13	Contact should be made with health estates at the Department of Health for advice and guidance in regards to the ventilation system in the decontamination room.  Any recommendations made should be addressed and records retained.  Ref 9.0 & 10.7	Two	In process of getting another vent fitted.	Three months
3	13	The management of blood and bodily fluid spillage procedure should be further developed to reflect that household bleach is not used and that a blood/bodily fluid spillage kit is available in the practice containing an alternative product.  The sharps injury procedure should be further developed to include the onward referral arrangements to Occupational Health in the event of a sharps injury.  The policy and procedure in place for cleaning and maintaining the environment should be	One	New Procedure developed + in place  New Procedure developed + in place.  New Procedure	Three months

		<p>further developed to include the arrangements for the general environment, including the contracted cleaning arrangements.</p> <p>The policy and procedure for the management and disposal of waste should be further developed in relation to sharps to reflect the arrangements in this regard in keeping with HTM 07-01 and the associated PEL (13) 14, including the disposal of pharmaceutical waste.</p> <p><b>Ref 10.1, 10.2 &amp; 10.6</b></p>		<p>developed to in place.</p> <p>Policy further developed</p>	
4	13	<p>The practice of dentists not disposing of needles, following the administration of local anaesthetic should be reviewed to reduce the risk of needle stick injury to nursing staff in keeping with good practice. This should be reflected in the practice's policy and procedure in this regard.</p> <p><b>Ref 10.1</b></p>	One	<p>Policy reviewed Dentist now disposed of own sharps.</p>	One month
5	13	<p>Sharps boxes should not be located on or close to floor level in surgeries to facilitate the daily cleaning of floors.</p> <p>Sharps boxes should be signed and dated on assembly.</p> <p><b>Ref 10.1 &amp; 10.2</b></p>	One	<p>Sharps Boxes moved.</p>	Immediate and ongoing
6	13	<p>Light pull cords should be maintained dirt free.</p> <p>Free standing fans should be included in the cleaning schedule and maintained clean.</p>	One	<p>Washable tubing fitted Cleaned &amp; stored away</p>	<p>One month</p> <p>Immediate</p>

		<p>The insides of cupboards in surgeries and the decontamination room should be maintained clean.</p> <p>Keyboard covers or "easy clean" waterproof keyboards should be used in clinical areas.</p> <p><b>Ref 10.2</b></p>		<p>Cleaned + maintained</p> <p>Disposable covers in use</p>	<p>and ongoing</p> <p>Immediate and ongoing</p> <p>Immediate and ongoing</p>
7	13	<p>Flooring in the dental surgeries should be sealed at the edges and where cabinetry meets the flooring.</p> <p><b>Ref 10.2</b></p>	One	all Floors Sealed	Three months
8	13	<p>Tears/rips in dental chairs or operator chairs should be repaired/refurbished.</p> <p><b>Ref 10.2</b></p>	One	in process of repair	Three months
9	13	<p>The overflows of the dedicated hand washing basins in dental surgeries should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p><b>Ref 10.3</b></p>	One	in process of being fixed	Three months
10	13	<p>The use of Hibiscrub should be reviewed and consideration given to the provision of general hand soap.</p> <p>The practice of decanting liquids should cease with immediate effect.</p> <p><b>Ref 10.2</b></p>	One	<p>ant hand soap in place with pumps</p> <p>No more decanting.</p>	<p>Three months</p> <p>Immediate and ongoing</p>

11	13	<p>All clinical waste bins should be pedal operated.</p> <p><b>Ref 10.6</b></p>	One	All Bins have Pedals.	One month
12	13	<p>Staff training should be provided regarding the periodic tests required for the sterilisers with particular emphasis on the automatic control test (ACT).</p> <p>An ACT should be undertaken and recorded for the first cycle of each day in respect of each steriliser.</p> <p>The new pre-printed logbook for the washer disinfecter should be completed with the details of the machine specifics and a daily efficacy test should be undertaken and recorded.</p> <p>The practice should review the washer disinfecter manufacturer's instructions or consult with the service engineer to establish if a periodic soil test should be undertaken and if so this should be actioned and recorded.</p> <p><b>Ref 10.7</b></p>	One	<p>Staff training was given</p> <p>Each autoclave has a test cycle before first use in morning</p> <p>all logbooks upto date</p> <p>Soil test to be carried out</p>	One week



**The Regulation and  
Quality Improvement  
Authority**



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

**Name of practice:** Dental Excellence  
**RQIA ID:** 11444  
**Name of inspector:** Emily Campbell

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

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

<b>1 Prevention of bloodborne virus exposure</b>			
<b>Inspection criteria</b> <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>1.1</b> Does the practice have a policy and procedure/s in place for the prevention and management of blood borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance? (2.6)	✓		
<b>1.2</b> Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5)	✓		
<b>1.3</b> Have all staff at risk from sharps injuries received an Occupational Health check in relation to risk reduction in blood-borne virus transmission and general infection? (2.6)	✓		
<b>1.4</b> Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	✓		
<b>1.5</b> Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	✓		
<b>1.6 Management of sharps</b>  <b>Any references to sharps management should be read in conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013</b>  <b>Are sharps containers correctly assembled?</b>	✓		



<b>1.7</b> Are in-use sharps containers labelled with date, locality and a signature?	✓		
<b>1.8</b> Are sharps containers replaced when filled to the indicator mark?	✓		
<b>1.9</b> Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	✓		
<b>1.10</b> Are full sharps containers stored in a secure facility away from public access?	✓		
<b>1.11</b> Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	✓		
<b>1.12</b> Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure? (2.6)	✓		
<b>1.13</b> Are inoculation injuries recorded?	✓		
<b>1.14</b> Are disposable needles and disposable syringes discarded as a single unit?	✓		
<b>Provider's level of compliance</b>			<b>Provider to complete</b>


<b>2 Environmental design and cleaning</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>2.1</b> Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)	✓		
<b>2.2</b> Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	✓		
<b>2.3</b> Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	✓		
<b>2.4</b> Is the dental chair cleaned between each patient? (6.46, 6.62)	✓		
<b>2.5</b> Is the dental chair free from rips or tears? (6.62)	✓		
<b>2.6</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	✓		
<b>2.7</b> Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	✓		
<b>2.8</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	✓		
<b>2.9</b> Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)			
<b>2.10</b> Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	✓		

<b>2.11</b> Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)	✓		
<b>2.12</b> Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)	✓		
<b>2.13</b> Are toys provided easily cleaned? (6.73)			No toys in practice
<b>2.14</b> Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)		✓	
<b>2.15</b> Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)	✓		
<b>2.16</b> Is cleaning equipment stored in a non-clinical area? (6.60)	✓		
<b>2.17</b> Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)	✓		
<b>2.18</b> Are the surfaces of equipment cleaned between each patient (E.g. work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surface of aspirator and X-ray heads)? (6.62)	✓		
<b>2.19</b> Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)	✓		
<b>2.20</b> Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	✓		

<b>2.21</b> Is there a designated area for the disposal of dirty water, which is outside the kitchen, clinical and decontamination areas; for example toilet, drain or slop-hopper (slop hopper is a device used for the disposal of liquid or solid waste)?	✓		
<b>2.22</b> Does the practice have a local policy and procedure/s for spillage in accordance with COSHH? (2.4d, 2.6)	✓		
<b>Provider's level of compliance</b>			<b>Provider to complete</b>

<b>3 Hand hygiene</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>3.1</b> Does the practice have a local policy and procedure for hand hygiene? (2.6 Appendix 1)	✓		
<b>3.2</b> Is hand hygiene an integral part of staff induction? (6.3)	✓		
<b>3.3</b> Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	✓		
<b>3.4</b> Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	✓		
<b>3.5</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	✓		
<b>3.6</b> Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish? (6.8, 6.23, Appendix 1)	✓		
<b>3.7</b> Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures? (6.9, 6.22)	✓		
<b>3.8</b> Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	✓		
<b>3.9</b> Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place? (2.4g, 6.10)	✓		


<b>3.10</b> Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)	✓		
<b>3.11</b> Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	✓		
<b>3.12</b> Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)	✓		
<b>3.13</b> Do the hand washing basins provided in clinical and decontamination areas have : <ul style="list-style-type: none"> <li>• no plug; and</li> <li>• no overflow.</li> </ul> Lever operated or sensor operated taps.(6.10)	✓	✓	
<b>3.14</b> Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)		✓	Nailbrushes are not used
<b>3.15</b> Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin? Bar soap should not be used. (6.5, Appendix 1)	✓		
<b>3.16</b> Is skin disinfectant rub/gel available at the point of care? (Appendix 1)	✓		
<b>3.17</b> Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	✓		

<b>3.18</b> Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)			
Provider's level of compliance			Provider to complete

<b>4 Management of dental medical devices</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>4.1</b> Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices? (1.18, 2.4a, 2.6, 2.7, 3.54)	✓		
<b>4.2</b> Has the practice carried out a risk assessment for legionella under the Health and Safety Commission's "Legionnaires' disease - the control of legionella bacteria in water systems Approved Code of Practice and Guidance" (also known as L8)? (6.75-6.90, 19.0)	✓		
<b>4.3</b> Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	✓		
<b>4.4</b> Impression material, prosthetic and orthodontic appliances: Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturer's instructions?(7.0)	✓		
<b>4.5</b> Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	✓		
<b>4.6</b> Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	✓		



<b>4.7 Dental Unit Water lines (DUWLs):</b> Is there an independent bottled-water system used to dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)	✓		
<b>4.8 Dental Unit Water lines (DUWLs):</b> For dental surgical procedures involving irrigation; is a separate single-use sterile water source used for irrigation? (6.91)	✓		
<b>4.9 Dental Unit Water lines (DUWLs):</b> Are the DUWLs drained down at the end of every working day?(6.82)	✓		
<b>4.10 Dental Unit Water lines (DUWLs):</b> Are self-contained water bottles (bottled water system) removed, flushed with distilled or RO water and left open to the air for drying on a daily basis, and if necessary overnight, and in accordance with manufacturer's guidance? (6.83)	✓		
<b>4.11 Dental Unit Water lines (DUWLs):</b> Where bottled water systems are not used is there a physical air gap separating dental unit waterlines from mains water systems. (Type A)?(6.84)	✓		
<b>4.12 Dental Unit Water lines (DUWLs):</b> Are DUWLs flushed for a minimum of 2 minutes at start of each working day and for a minimum of 20-30 seconds between every patient? (6.85)	✓		
<b>4.13 Dental Unit Water lines (DUWLs):</b> Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)	✓		
<b>4.14 Dental Unit Water lines (DUWLs):</b> Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)	✓		

4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)			
Provider's level of compliance			Provider to complete

<b>5 Personal Protective Equipment</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>5.1</b> Does the practice have a policy and procedures for the use of personal protective equipment? (2.6, 6.13)	✓		
<b>5.2</b> Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	✓		
<b>5.3</b> Are powder-free CE marked gloves used in the practice? (6.20)	✓		
<b>5.4</b> Are alternatives to latex gloves available? (6.19, 6.20)	✓		
<b>5.5</b> Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	✓		
<b>5.6</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	✓		
<b>5.7</b> Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	✓		
<b>5.8</b> Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	✓		
<b>5.9</b> Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	✓		

<b>5.10</b> Are disposable plastic aprons worn during all decontamination processes or clinical procedures where there is a risk that clothing/uniform may become contaminated? (6.14, 6.24-6.25)	✓		
<b>5.11</b> Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)	✓		
<b>5.12</b> Are plastic aprons, goggles, masks or face shields used for any clinical and decontamination procedures where there is a danger of splashes? (6.14, 6.26-6.29)	✓		
<b>5.13</b> Are masks disposed of as clinical waste after each use? (6.27, 6.36)	✓		
<b>5.14</b> Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)	✓		
<b>5.15</b> Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)	✓		
<b>5.16</b> Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)	✓		
<b>5.17</b> Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)	✓		
<b>Provider's level of compliance</b>			<b>Provider to complete</b>

<b>6 Waste</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01.</b>
<b>6.1</b> Does the practice have a policy and procedure/s for the management and disposal of waste? (2.6, 6.1 (07-01) 6.4 (07-01))	✓		
<b>6.2</b> Have all staff attended induction and on-going training in the process of waste disposal? (1.22, 6.43 (07-01) 6.51 (07-01))	✓		
<b>6.3</b> Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	✓		
<b>6.4</b> Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	✓		
<b>6.5</b> Are orange bags used for infectious Category B waste such as blooded swabs and blood contaminated gloves? (HTM 07-01, PEL (13) 14, 5.39 (07-01) Chapter 10 - Dental 12 (07-01))	✓		
<b>6.6</b> Are black/orange bags used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam? (HTM 07-01, PEL (13) 14, 5.50 (07-01) Chapter 10-Dental 8 (07-01))	✓		
<b>6.8</b> Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	✓		

<b>6.9</b> Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	✓		
<b>6.10</b> Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))	✓		
<b>6.11</b> Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	✓		
<b>6.12</b> Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	✓		
<b>6.13</b> Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	✓		
<b>6.14</b> Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)?(3.32 (07-01))	✓		
<b>6.15</b> Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	✓		
<b>6.16</b> Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal? (6.1 (07-01), 6.9 (07-01))	✓		
<b>6.17</b> Is there evidence the practice is segregating waste in accordance with HTM 07-01? (5.86 (07-01), 5.88 (07-01), 4.18 (07-01))	✓		
Provider's level of compliance			Provider to complete

<b>7 Decontamination</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>7.1</b> Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3–5.8)	✓		
<b>7.2</b> Does the practice have washer disinfectors in sufficient numbers to meet the practice requirements? (PEL(13)13)	✓		
<b>7.3</b> Are all reusable instruments being disinfected using the washer disinfectors? (PEL(13)13)	✓		
<b>7.4</b> Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	✓		
<b>7.5 a</b> Has all equipment used in the decontamination process been validated?  <b>7.5 b</b> Are arrangements in place to ensure that all equipment is validated annually? (1.9, 11.1, 11.6, 12,13, 14.1, 14.2, 15.6)	✓		
<b>7.6</b> Have separate log books been established for each piece of equipment?  Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	✓		

<p><b>7.7 a</b> Are daily, weekly, monthly periodic tests undertaken and recorded in the log books as outlined in HTM 01-05? (12, 13, 14)</p> <p><b>7.7 b</b> Is there a system in place to record cycle parameters of equipment such as a data logger?</p>	✓	✓	
Provider's level of compliance			Provider to complete

**Please provide any comments you wish to add regarding good practice**

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## Appendix 1



The **Regulation** and  
**Quality Improvement**  
Authority

**Name of practice: Dental Excellence**

### Declaration on consultation with patients

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17(3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9.

- 1 Do you have a system in place for consultation with patients, undertaken at appropriate intervals?

Yes

☒

No

☐

If no or other please give details:

- 2 If appropriate has the feedback provided by patients been used by the service to improve?

Yes

☒

No

☐

- 3 Are the results of the consultation made available to patients?

Yes

☒

No

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