



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Mellor Dental Spa</b>
<b>Establishment ID No:</b>	<b>11456</b>
<b>Date of Inspection:</b>	<b>22 October 2014</b>
<b>Inspector's Name:</b>	<b>Stephen O'Connor</b>
<b>Inspection No:</b>	<b>20208</b>

**The Regulation and Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of establishment:</b>	Mellor Dental Spa
<b>Address:</b>	292 Shore Road Whitehouse Newtownabbey BT37 9RW
<b>Telephone number:</b>	02890 365259
<b>Registered organisation / registered provider:</b>	Mr David Mellor Mrs Maria Mellor
<b>Registered manager:</b>	Mrs Maria Mellor
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr David Mellor Mrs Maria Mellor
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	3
<b>Date and type of previous inspection:</b>	Announced Inspection 21 November 2013
<b>Date and time of inspection:</b>	22 October 2014 10am – 12:05pm
<b>Name of inspector:</b>	Stephen O'Connor

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of dental care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Independent Health Care Regulations (Northern Ireland) 2005;
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

Other published standards which guide best practice may also be referenced during the inspection process.

#### 4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Mr David Mellor, 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>	3	
<b>Staff Questionnaires</b>	7 issued	2 returned

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

## 6.0 Inspection Focus

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

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

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

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

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

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

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

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

- prevention of Blood-borne virus exposure;
- environmental design and cleaning;
- hand hygiene;
- management of Dental Medical Devices;
- personal protective equipment; and
- waste.

A number of aspects of the Decontamination section of the Audit tool have also been revisited.

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

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

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

<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

Mellor Dental Spa is situated on the Shore Road, Newtownabbey. The practice is located on the ground floor of a two storey building and has been adapted and refurbished to accommodate a dental practice. Car parking is available on the lane directly outside the practice.

The establishment is accessible for patients with a disability and disabled toilet facilities are provided.

Mellor Dental Spa has three dental chairs, waiting area, a reception, decontamination room, toilet and staff and storage facilities. The practice provides both NHS and private dental care.

Mr and Mrs Mellor work alongside one other dentist and a team of dental nurses and administrative staff.

Mr and Mrs Mellor have been the registered providers and Mrs Mellor the registered manager of Mellor Dental Spa since initial registration with RQIA on the 31 May 2012.

On the 2 September 2014 the inspector received confirmation from a representative from the Oasis Dental Care group advising that Mellor Dental Spa had been acquired by the Oasis Dental Care group. As the practice has been sold and a new entity is carrying on the regulated services, then an application for registration must be made to RQIA by that entity. The relevant registration documentation was issued to Oasis Dental Care group by RQIA. In subsequent correspondence with Mr Mellor and Oasis Dental Care group it was established the Oasis Dental Care group took ownership of the practice with effect from the 1 September 2014.

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

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

## 8.0 Summary of Inspection

This announced inspection of Mellor Dental Spa was undertaken by Stephen O'Connor on 22 October 2014 between the hours of 10:00am and 12:05pm. Mr David Mellor, registered provider, was available during part of the inspection and for verbal feedback at the conclusion of the inspection. Mrs Maria Mellor, registered provider, was treating patients during the inspection.

On the 2 September 2014 confirmation was received from a representative from the Oasis Dental Care group advising that Mellor Dental Spa had been acquired by the Oasis Dental Care group with effect from 1 September 2014. As the practice has been sold and a new entity is carrying on the regulated services, then an application for registration must be made to RQIA by that entity. The relevant application registration documentation was issued to Ms Burke. Mr Mellor consented to Ms Marguerite Burke, representative from Oasis Dental Care group facilitating this inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirement and two of the three recommendations have been addressed. The recommendation made during the previous inspection to generate a report detailing the findings of the patient satisfaction survey has not been addressed, and this is stated as a requirement. The detail of the action taken by Mr and Mrs Mellor can be viewed in the section following this summary.

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

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

Questionnaires were also issued to staff; two were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and 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 confirmed that they have been immunised against Hepatitis B.

### 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.

Mr Mellor confirmed that a copy of the 2013 edition of HTM 01-05 was not available in the practice and the Infection Prevention Society (IPS) HTM 01-05 audit tool which has been endorsed by the Department of Health had not been completed within the past year. A recommendation was made that the 2013 edition of HTM 01-05 and the associated Professional Estates Letter (PEL) (13)13 should be downloaded and made available to staff, and the IPS audit tool should be completed every six months and an action plan developed as necessary to ensure compliance with HTM 01-05. The inspector informed Mr Mellor that the 2013 edition of HTM 01-05 and PEL (13)13 is available on the RQIA website to download.

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 Mellor, Ms Burke 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. Review of documentation demonstrated that records confirming the hepatitis B vaccination status of some clinical staff were available. A recommendation was made that records should be retained regarding the Hepatitis B immunisation status of all clinical staff.

Sharps management at the practice was observed to be in line with best practice, with the exception of the location of sharps boxes and the provision of sharps containers suitable for the disposal of pharmaceutical waste. A recommendation was made to address these issues.

The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment. Review of the environmental cleaning policy demonstrated that it lacked detail in regards to the arrangements specific to the practice and a recommendation was made to address this. Recommendations were also made that the floors in all clinical areas should be sealed at the edges and that easy clean keyboards or keyboard covers should be provided in all clinical areas.

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 number of issues were identified in relation to hand hygiene and a recommendation was made that overflows in all stainless hand washing basins are blanked off, that skin disinfectant rub/gel is made available in all clinical areas and that a poster promoting hand hygiene is displayed near hand washing basins. The hand hygiene policy is provided for staff.

A written scheme for the prevention of legionella is available. A recommendation was made to further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures. 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.

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. Pedal operated clinical waste bins are not available in the practice and a recommendation was made to address this.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. A dental nurse confirmed that appropriate arrangements are in place for the decontamination of reusable dental instruments with the exception of dental handpieces which are not consistently processed in the washer disinfectant. A requirement has been made in regards to the decontamination of dental handpieces.

On the day of inspection an ultrasonic cleaner, a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. Discussion with Mr Mellor and review of documentation demonstrated that the ultrasonic cleaner has not been validated and that the validation of the washer disinfectant and steam sterilisers is now overdue. A requirement was made in regards to the validation of equipment used in the decontamination process.

Review of documentation and discussion with a dental nurse demonstrate that pre-printed logbooks are available for the washer disinfectant and steam sterilisers. In the main periodic tests are undertaken and recorded in keeping with HTM 01-05. No periodic tests are undertaken in regards to the ultrasonic cleaner and the weekly safety checks for the steam sterilisers are not undertaken. A recommendation was made to address this.

The evidence gathered through the inspection process concluded that Mellor Dental Spa is moving towards compliance with this inspection theme.

Mr and Mrs Mellor confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, and that feedback provided by patients has been used by the service to improve. The submitted self-assessment indicated that the results of the consultation have not been made available to patients.

On the day of inspection Mr Mellor confirmed that a report detailing the findings of the most recent patient satisfaction survey had not been generated and that it had

been over one year since the previous patient satisfaction survey was undertaken. As discussed previously a requirement was made to address this.

Review of documentation demonstrated that a comprehensive induction programme is in place. This induction programmes includes information and training in relation to each of the criteria identified within this themed inspection. However, on the day of inspection Mr Mellor confirmed that no arrangements are in place to provide annual refresher training in all of these areas. A recommendation was made to address this.

Three requirements and 11 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 and Mrs Mellor, Ms Burke 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 (4)	Endodontic reamers and files should be treated as single use – regardless of the manufacturer's designation.	Mr Mellor confirmed that endodontic reamers and files are now treated as single use.  This requirement has been addressed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	Ensure a detergent specifically formulated for the purposes of cleaning dental instruments is available and used when manually cleaning instruments.	<p>A detergent specifically formulated for the manual cleaning of dental instruments has been provided.</p> <p>This recommendation has been addressed.</p>	Compliant
2	13	Ensure the result of the daily automatic control test for both non-vacuum sterilisers is recorded in the pre-printed logbooks.	<p>Review of the pre-printed steam steriliser logbook demonstrated that the details of the daily automatic control test are recorded.</p> <p>This recommendation has been addressed.</p>	Compliant
3	8	A report detailing the findings of the patient satisfaction survey should be generated and made available to patients and other interested parties. A copy of the survey report should be retained in the practice for inspection.	<p>Mr Mellor confirmed that a report detailing the findings of the patient satisfaction survey has not been generated. He also confirmed that a patient satisfaction survey has not been undertaken within the past year.</p> <p>This recommendation has not been addressed and a requirement has been made during this inspection. Additional information can be found in section 11.2 of this report.</p>	Not 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 and Mrs Mellor rated the practice arrangements for the prevention of blood-borne virus exposure as moving towards compliance 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 Mr Mellor, Ms Burke and staff evidenced that the prevention and management of blood-borne virus exposure is included in the staff induction programme. Records are retained regarding the Hepatitis B immunisation status of some clinical staff. A recommendation was made that records should be retained regarding the Hepatitis B immunisation status of all clinical staff.

Ms Burke confirmed that in the future newly recruited clinical staff will receive an occupational health check.

Discussion with staff confirmed that they 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 suitable for the disposal of general sharps waste were safely positioned to prevent unauthorised access, however, some of these are situated on the floor in the surgeries. This is not in keeping with best infection control practice and a recommendation was made in this regard. Sharps boxes are, appropriately used, and 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. Sharps boxes suitable for the disposal of pharmaceutical waste were not available; this is discussed further in section 10.6 of this report.

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.

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

## 10.2 Environmental design and cleaning

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.1</b> Your dental service's premises are clean.</p>
<p><b>Inspection Findings:</b></p> <p>Mr and Mrs Mellor rated the practice arrangements for environmental design and cleaning as moving towards compliance on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment. This policy lacked detail and a recommendation was made that it is further developed to include the cleaning arrangements specific to the practice. It should also detail the roles and responsibilities of staff, guidance on colour coded cleaning equipment and outline cleaning schedules.</p> <p>The inspector undertook a tour of the premises, to include two of the three dental surgeries and the decontamination room; these areas were found to be maintained to a fair standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious; however they were not covered or sealed at the edges. A recommendation was made that flooring in all clinical areas should be sealed at the edges where it meets the wall and where it meets the kicker boards of the cabinetry.</p> <p>Computers are available in the dental surgeries, the keyboards are not easy clean/waterproof or covered with keyboard covers. Ms Burke confirmed that a new computer system will be installed. A recommendation was made that keyboard covers or easy clean waterproof keyboards should be provided in all clinical areas.</p> <p>Discussion with staff 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>Staff confirmed on the submitted questionnaires that they had received the relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.</p>

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

### 10.3 Hand Hygiene

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criteria Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mr and Mrs Mellor rated the practice arrangements for hand hygiene as moving towards compliance on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Review of documentation demonstrated that hand hygiene is included in the induction programme. The provision of refresher training is discussed in section 11.3 of this report.</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, and paper towels were available. A number of issues were identified in relation to hand hygiene as follows:</p> <ul style="list-style-type: none"> <li>• Some of the dedicated hand washing basins are stainless steel and have overflows;</li> <li>• Disinfectant rub/gel was not available in the decontamination room and one of the dental surgeries; and</li> <li>• Posters promoting hand hygiene were not on display near hand washing basins.</li> </ul> <p>These issues were discussed with Mr Mellor and Ms Burke and a recommendation was made to address them.</p> <p>Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p>

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

## 10.4 Management of Dental Medical Devices

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.4</b> Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>Mr and Mrs Mellor rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with Mr Mellor and staff confirmed that in the main this is adhered to. A recommendation was made to further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures.</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>• A single use sterile water source is used for irrigation in dental surgical procedures;</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><b>Compliant</b></p>
<p><b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b></p>	<p><b>Substantially compliant</b></p>

## 10.5 Personal Protective Equipment

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mr and Mrs Mellor rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Review of documentation demonstrated 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>

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

**10.6 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 and Mrs Mellor rated the practice approach to the management of waste as moving towards compliance 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. Review of documentation demonstrated that the management of waste is included in the induction programme. The provision of refresher training in discussed in section 11.3 of this report.</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>Clinical waste bins are freestanding, however they are not pedal operated. This was discussed with Mr Mellor who informed the inspector that the practice has requested pedal operated clinical waste bins from the waste disposal company. A recommendation was made that pedal operated clinical waste bins should be provided in all clinical areas.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>Adequate provision of sharps containers suitable for general sharps waste are available throughout the practice. Sharps containers suitable for the disposal of pharmaceutical waste were not available in the practice. A recommendation was made to address this.</p>

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

## 10.7 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 and Mrs Mellor rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including an ultrasonic cleaner, a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that the two steam sterilisers were previously validated on the 4 October 2013 and the washer disinfectant on the 21 October 2014. Validation of this equipment is now due. An ultrasonic cleaner is also available in the decontamination room. Mr Mellor and a dental nurse confirmed that the ultrasonic cleaner is used to clean instruments prior to processing in the washer disinfectant. The ultrasonic cleaner has not been validated. Mr Mellor is aware that the 2013 edition of HTM 01-05 does not require the use of an ultrasonic cleaner within the decontamination process. A requirement was made in relation to the validation of equipment used to decontaminate instruments.</p> <p>During discussion a dental nurse informed the inspector that compatible handpieces are not consistently processed in the washer disinfectant. The dental nurse stated that if all six handpieces ports in the washer disinfectant are in use, remaining handpieces requiring decontamination will be manually cleaned prior to sterilisation rather than waiting to process these handpieces during the next washer disinfectant cycle. The dental nurse confirmed that the practice does have a sufficient supply of handpieces to facilitate processing in the washer disinfectant. This issue was discussed with Mr Mellor, Ms Burke and the dental nurse and a requirement was made to address it.</p> <p>Review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with HTM 01-05. No periodic tests are undertaken in regards to the ultrasonic cleaner. Review of the pre-printed steam steriliser logbooks demonstrated that the weekly safety checks are not recorded. The dental nurse confirmed that a service engineer advised the practice that these checks were not required. A recommendation was made that weekly safety checks must be undertaken in accordance with the manufacturer's instructions or as outlined in HTM 01-05 for the steam sterilisers and if used periodic tests should be undertaken and recorded for the ultrasonic cleaner. Results of these checks must be recorded in the machine logbooks.</p> <p>Mr Mellor confirmed that a copy of the 2013 edition of HTM 01-05 was not available in the practice and the Infection Prevention Society (IPS) HTM 01-05 audit tool which has been endorsed by the Department of Health had not been completed within the past year. A recommendation was made that the 2013 edition of HTM 01-05 and the associated Professional</p>

Estates Letter (PEL) (13)13 should be downloaded and made available to staff, and the IPS audit tool should be completed every six months and an action plan developed as necessary to ensure compliance with HTM 01-05. The inspector informed Mr Mellor that the 2013 edition of HTM 01-05 and PEL (13)13 is available on the RQIA website to download.

<b>Provider's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Compliant</b>
<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Moving towards compliance</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 Burke, representative from the Oasis Dental Care group and two trainee dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they 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 confirmed that they have been immunised against Hepatitis B.

### **11.2 Patient Consultation**

Mr and Mrs Mellor confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, and that feedback provided by patients has been used by the service to improve. The submitted self-assessment indicated that the results of the consultation have not been made available to patients.

As discussed in section 9.0 of this report on the day of inspection Mr Mellor confirmed that a report detailing the findings of the most recent patient satisfaction survey had not been generated and that it had been over one year since the previous patient satisfaction survey was undertaken. A requirement was made to address this.

### **11.3 Staff Training**

As discussed under the relevant sections of this report review of documentation demonstrated that a comprehensive induction programme is in place. This induction programmes includes information and training on infection prevention and control, minimising blood borne virus exposure, environmental cleaning, hand hygiene, use of personal protective equipment (PPE) and waste disposal. However, Mr Mellor confirmed that no arrangements are in place to provide annual refresher training in all of these areas. A recommendation was made to address this.

### **11.4 New Ownership**

As discussed in section 8.0 of this report RQIA were notified by a representative of Oasis Dental Care group that Oasis Dental Care Group had acquired Mellor Dental Spa. As the practice has been sold and a new entity is carrying on the regulated services, then an application for registration must be made to RQIA by that entity. The relevant registration documentation was issued to the Oasis Dental Care group by RQIA.

During subsequent correspondence from Mr Mellor and the Oasis Dental Care group it was established that Mellor Dental Spa was acquired by the Oasis Dental Care group with effect from the 1 September 2014.

Mr Mellor is aware that until such times as Oasis Dental Care group submit a registration application to RQIA in respect of Mellor Dental Spa that himself and Mrs Mellor will remain as the registered providers for Mellor Dental Spa.

The status of the registration application was discussed with Ms Burke. Ms Burke informed the inspector that the registration application is with Mr Mark Kinneen, responsible individual for the Oasis Dental Care group to be completed. The inspector advised Mrs Burke that it is an offence to carry on an establishment or agency without being registered with RQIA and that given the ownership of the practice changed on the 1 September 2014 RQIA would expect submission of the registration application within the next two weeks.

Since taking ownership of the practice Oasis Dental Care group have commenced a refurbishment programme, and the practice is currently being redecorated.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Mellor and Ms Burke as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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

---

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

---

**Date**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Announced Inspection

Mellor Dental Spa

22 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr David Mellor and Ms Marguerite Burke 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	17 (1)	<p>Patient satisfaction surveys should be completed at least on an annual basis as part of the quality assurance process.</p> <p>On completion of the patient satisfaction surveys a report of the findings must be produced and made available to patients.</p> <p><b>Ref: 9.0 &amp; 11.2</b></p>	One	<p><i>TO BE CARRIED OUT.</i></p> <p><i>REPORT TO BE PRODUCED.</i></p>	Two months
2	15 (2) (b)	<p>The ultrasonic cleaner, washer disinfectant and steam sterilisers should be validated in line with HTM 01-05 or the manufacturer's instruction and arrangements put in place to ensure annual revalidation thereafter. Records of validation should be retained for inspection.</p> <p><b>Ref: 10.7</b></p>	One	<p><i>TO BE ORGANISED WITH DENTAL ENGINEERS</i></p>	Two months
3	15 (3)	<p>All reusable dental instruments; manufacturer's instruction permitting should be cleaned in the washer disinfectant.</p> <p>Compatible dental handpieces must be processed through the washer disinfectant as part of the decontamination process.</p> <p><b>Ref: 10.7</b></p>	One	<p><i>AGREED.</i></p>	Immediate and on-going

**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	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.  <b>Ref: 10.1</b>	One	RECORDS WILL BE RECORDED FOR ALL CLINICAL STAFF	Two months
2	13	The following issues in relation to sharps containers must be addressed: <ul style="list-style-type: none"> <li>sharps boxes should not be on the floor of any dental surgery; and</li> <li>sharps boxes suitable for the disposal of pharmaceutical waste should be provided.</li> </ul> <b>Ref: 10.1 &amp; 10.6</b>	One	SHARPS BOXES TO BE MOVED INTO CABINETS OR MOUNTED ABOVE FLOOR LEVEL  CANNON HYGIENE TO SUPPLY PHARMACEUTICAL WASTE BINS.	One month
3	13	The policy and procedure in place for cleaning and maintaining the environment should be further developed to include the cleaning arrangements specific to the practice. It should also detail roles and responsibilities of staff, guidance on colour coded cleaning equipment and outline cleaning schedules.  <b>Ref: 10.2</b>	One	NEW POLICY TO BE WRITTEN. CLEANER TO READ / SIGN NEW COLOUR CODED MOPS / BUCKETS ALREADY PURCHASED AND CLEANER TRAINED.	Two months

4	13	<p>Flooring in all clinical areas should be sealed at the edges where it meets the wall and where it meets the kicker boards of the cabinetry.</p> <p><b>Ref: 10.2</b></p>	One	AGREED	Two months
5	13	<p>Keyboard covers or easy clean waterproof keyboards should be provided in all clinical areas.</p> <p><b>Ref: 10.2</b></p>	One	TO BE PURCHASED	Two months
6	13	<p>The following issues in relation to hand hygiene should be addressed:</p> <ul style="list-style-type: none"> <li>• Overflows in all stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic;</li> <li>• Skin disinfectant rub/gel should be available in all clinical areas; and</li> <li>• Laminated or wipe-clean posters promoting hand hygiene should be on display near all dedicated hand washing basins.</li> </ul> <p><b>Ref: 10.3</b></p>	One	<p>TO BE CARRIED OUT</p> <p>GEL ORDERED</p> <p>POSTERS ALREADY AVAILABLE</p>	Two months
7	13	<p>Further develop the control measures to reduce the risk of legionella, to include monthly monitoring of hot and cold sentinel water temperatures.</p> <p>Records must be retained for inspection.</p> <p><b>Ref:10.4</b></p>	One	<p>TO BE CARRIED OUT.</p> <p>RECORDS WILL BE RETAINED.</p>	Two months

8	13	<p>Pedal operated clinical waste bins should be provided in all clinical areas.</p> <p><b>Ref 10.6</b></p>	One	<p><i>THESE WERE ORDERED FROM CANNON HYGIENE 6 MTS AGO !</i></p>	Two months
9	13	<p>Weekly safety checks must be undertaken in accordance with the manufacturer's instructions or as outlined in HTM 01-05 for the steam sterilisers. Results of these checks must be recorded in the machine logbooks.</p> <p>If used periodic tests should be undertaken and recorded for the ultrasonic cleaner.</p> <p><b>Ref: 10.7</b></p>	One	<p><i>ALREADY DOING THIS</i></p> <p><i>NOT USED</i></p>	One month
10	13	<p>The 2013 edition of HTM 01-05 and the associated Professional Estates Letter (PEL) (13)13 should be downloaded and made available to staff.</p> <p>The Infection Prevention Society (IPS) audit tool should be completed every six months and an action plan developed as necessary to ensure compliance with HTM 01-05.</p> <p><b>Ref: 10.7</b></p>	One	<p><i>AGREED</i></p> <p><i>AGREED</i></p>	Two months

11	13	<p>Establish arrangements to ensure all clinical staff receive annual refresher training in the following areas:</p> <ul style="list-style-type: none"> <li>• Prevention of blood borne virus exposure;</li> <li>• Environmental cleaning;</li> <li>• Hand hygiene;</li> <li>• Use of personal protective equipment (PPE); and</li> <li>• Waste disposal.</li> </ul> <p>Ref: 11.3</p>	One	<p>AGREED AND ALL STAFF TO BE TRAINED</p>	Three months
----	----	---	-----	---	--------------



The Regulation and  
Quality Improvement  
Authority

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

**Name of practice:** Mellor Dental Spa  
**RQIA ID:** 11456  
**Name of inspector:** Stephen O'Connor

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

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

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

<b>1.7</b> Are in-use sharps containers labelled with date, locality and a signature?		no	
<b>1.8</b> Are sharps containers replaced when filled to the indicator mark?	yes		
<b>1.9</b> Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	yes		
<b>1.10</b> Are full sharps containers stored in a secure facility away from public access?	yes		
<b>1.11</b> Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	yes		
<b>1.12</b> Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure? (2.6)	yes		
<b>1.13</b> Are inoculation injuries recorded?	yes		
<b>1.14</b> Are disposable needles and disposable syringes discarded as a single unit?	yes		
Provider's level of compliance			Moving towards compliance

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

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

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

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

<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)	yes		
<b>3.11</b> Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	yes		
<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)	yes		
<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)	yes		
<b>3.14</b> Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)	yes		
<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)	yes		
<b>3.16</b> Is skin disinfectant rub/gel available at the point of care? (Appendix 1)		no	
<b>3.17</b> Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	yes		

<p><b>3.18</b> Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p>		<p>no</p>	
<p>Provider's level of compliance</p>			<p>Moving towards compliance</p>

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

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

<b>4.15</b> Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)	yes		
Provider's level of compliance			Compliant

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

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

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

<b>6.9</b> Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))		no	waiting on Canon to provide
<b>6.10</b> Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))	yes		
<b>6.11</b> Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	yes		
<b>6.12</b> Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	yes		
<b>6.13</b> Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	yes		
<b>6.14</b> Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)?(3.32 (07-01))	yes		
<b>6.15</b> Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	yes		
<b>6.16</b> Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal? (6.1 (07-01), 6.9 (07-01))	yes		
<b>6.17</b> Is there evidence the practice is segregating waste in accordance with HTM 07-01? (5.86 (07-01), 5.88 (07-01), 4.18 (07-01))	yes		
Provider's level of compliance			Moving towards compliance

<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)	yes		
<b>7.2</b> Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)	yes		
<b>7.3</b> Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)	yes		
<b>7.4</b> Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	yes		
<b>7.5 a</b> Has all equipment used in the decontamination process been validated?	yes		
<b>7.5 b</b> Are arrangements in place to ensure that all equipment is validated annually? (1.9, 11.1, 11.6, 12,13, 14.1, 14.2, 15.6)	yes		
<b>7.6</b> Have separate log books been established for each piece of equipment?	yes		
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	yes		

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

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

**Appendix 1**



**Name of practice: Mellor Dental Spa**

**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