Announced Inspection

Name of Establishment:	**D H Millar Dental Surgery**
Establishment ID No:	**11457**
Date of Inspection:	**15 October 2014**
Inspector's Name:	**Carmel McKeegan**
Inspection No:	**20458**

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	D H Millar Dental Surgery
Address:	20 Church Place Lurgan BT66 6EY
Telephone number:	028 3832 3113
Registered organisation / registered provider:	Mr Damian Millar
Registered manager:	Mr Damian Millar
Person in charge of the establishment at the time of Inspection:	Mr Damian Millar
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	1
Date and type of previous inspection:	Announced Inspection 02 October 2013
Date and time of inspection:	15 October 2014 12.15 – 14.15
Name of inspector:	Carmel McKeegan

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 Damian Millar, 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:

	Number	
Discussion with staff	3	
Staff Questionnaires	5 issued	4 returned

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

6.0 Inspection Focus

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

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

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

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

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

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

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

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

- Prevention of Blood-borne virus exposure;
- Environmental design and cleaning;
- Hand Hygiene;
- Management of Dental Medical Devices;
- Personal Protective Equipment; and
- Waste.

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

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

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

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

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

7.0 Profile of Service

D H Millar Dental Surgery is located within a former residential property which has been converted and adapted to accommodate a dental practice. The building is located in the centre of Lurgan.

Limited on street car parking is available for patients nearby and public car parking is available a short distance from the practice.

The clinical area, including the dental surgery, of the practice is accessible for patients with a disability. However, the reception and toilet area are not. Mr Millar confirmed that patients are made aware of this.

D H Millar Dental Surgery operates one dental chair, providing both private and NHS dental care. Mr Millar is a single handed practitioner who is supported by dental nurses and administration staff.

A waiting/reception area and toilet facilities are available for patient use. The practice has a separate decontamination room and there are staff and storage facilities.

Mr Millar has been the registered provider and manager of D H Millar Dental Surgery since initial registration with RQIA on the 30 May 2012.

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

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

8.0 Summary of Inspection

This announced inspection of D H Millar Dental Surgery was undertaken by Carmel McKeegan on 15 October 2014 between the hours of 12.15 and 14.15. Mr Damien Millar, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The four requirements and eighteen recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that all four requirements have been addressed. Sixteen recommendations were also assessed as compliant. One recommendation relating to the provision of a Freedom of Information scheme was not fully addressed and is stated for a second time; a recommendation relating to an illuminated magnification device in the decontamination room is assessed as moving towards compliance and is stated for a second time. The detail of the action taken by Mr Millar can be viewed in the section following this summary.

Prior to the inspection, Mr Millar completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Millar in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. Mr Millar omitted to 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; four 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 training in infection prevention and control. 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 01 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

RQIA reviewed the compliance of the decontamination aspect of HTM 01-05 in the 2013/2014 inspection year. The focus of the inspection for the 2014/2015 inspection

year is cross infection control. A number of aspects of the decontamination section of HTM 01-05 have also been revisited.

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference. Staff are familiar with best practice guidance outlined in the document. Mr Millar confirmed that the Infection Prevention Society (IPS) audit tool has not been reviewed within the past year. A recommendation is made to address this.

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 Millar, and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of and are adhering to the practice policy in this regard. Sharps management at the practice was observed to be in line with best practice.

The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment. A recommendation was made to provide colour coded cleaning equipment and to further develop the environmental cleaning schedule to include guidance on the use of colour coded cleaning equipment.

A recommendation was made to reupholster the torn dentist's stool and remove the fabric covered chairs from the surgery.

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. The stainless steel sink hand washing basin in the surgery has an overflow and a recommendation was made that the overflow is blanked off with a stainless steel plate and sealed with antibacterial mastic.Information promoting hand hygiene is provided for staff and patients.

A written scheme for the prevention of legionella was not available on the day of inspection. Mr Millar informed the inspector that a legionella risk assessment had been completed and had been reviewed within the last year, the legionella risk assessment could not be located during the inspection. It was agreed that a copy of the written scheme for the prevention of legionella contamination in water pipes and other water lines would be forwarded to RQIA with the Quality Improvement Plan (QIP). A recommendation is made in this regard.

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.

Appropriate arrangements were in place for the management of general and clinical waste, including sharps. Waste was appropriately segregated and suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years.

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

The evidence gathered through the inspection process concluded that D H Millar Dental Surgery is substantially compliant with this inspection theme.

Mr Millar 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.

Seven 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 Millar 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	8	A patient guide must be developed and contain all the information as outlined in regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. A copy of the patient guide must be forwarded to RQIA on completion.	Mr Millar informed the inspector that a copy of the patient guide had been forwarded to RQIA as required. A copy of the patient guide was also available in the practice. This requirement is assessed as compliant.	Compliant
2	7	A statement of purpose must be developed and contain all the information as outlined in regulation 7 of The Independent Health Care Regulations (Northern Ireland) 2005. A copy of the statement of purpose must be forwarded to RQIA on completion.	Mr Millar informed the inspector that a copy of the statement of purpose had been forwarded to RQIA as required. A copy of the statement of purpose was also available in the practice. This requirement is assessed as compliant.	Compliant
3	15(3)	The washer disinfector and DAC Universal must be validated and staff trained in their use to remove the need for manual washing dental instruments.	Review of documentation demonstrated that the washer disinfector and the DAC universal have been validated. Review of a staff training record verified that staff had received training on the correct use of the DAC universal and the washer disinfector. This requirement is assessed as compliant.	Compliant

4	15(3)	The steam steriliser must be validated and arrangements put in place for annual validation thereafter.	Review of documentation demonstrated that the steam steriliser has been validated. Mr Millar confirmed that arrangements are in place for the annual revalidations of all machines. This requirement is assessed as compliant.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	9	The complaints policy should be further developed to include details of RQIA as an oversight body not as a referral route for second stage investigation of complaints.	The inspector was able to verify that the complaints policy included details of RQIA as an oversight body not as a referral route for second stage investigation of complaints. This recommendation is assessed as compliant.	Compliant
2	8	The records management policy should be further developed to include the arrangements in place for the retention of records to include the relevant length of time records are retained.	Review of documentation evidenced that the records management policy stated the arrangements in place for the retention of records and stated the relevant time frame that records are retained. This recommendation is assessed as compliant.	Compliant
3	10	A Freedom of Information publication scheme should be established.	A copy of a Freedom of Information Publication Scheme has not yet been developed. The inspector provided further information on how this might be achieved. A copy of the Freedom of Information Publication Scheme should be forwarded to RQIA in conjunction with the QIP. This recommendation is not compliant and is now stated for a second time.	Not compliant
4	11.4	Records of staff training to include the content of the training delivered should be retained for inspection.	Review of documentation and discussion with Mr Millar, the practice manager and two dental nurses confirmed that staff training	Compliant

		An overview of CPD achievements should also be in place.	is recorded. Information of CPD achievements are also retained for inspection. This recommendation is assessed as compliant.	
5	11.3	A copy of the staff induction programme should be retained at the practice and available for inspection.	A copy of the staff induction programme was available and reviewed by the inspector. This recommendation is assessed as compliant.	Compliant
6	15	Further develop the safeguarding policy to reflect the following: • the nominated person who has responsibility for dealing with safeguarding issues; • guidance for staff and the nominated/deputising person on how to respond, report and record a safeguarding issue, including local contact numbers for onward referral.	Review of documentation evidenced that a local policy for safeguarding vulnerable adults detailed the nominated person with responsibility for dealing with safeguarding issues and direction for staff on how to respond, report and record a safeguarding issue, including local contact numbers for onward referral. This recommendation is assessed as compliant.	Compliant
7	12	Review the storage arrangements for Glucagon. If Glucagon is retained in the fridge, fridge temperatures must be taken and recorded to demonstrate that the medication has been retained between 2°C and 8°C. If Glucagon is stored out of the fridge a revised expiry date 18 months from date of receipt, must be recorded on the packaging.	Mr Millar confirmed that a decision was made to store Glucagon out of the fridge. The inspector confirmed that Glucagon was stored appropriately and a revised expiry date was recorded on the packaging. This recommendation is assessed as compliant.	Compliant
8	13	Review the flow in the decontamination room to ensure that a dirty to clean flow is	Discussion with Mr Millar confirmed that the layout and flow within the	Compliant

		maintained at all times.	decontamination room was reviewed following the previous inspection. Two dental nurses described a dirty to clean flow in keeping with best practice guidance. This recommendation is assessed as compliant.	
9	13	Work surfaces in the decontamination room should be cleared of the current storage and should remain uncluttered at all times to allow for effective cleaning to take place.	A review of the surfaces in the decontamination room confirmed that it had been cleared of storage and was clutter free. This recommendation is assessed as compliant.	Compliant
10	13	Replace the flooring in the decontamination room. Consideration should be given to the flooring specifications as outlined in HTM 01-05.	Observation of the decontamination room verified that the flooring had been replaced, new flooring was impervious to moisture and was sealed at the edges. This recommendation is assessed as compliant.	Compliant
11	13	Repair the wall damage in the decontamination room to ensure effective cleaning can take place.	Observation of the decontamination room confirmed that the wall damage had been repaired. Surfaces were suitable for effective cleaning to take place. This recommendation is assessed as compliant.	Compliant
12	13	An illuminated magnification device should be in place and be used to inspect instruments following cleaning as part of the decontamination process.	The inspector was able to confirm that an illuminated magnification device was in place in the decontamination room and was used to inspect instruments as part of the decontamination process. However the device was	Moving towards compliance

			positioned to inspect instruments prior to being processed in the washer disinfector, the inspection of instruments should take place when the instruments are removed from the washer disinfector. This recommendation is assessed as moving towards compliance and is stated for a second time.	
13	13	Unwrapped dental burrs stored in the clinical area which have not been used within the working day on which they were processed should be reprocessed.	Discussion with Mr Millar and staff confirmed that all unwrapped dental burrs are reprocessed at the end of each day. This recommendation has been addressed.	Compliant
14	13	All wrapped instruments should be dated with the relevant expiry date.	Discussion with staff and observation of wrapped instruments confirmed that wrapped instruments were dated with the relevant expiry date. This recommendation has been addressed.	Compliant
15	13	In line with best practice guidance decontaminated instruments should be stored away from the clinical environment.	Discussion with staff and observation of storage arrangements within the practice confirmed that decontaminated instruments are stored in a cupboard in the ‘clean’ area of the decontamination room. This recommendation has been addressed.	Compliant
16	13	The automatic control test for the steriliser should be recorded on a daily basis. If the information is captured on the data logger then it can be	Discussion with staff and review of the steriliser log book confirmed that the automatic control test has been recorded daily.	Compliant

		recorded retrospectively each week.	This recommendation is assessed as compliant.	
17	13	The information contained on the data logger for the steam steriliser should be uploaded to the practice computer system on a monthly basis.	Discussion with Mr Millar and review of the practice computer enabled the inspector to confirm that information from the steam steriliser was uploaded to the practice computer on a monthly basis. This recommendation has been addressed.	Compliant
18	13	Further develop the infection prevention and control policies and procedures to ensure they reflect the arrangements at the practice.	Review of policies and procedures confirmed that infection control policies are in place to reflect the arrangements in the practice. This recommendation is assessed as compliant.	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 Millar omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment. The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with staff evidenced that: • the prevention and management of blood-borne virus exposure is included in the staff induction programme; • staff training has been provided for clinical staff; • all recently appointed staff have received an occupational health check; and • records are retained regarding the Hepatitis B immunisation status of clinical staff. 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 are safely stored, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access. Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Compliant**

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 Millar omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment. Mr Millar confirmed that staff in the practice are responsible for environmental cleaning. Discussion with Mr Millar and staff demonstrated that a policy and procedure in place for cleaning and maintaining the environment had been established. Mr Millar confirmed that a steam cleaner was provided for the sole purpose of cleaning the surgery floor, and that other areas are vacuumed. Mr Millar confirmed that colour coded equipment is not yet in place. The inspector directed Mr Millar to cleanliness guidance issued by NHS National Patient Safety Agency. It is recommended that colour coded cleaning equipment is provided and the cleaning schedule is updated to include the use of colour coded cleaning equipment. The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. 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. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. The dentist's stool had torn covering and two fabric covered chairs were available for patient use. As these items cannot be effectively cleaned it is recommended that the dentist's stool is reupholstered and the fabric covered chairs are removed or reupholstered with a cleanable fabric. Discussion with staff confirmed that appropriate arrangements are in place for cleaning including: • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. 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.

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

10.3 Hand Hygiene

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criteria Assessed: **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.
Inspection Findings:
Mr Millar omitted to rate the practice arrangements for hand hygiene on the self-assessment. The practice has a hand hygiene policy and procedure in place. Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically. 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. Dedicated hand washing basins are available in the dental surgery and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The stainless steel sink hand washing basin in the surgery has an overflow and a recommendation was made that the overflow is blanked off with a stainless steel plate and 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. Laminated posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.

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

10.4 Management of Dental Medical Devices

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 Millar omitted to rate the practice approach to the management of dental medical devices on the self-assessment. The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices. Mr Millar informed the inspector that a legionella risk assessment had been completed which has been reviewed within the last year, however the legionella risk assessment could not be located during the inspection. It was agreed that a copy of the written scheme for the prevention of legionella contamination in water pipes and other water lines would be forwarded to RQIA with the Quality Improvement Plan (QIP). A recommendation is made in this regard. 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. Observations made and discussion with Mr Millar confirmed that DUWLs are appropriately managed. This includes that: • an independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs; • the self-contained water bottle is flushed and refilled with RO water treated with disinfectant in accordance with the manufacturer's guidance; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer's recommendations. Mr Millar confirmed that DUWL filters are changed according to the manufacturer's guidelines.

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

10.5 Personal Protective Equipment

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: **13.2** 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 Millar omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment. 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. Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice. Discussion with staff confirmed that: • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. Staff confirmed that they were aware of the practice uniform policy.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Compliant**

10.6 Waste

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: **13.2** 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 Millar omitted to rate the practice approach to the management of waste on the self-assessment. The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Staff confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically. 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. Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams. Pedal operated bins are available throughout the practice. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste. The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Compliant**

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 Millar omitted to rate 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. Staff confirmed that some instruments are manually cleaned prior to being processed through the washer disinfector. Staff confirmed that a procedure is in place and followed. Review of the manual cleaning procedure confirmed that the procedure includes the washing and rinsing of instruments in separate sinks, dilution strength of detergents, correct water temperature and management of cleaning brushes and that instruments are full submerged during cleaning. The inspector discussed the current arrangements with Mr Millar and staff and suggested that further consideration be given to decontamination of reusable dental instruments without manual cleaning. Appropriate equipment, including a washer disinfector, vacuum steam steriliser and a DAC Universal have been provided to meet the practice requirements. As previously stated in Section 9.0, an illuminated magnification device for inspecting instruments was provided as had been recommended. However the device was not in the correct position as it was placed to inspect instruments before being processed in the washer disinfector, it is recommended the illuminated magnification device should be repositioned to facilitate inspection of instruments after being processed in the washer disinfector. Observation of the layout of equipment in the decontamination room confirmed there was an appropriate location for the device. This was discussed with Mr Millar and staff and this recommendation has been stated for the second time. Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. A copy of the updated 2013 edition of HTM 01-05 Decontamination in primary care dental practices is available for staff reference. Mr Millar confirmed during discussion that the Infection Prevention Society (IPS) audit tool has not been completed within the past year. A recommendation is made that the IPS audit tool should be completed every six months in keeping with best practice guidance as outlined in HTM 01-05.

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

Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Compliance Level**
	Substantially compliant

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were knowledgeable regarding the inspection theme and had received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received training in infection prevention and control. Clinical staff confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr Millar 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 where applicable and that results of the consultation have been made available to patients.

12.0 Quality Improvement Plan

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

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

_____ _____

Carmel McKeegan **Date**
Inspector/Quality Reviewer

The Regulation and Quality Improvement Authority

Self Assessment audit tool of compliance with

HTM01-05 - Decontamination - Cross Infection Control

Name of practice:	**D H Millar Dental Surgery**
RQIA ID:	**11457**
Name of inspector:	**Carmel McKeegan**

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

1 Prevention of bloodborne virus exposure			
Inspection criteria *(Numbers in brackets reflect HTM 01-05/policy reference)*	**Yes**	**No**	**If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.**
1.1 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)	✓		
1.2 Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5)	✓		
1.3 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)	✓		
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	✓		
1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	✓		
1.6 ***Management of sharps*** **Any references to sharps management should be read in conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013** Are sharps containers correctly assembled?	✓		

1.7 Are in-use sharps containers labelled with date, locality and a signature?	✓		
1.8 Are sharps containers replaced when filled to the indicator mark?	✓		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	✓		
1.10 Are full sharps containers stored in a secure facility away from public access?		✓	Sharps containers are never full when checked
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	✓	✓	available at point of use but not wall mounted. They are positioned safely.
1.12 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)	✓		
1.13 Are inoculation injuries recorded?	✓		
1.14 Are disposable needles and disposable syringes discarded as a single unit?		✓	Syringes are not disposable
Provider's level of compliance	Fully compliant		Provider to complete

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

2.11 Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)	✓		
2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)			NO COMPUTER.
2.13 Are toys provided easily cleaned? (6.73)			NO TOYS.
2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	✓		
2.15 Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)	✓		
2.16 Is cleaning equipment stored in a non-clinical area? (6.60)	✓		
2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)			N/A
2.18 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)	✓		
2.19 Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)	✓		
2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	✓		

2.21 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)?	✓		
2.22 Does the practice have a local policy and procedure/s for spillage in accordance with COSHH? (2.4d, 2.6)	✓		
Provider's level of compliance fully compliant			Provider to complete

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

3.10 Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)	✓		Seperate SINK.
3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	✓		
3.12 Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)	✓		
3.13 Do the hand washing basins provided in clinical and decontamination areas have : • no plug; and • no overflow. Lever operated or sensor operated taps.(6.10)	✓		
3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)	✓		
3.15 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)	✓		
3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)	✓		
3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	✓		

3.18 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

4 Management of dental medical devices			
Inspection criteria	**Yes**	**No**	**If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.**
4.1 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)	✓		
4.2 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)	✓		
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	✓		
4.4 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)	✓		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	✓		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	✓		

4.7 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)			SIEMENS SCRONA WATER DISINFECTION & SANITIZATION UNIT FITTED
4.8 Dental Unit Water lines (DUWLs): For dental surgical procedures involving irrigation; is a separate single-use sterile water source used for irrigation? (6.91)			(THIS WAS RQIA cleared by VISUAL OBSERVATION), SUBJECT TO WRITTEN RADIOGRAPH)
4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)	✓		
4.10 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)			SEE ABOVE
4.11 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)	✓		
4.12 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)	✓		
4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)	✓		
4.14 Dental Unit Water lines (DUWLs): 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	fully compliant		Provider to complete

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

5.10 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)			
5.11 Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)			
5.12 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)			
5.13 Are masks disposed of as clinical waste after each use? (6.27, 6.36)			
5.14 Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)			
5.15 Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)			
5.16 Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)			
5.17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)			
Provider's level of compliance			Provider to complete

6 Waste			
Inspection criteria	**Yes**	**No**	**If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01.**
6.1 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))	✓		
6.2 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))	✓		
6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	✓		
6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	✓		
6.5 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))	✓		
6.6 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))	✓		
6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	✓		

6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	✓		
6.10 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))	✓		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	✓		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	✓		
6.13 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))	✓		
6.14 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))	✓		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	✓		
6.16 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))	✓		
6.17 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

7 Decontamination			
Inspection criteria	**Yes**	**No**	**If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.**
7.1 Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3–5.8)	✓		
7.2 Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)	✓		
7.3 Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)	✓		
7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	✓		
7.5 a Has all equipment used in the decontamination process been validated? **7.5 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)	✓		
7.6 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)	✓		

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

Please provide any comments you wish to add regarding good practice
SIEMENS SILVER WATER DISINFECTION (+ SANITIZATION) UNIT IS A SIGNIFICANT IMPROVEMENT OVER PREVIOUS WATER BOSTON SYSTEM.

Appendix 1

The Regulation and Quality Improvement Authority

Name of practice: D H Millar Dental Surgery

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 ☐

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

Quality Improvement Plan

Announced Inspection

D H Millar Dental Surgery

15 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 Damian Millar, registered provider, 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.	10	A Freedom of Information publication scheme should be established. **Ref: 9.0**	Two	FOI scheme now updated	Two months
2.	13	An illuminated magnification device should be in place and be used to inspect instruments following cleaning as part of the decontamination process. The device should be correctly positioned in the decontamination process. **Ref: 9.0 and 10.7**	Two	COMPLETED	One month
3.	13	Colour coded cleaning equipment should be provided. The cleaning schedule should be further developed to include the use of colour coded cleaning equipment. **Ref: 10.2**	One	COMPLETED	Three months
4.	13	The dentist's stool should be recovered and the fabric covered chairs should be reupholstered with a cleanable fabric or removed from the surgery. **Ref: 10.2**	One	COMPLETED	Three months

5.	13	The overflow of the dedicated hand washing sink in the surgery should be blanked off with a stainless steel plate and sealed with antibacterial mastic. **Ref: 10.3**	One	COMPLETED	Three months
6.	13	A copy of the written scheme for the prevention of legionella contamination in water pipes and other water lines should be forwarded to RQIA with the Quality Improvement Plan (QIP). **Ref: 10.4**	One	NEW (TYPED) SCHEME TO BE FORWARDED THIS WEEK	To be returned with the QIP
7.	13	In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months. **Ref: 10.7**	One	COMPLIANT	One month

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: _____ **SIGNED:** _____

NAME: _____ **NAME:** _____
Registered Provider **Registered Manager**

DATE 9/1/15 **DATE** _____

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓	—	CMcKeegan	15.1.15.
B	Further information requested from provider				