

Announced Inspection

Name of Establishment:	Crumlin Road Dental Surgery
Establishment ID No:	11474
Date of Inspection:	8 July 2014
Inspector's Name:	Emily Campbell
Inspection No:	18329

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

Name of establishment:	Crumlin Road Dental Surgery
Address:	838-840 Crumlin Road Belfast BT14 8AE
Telephone number:	028 9071 4477
Registered organisation / Responsible person:	Dental World Ltd Mr Robert McMitchell
Registered manager:	Miss Linda McVey
Person in charge of the establishment at the time of Inspection:	Miss Linda McVey
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	3
Date and type of previous inspection:	Failure to Comply Notice Announced Compliance Inspection 20 March 2014
Date and time of inspection:	8 July 2014 9.50am – 1.45pm
Name of inspector:	Emily Campbell

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Miss Linda McVey, registered manager;
- 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	6 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:

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

Crumlin Road Dental Surgery is located within a former residential property which has been converted and adapted to accommodate a dental practice. It is located on the outskirts of Belfast on the Crumlin Road. Car parking is available outside the practice and public transport routes operate close by.

Crumlin Road Dental Surgery forms part of the Dental World Limited group. Mr Robert McMitchell operates eight other dental practices in the group.

Crumlin Road Dental Surgery is partially accessible for patients with a disability as there are two surgeries located on the ground floor. There are two steps up to the practice, however patients with a disability are aware of this and can be assisted into the practice on request. A disabled toilet is not provided.

Crumlin Road Dental Surgery operates three dental chairs, providing both private and NHS dental care. A waiting area and toilet facilities are available for patient use. A separate decontamination room, offices and staff and storage facilities are also provided. There is an unoccupied residential property located on the first and second floors of the practice with access to the property via the first floor. This area is currently used for storage and does not form part of the dental practice and is not accessible to patients.

The practice employs two dentists and a hygienist who are supported by a practice manager, dental nurses and reception staff. Currently there is only one dentist working at the practice with the exception of Mr McMitchell and a dentist from another practice who carry out treatments at Crumlin Road Dental Surgery on a monthly and weekly basis respectively.

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

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

8.0 Summary of Inspection

This announced inspection of Crumlin Road Dental Surgery was undertaken by Emily Campbell on 8 July 2014 between the hours of 9.50am and 1.45pm. Miss Linda McVey, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection. Mr Robert McMitchell, responsible individual, was not available during the inspection. Crumlin Road Dental Surgery forms part of the Dental World Limited group. Mr McMitchell operates eight other dental practices in the group. Ms Jessica Larmour, registered manager for some of the other Dental World Limited practices was also available during part of the inspection and contributed to the inspection process in terms of clinical matters.

The requirements and recommendations made as a result of the failure to comply notice compliance inspection on 20 March 2014 and the previous follow-up inspection on 10 December 2013 were also examined. Observations and discussion demonstrated that six of the ten requirements have been addressed and three have not been addressed. One requirement in relation to the ultrasonic cleaner is no longer applicable as this has been removed from the decontamination process. Requirements in relation to staff training in decontamination and infection control and safeguarding are now stated for the second and third time respectively. One requirement regarding the sealing of the floor covering in a dental surgery has been replaced with a requirement to apply a temporary seal over the torn areas on the floor covering until such times as the planned surgery refurbishment is completed.

Of the 15 recommendations made seven have been addressed, two have been partially addressed and six have not been addressed. Recommendations in relation to the availability of the 2013 edition of HTM 01-05 for staff, review of the practice management of instruments prior to decontamination, identification of expiry dates on wrapped processed instruments and the identification of a lead decontamination nurse are stated for the second time. The aspect of one recommendation regarding the provision of staff training is now included in a requirement and the aspect of specific training for the lead decontamination nurse is stated for the third time. Unaddressed aspects of two recommendations in relation to the policy on decontamination of dental instruments from another surgery and the provision of a personal protective equipment (PPE) station in the decontamination room have been stated for the second time.

The detail of the action taken by Mr McMitchell and Miss McVey can be viewed in the section following this summary.

Prior to the inspection, Mr McMitchell and Miss McVey completed a self-assessment using the standard criteria outlined in the theme inspected. Mr McMitchell and Miss McVey did not rate the practice compliance levels against each criterion. This should be taken into consideration on completion of future self-assessments. The comments provided by Mr McMitchell and Miss McVey 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. No issues or concerns were identified in submitted questionnaires. The findings of this inspection and discussion with staff evidenced that staff had some knowledge regarding the inspection theme. However, it was evident that decontamination and infection control training is required in order to progress improvement in relation to the inspection theme.

Inspection Theme – Cross infection control

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

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

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is not available at the practice for staff reference. As discussed previously a recommendation was stated for the second time in this regard.

The lack of staff training in relation to decontamination and infection control is concerning and as previously stated a requirement has been made for the second time in this regard. Miss McVey advised that she was in the process of finalising staff training with an external contractor. It is important that the provision of training is progressed and provided in a timely manner. The training provided should encompass all of the aspects reviewed during this inspection. Confirmation should be provided to RQIA that this training has been provided.

A number of policies/procedures relevant to the inspection theme are in need of development or further development and a recommendation was made in this regard. Miss McVey informed the inspector that it was planned for this to be done in consultation with the training provider for decontamination and infection control, who is to provide training for staff in the near future. This includes the following; the procedure to ensure that staff are dealt with in accordance national guidance in the event of blood-borne virus exposure, a policy and procedure for cleaning and maintaining the environment, a hand hygiene policy

and procedure, a procedure for the use maintenance and repair of all medical devices and a policy and procedure for the management and disposal of waste.

The practice has a policy 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. The procedure to ensure that staff are dealt with in accordance national guidance in the event of blood-borne virus exposure lacked detail and needs further development. There are no records retained to evidence the Hepatitis B immunisation status of clinical staff. A recommendation was made in this regard. Observations made and discussion with staff evidenced that sharps are appropriately handled.

The inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. The pull cord in the ground floor toilet was observed to be dirty and a recommendation was made that this is replaced and maintained clean. A recommendation was also made to seal/paint the exposed wood at the base of the staircase on the ground floor.

The practice is currently undergoing extension and refurbishment which has been ongoing for some time now. One surgery and the toilet facility on the ground floor of the practice are in particular need of refurbishment and Miss McVey confirmed that this is included in the overall refurbishment plan for the practice. The identified surgery has torn flooring, a carpeted area, and papered walls which are dirty with wear and tear. As progression of the refurbishment works in the practice has been prolonged, a requirement was made regarding the flooring in the room and a recommendation was made that the walls in the identified ground floor surgery are cleaned/repainted and maintained clean until such time as the surgery is refurbished. A requirement was made in relation to painting the walls and ceiling of the decontamination room.

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.

A hand hygiene policy and procedure has yet to be developed and is included in a recommendation regarding policy development. Staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the dental surgeries and the decontamination room. The ceramic hand wash basins in surgeries have overflows and the inspector suggested that these should be replaced with dedicated clinical hand wash basins without overflows on refurbishment. Information promoting hand hygiene is provided for staff and patients.

A written scheme for the prevention of legionella is available; this was not reviewed during the inspection. Procedures for the use, maintenance, service and repair of all medical devices have to be developed and is included in a recommendation regarding policy development. 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 and discussion with staff evidenced that PPE was in use in the practice. However, staff informed the inspector that there are times when disposable aprons were not readily available. A recommendation was made to ensure that PPE is provided in sufficient quantity to meet the needs of the practice and staff.

A policy and procedure in place for the management and disposal of waste has yet to be developed and is included in a recommendation regarding policy development. 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. As discussed previously a requirement was made in relation to painting/sealing the walls, ceiling, door and door surround. A recommendation has been stated for the second time regarding the provision of disposable glove holders in the decontamination room.

Appropriate equipment, including a validated washer disinfector and steam steriliser has been provided to meet the practice requirements. A washer disinfector logbook is in place, however, the record of periodic testing evidenced that there were no records of periodic tests for the current week. Investigation of this matter identified that this was because the logbook did not contain any more blank copies of the daily/weekly test sheets. This again reiterated the need for staff training in relation to infection prevention and control issues as it implies that staff do not recognise the importance of ensuring the periodic tests are undertaken and recorded each day. A recommendation was made to address this. A monthly soil test is not undertaken and a recommendation was made to check with the manufacturer's instruction to determine if this is required and undertake and record same if appropriate. A requirement was made that a system should be established to download the information from the data-logger for the washer disinfector on a regular basis.

A number of other issues were also identified on follow-up of the previous requirements and recommendations which remain outstanding. These have been discussed in section 9.0 of the report and requirements and recommendations have been made or restated during this inspection to address these matters.

The evidence gathered through the inspection process concluded that Crumlin Road Dental Surgery is moving towards compliance with this inspection theme.

Review of the submitted self-assessment and discussion with Miss McVey confirmed that a formal system has not been established for the consultation with patients. Review of documentation evidenced that some patient questionnaires have been completed, however, these have not been collated and a summary report provided. Miss McVey confirmed that on completion of a

summary report feedback provided by patients will be used by the service to improve and results would be made available to patients. A requirement was made that formal patient consultation should be undertaken at least on an annual basis and results of the consultation made available to patients.

A new radiation protection advisor (RPA) and engineering company was appointed in respect of radiology and radiation protection in the practice in January 2014. The inspector observed that a new radiation protection file had been established which in the main contained the relevant components required. However, some information was not included and a requirement was made in this regard.

Seven requirements, two of which are stated for the second and third time, and 15 recommendations, five and two of which are stated for the second and third time respectively, were made as a result of the announced inspection. It is important that actions are taken to address these matters in order to ensure continued improvement within the practice. This will be monitored by RQIA. Details of the inspection findings can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Miss McVey and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

Requirements and recommendations made as a result of the failure to comply notice compliance inspection on 20 March 2014:

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15 (2)	<p>The paper printer facility to record the cycle parameters of each cycle of the washer disinfecter must be connected.</p> <p>Records of printouts should be retained at the practice for at least two years.</p>	<p>Miss McVey informed the inspector that a decision was taken to install a data-logger facility to the washer disinfecter instead of a paper print-out facility and this was actioned approximately two weeks prior to the inspection. The inspector observed that a data-logger was in place.</p> <p>Miss McVey confirmed that the data-logger would be downloaded on a regular basis and records retained for at least two years.</p> <p>Requirement addressed.</p> <p>As the data-logger has not yet been downloaded a requirement was made during this inspection that a system should be established to download the information from the data-logger for the washer disinfecter on a regular basis. This should be carried out at least on a monthly basis to ensure that the data-logger is operating correctly. Records should be retained for at least two years.</p>	Compliant

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
2	18 (2) (a)	Training must be provided for staff in relation to decontamination and infection control.	<p>Discussion with Miss McVey confirmed that training has not yet been provided. Miss McVey advised that she was in the process of finalising staff training with an external contractor and the inspector was provided with an email from the training provider confirming a list of available dates for the training provision. Miss McVey advised that all nursing staff from each of the practices within the Dental World Limited group will be expected to attend this training.</p> <p>This requirement has not been addressed and is stated for the second time. Confirmation should be provided that this training has been provided and undertaken by relevant staff on submission of the quality improvement plan (QIP).</p>	Not compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	The expiry date should be identified on all wrapped processed instruments.	<p>Review of a random selection of wrapped processed instruments confirmed that this recommendation has not been addressed. This was discussed with Miss McVey, Ms Larmour and a student dental nurse who confirmed they understood that the expiry date must be identified.</p> <p>This recommendation is stated for the second time.</p>	Not compliant
2	13	Provide a wall mounted hand towel dispenser adjacent to the hand wash basin in the decontamination room.	Observations made in the decontamination room confirmed that this recommendation has been addressed.	Compliant
3	13	The walls and ceiling of the decontamination room should be painted.	<p>This recommendation has not been addressed and is now stated as a requirement. The wooden door and door frame must also be varnished/painted.</p> <p>Miss McVey advised that as the walls of the decontamination room were newly plastered on the establishment of the room, time was being allowed to let the plaster dry out. It was agreed that sufficient time has been provided for this.</p>	Not compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
4	13	A personal protective equipment (PPE) station should be installed in the decontamination room.	<p>As discussed previously a hand towel dispenser has been provided. Ms Larmour advised that disposable aprons are stored in a drawer in the decontamination room and the inspector was satisfied with the location of these within the room. Disposable glove holders have not been installed.</p> <p>This recommendation has been partially addressed and the recommendation has been stated for the second time regarding the provision of disposable glove holders.</p>	Substantially compliant
5	13	Review the practice of steeping instruments in a separate container in the surgery area prior to transfer to the transport container for decontamination. Consideration should be given to the risk to staff of sharps injury through the additional handling of instruments.	<p>Discussion with a dentist and a student dental nurse confirmed that this recommendation has not been addressed. The dentist informed the inspector that he had advised that the current practice should continue. The inspector discussed health and safety matters in this regard with the dentist and pointed out that this unnecessary handling increased the risk to staff of sharps injury.</p> <p>The inspector suggested that this should be discussed with the training provider at the upcoming training so that it can help with the decision making process. The inspector also suggested that given the hands on approach the dentist takes in relation to decontamination it would be useful for the dentist to also attend the training.</p> <p>This recommendation has been stated for the second time.</p>	Not compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
6	13	Further develop the log books for the washer disinfectant and the steam steriliser as outlined in the body of the report.	<p>The washer disinfectant logbook has been further developed as recommended. However, the record of periodic testing evidenced that there were no records of periodic tests for the current week. Investigation of this matter identified that this was because the logbook did not contain any more blank copies of the daily/weekly test sheets. This again re-iterated the need for staff training in relation to infection prevention and control as it implies that staff do not recognise the importance of ensuring the periodic tests are undertaken and recorded each day.</p> <p>Some minor amendments were made to the steriliser logbook as recommended during the inspection. This recommendation has been addressed.</p> <p>A recommendation was made to ensure that templates of periodic tests for decontamination equipment are available for staff to complete the relevant periodic tests. Staff should be made aware of the importance of undertaking and recording periodic tests on a daily basis and to actively seek out additional test recording sheets if required.</p> <p>Review of the previous periodic tests for the washer disinfectant evidenced that they had been completed in line with HTM 01-05. A monthly soil test is not undertaken and a recommendation was made to check with the manufacturer's instruction to determine if this is required and undertake and record same if appropriate.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
7	13	A copy of the 2013 edition of HTM 01-05 and PEL (13) 13 should be made available to staff in the practice.	Discussion with Miss McVey confirmed that this recommendation has not been addressed and is stated for the second time.	Not compliant
8	13	<p>A written policy and procedure should be developed to reflect the decontamination arrangements for dental instruments from the Glen Dental Practice.</p> <p>The policy and procedure should include the storage arrangements for both dirty and clean instruments from Glen Dental Practice in Crumlin Road Dental Surgery.</p>	<p>A written policy and procedure has been developed to reflect the decontamination arrangements for dental instruments from the Glen Dental Practice. However, the policy is in need of further development. The following additional information should be included:</p> <ul style="list-style-type: none"> • Details regarding the labelling of instrument transport containers to identify if they are used for clean or dirty instruments • Information regarding the transport boxes which are used to place the transport containers into for transfer between practices • Arrangements for the transport of instruments including the method of transport, timescales and persons undertaking these duties • The storage locations for dirty instruments in Glen Dental Practice, waiting for collection and transfer to Crumlin Road Dental Surgery and for clean instruments on return to Glen Dental Practice from Crumlin Road Dental Surgery • The storage locations for clean instruments in Glen Dental Practice, following transfer from Crumlin Road Dental Surgery and for dirty instruments following transfer from Glen Dental Practice to Crumlin Road Dental Surgery 	Moving towards compliance

			This recommendation has been partially addressed and the unaddressed aspect is stated for the second time.	
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Requirements and recommendations made as a result of the follow-up inspection on 10 December 2013:

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15 (7)	The area of flooring exposed in surgery one should be sealed to ensure cleaning is not compromised.	<p>This requirement has not been addressed. Miss McVey and the builder, who was on site during the inspection, advised that as part of the extension to the practice it is planned to add an additional surgery. When the additional surgery is completed, the surgery identified in this requirement is to be decommissioned until it is totally refurbished.</p> <p>The builder advised that because of the composition of the floor in this surgery replacing the floor covering will entail the complete removal of the flooring within the refurbishment works. The builder advised that he could put a temporary seal over the torn areas on the floor covering until such times as the surgery is completely refurbished. This is acceptable to the inspector and a new requirement is made in this regard.</p>	Not compliant
2	15 (3)	Ensure that a dedicated decontamination room is completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.	This requirement was deemed as being addressed at the failure to comply notice compliance inspection on 20 March 2014.	Compliant

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
3	15 (5)	Unwrapped dental instruments should only be used on the day they were processed.	This requirement was deemed as being addressed at the failure to comply notice compliance inspection on 20 March 2014.	Compliant
4	15 (2) (b)	Ensure that the periodic testing of the ultrasonic cleaner is undertaken as outlined in HTM 01-05 with records retained for inspection.	It was verified during the failure to comply notice compliance inspection on 20 March 2014 that an ultrasonic cleaner is no longer in use in the practice. This requirement is no longer applicable.	Not applicable
5	18 (2) (a)	Establish a system for the provision of safeguarding children and vulnerable adults training for all staff in line with the Minimum Standards for Dental Care and Treatment 2011.	<p>Miss McVey advised that safeguarding training was provided by an external trainer for all staff in the Dental World Limited group on 30 April 2014. However, only eight staff in total attended this training and Miss McVey was the only person from Crumlin Road Dental Surgery who attended. The importance of ensuring that staff attend safeguarding training was emphasised with Miss McVey.</p> <p>This requirement has not been addressed and is now stated for the third and final time. The inspector should be kept informed regarding the provision of this training.</p>	Not compliant

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
6	15 (1) (2)	<p>A dentist from the practice should be formally appointed as the radiation protection supervisor (RPS) for the practice and details recorded in the radiation protection file.</p> <p>Staff should sign to confirm that they have read and understood the local rules.</p> <p>Audits of justification and evaluation recording of x-rays should be undertaken at least on an annual basis as a quality assurance process.</p> <p>The dentist who acts as the RPS must ensure that he meets the GDC requirements in relation to verifiable hours in radiology. Evidence of this training should be retained in the radiation protection file.</p> <p>The employer's procedures should be further developed to ensure that all aspects as required under the Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2010 are covered.</p>	<p>Review of the radiation protection file evidenced that:</p> <ul style="list-style-type: none"> • A dentist from the practice has been identified as the RPS. The dentist confirmed this in discussion during the inspection; • Staff had signed to confirm that they have read and understood the local rules; • An audit of justification and clinical evaluation recording of x-rays had been undertaken and Ms Larmour confirmed that arrangements were in place for this to be carried out annually; • The dentist who has been appointed as the RPS had undertaken CPD training in IR(ME)R. In addition training was being provided for the RPS's from the Dental World Limited group on 10 July 2014. The inspector was provided with documentary evidence by email on 25 July 2014 confirming that this had been provided and that the RPS from this practice had attended; and • The employer's procedures had been further developed as required. <p>This requirement has been addressed.</p>	Compliant

			Since the previous inspection a new radiation protection advisor (RPA) and engineering company have been appointed in respect of radiology and radiation protection. Further details can be seen in section 11.3 of the report.	
7	Article 12 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003	Application for variation to the current registration of the practice is to be submitted to RQIA in respect of the extension work and provision of a fourth dental chair.	At the time of the inspection this requirement had not been addressed. However, an application was submitted to RQIA in respect of this prior to the report being issued. This requirement has been addressed.	Compliant
8	29 (2) (d) (e)	<p>The registered person must give notice in writing to RQIA, no later than one month before the proposed absence commences, when the registered manager proposes to be absent from the establishment for a continuous period of 28 days or more.</p> <p>In the case of the registered manager being absent notification must be received in writing regarding the arrangements which have been made for running the establishment.</p> <p>Notification must also be received in writing regarding the proposed date by which the new appointment is to be made.</p>	<p>Miss Linda McVey is now the registered manager of the practice.</p> <p>Miss McVey confirmed that both she and Mr McMitchell are aware of their responsibilities regarding notification to RQIA in relation to an absence of any of the registered persons.</p> <p>This requirement has been addressed.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	Adequate space should be provided for 'clean' set down area within the room where decontamination is undertaken.	All decontamination is now undertaken in the dedicated decontamination room. Observations made confirmed that adequate space is provided for 'clean' set down areas. Recommendation addressed.	Compliant
2	13	A general waste bin with a lid that is a foot operated should be provided in the decontamination room.	A foot operated clinical waste bin is provided in the decontamination room as appropriate. Recommendation addressed.	Compliant
3	13	The position of equipment promotes and facilitates the 'dirty' to 'clean' flow within the decontamination room.	This recommendation was deemed as being addressed at the failure to comply notice compliance inspection on 20 March 2014.	Compliant
4	13	The new decontamination room should provide adequate storage for all processed instruments.	This recommendation was deemed as being addressed at the failure to comply notice compliance inspection on 20 March 2014.	Compliant
5	13	Review the manual cleaning procedure to ensure that a detergent specifically formulated for the purposes of cleaning dental instruments is used at the correct dilution strength in accordance with the manufacturer's instructions. Details of the detergent should be included in the manual cleaning procedure.	Discussion with Ms Larmour confirmed that this recommendation has been addressed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
6	13	A dental nurse with responsibility for infection prevention and control and decontamination should be identified.	<p>Ms Larmour advised that this recommendation has not been addressed and that a lead decontamination nurse would be identified on completion of the upcoming decontamination and infection control training.</p> <p>This recommendation has not been addressed and is stated for the second time.</p>	Not compliant
7	13	<p>All relevant practice staff should receive training in the decontamination process in accordance with HTM 01-05 and the associated equipment provided in the practice.</p> <p>The dental nurse nominated with responsibility for infection prevention and control and decontamination in the practice should be provided with relevant training to ensure they have a clear understanding of their individual role and responsibilities as outlined in HTM 01-05.</p>	<p>Staff training has not been provided in relation to decontamination. This aspect of the recommendation has now been stated as a requirement as discussed previously.</p> <p>As a lead decontamination nurse has not yet been identified the aspect of the recommendation regarding the provision of training for this person is stated for the third time.</p> <p>Recommendation not addressed.</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: <p>Mr McMitchell and Miss McVey omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment.</p> <p>The practice has a policy 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. The procedure to ensure that staff are dealt with in accordance national guidance in the event of blood-borne virus exposure lacked detail and needs further development. A recommendation was made in this regard.</p> <p>As discussed previously in section 9.0 of the report a general requirement was made in regards to training for staff in relation to decontamination and infection control. However, discussion with staff evidenced that they are aware of the prevention and management of blood-borne virus exposure.</p> <p>Miss McVey confirmed that new staff have or will be referred for an occupational health check. Staff spoken with confirmed they had been received Hepatitis B vaccination, however, there are no records retained to evidence the Hepatitis B immunisation status of clinical staff. A recommendation was made in this regard.</p> <p>Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and collected from surgeries by the waste contractor. Storage space is available, away from public access, for filled and locked boxes if required. Sharps boxes are wall mounted in one surgery and Miss McVey confirmed that she has ordered additional brackets for the other surgeries.</p> <p>Discussion with staff evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.</p>	

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	Moving towards compliance

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 McMitchell and Miss McVey omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment.

The practice does not have a policy and procedure in place for cleaning and maintaining the environment and a recommendation was made in this regard.

The inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. The pull cord in the ground floor toilet was observed to be dirty and a recommendation was made that this is replaced and maintained clean. A recommendation was also made to seal/paint the exposed wood at the base of the staircase on the ground floor.

The practice is currently undergoing extension and refurbishment which has been ongoing for some time now. One surgery and the toilet facility on the ground floor of the practice are in particular need of refurbishment and Miss McVey confirmed that this is included in the overall refurbishment plan for the practice. The identified surgery has torn flooring, a carpeted area, papered walls which are dirty with wear and tear. As progression of the refurbishment works in the practice has been prolonged, a recommendation was made that the walls in the identified ground floor surgery are cleaned/repainted and maintained clean until such time as the surgery is refurbished. As discussed in section 9.0 a requirement was made regarding the flooring in the room. It is anticipated that a disabled toilet facility will be established in the new works. As discussed in section 9.0 a requirement was made in relation to painting the walls and ceiling of the decontamination room.

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were coved and sealed or sealed at the edges with the exception of one ground floor surgery which has a tear in the flooring and a carpeted area. As previously discussed a requirement was made in this regard. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.

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;
- Cleaning equipment is colour coded;
- Cleaning equipment is stored in a non-clinical area; and
- Dirty water is disposed of at an appropriate location.

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	Moving towards compliance

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: <p>Mr McMitchell and Miss McVey omitted to rate the practice arrangements for hand hygiene on the self-assessment.</p> <p>The practice does not have a hand hygiene policy and procedure in place and a recommendation was made in this regard.</p> <p>Hand hygiene training has not been provided and as discussed previously a requirement was made in this regard.</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. The ceramic hand wash basins in surgeries have overflows and the inspector suggested that these should be replaced with dedicated clinical hand wash basins on refurbishment. Adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. Staff provide their own hand cream and the inspector suggested to Miss McVey that this should be provided by the practice.</p> <p>The inspector observed that laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>	

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

<p align="center">STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</p> <p align="center">The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed:</p> <p>13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr McMitchell and Miss McVey omitted to rate the practice approach to the management of dental medical devices on the self-assessment.</p> <p>The practice does not have a procedure for the use, maintenance, service and repair of all medical devices and a recommendation was made in this regard.</p> <p>Miss McVey confirmed that the practice had a written scheme for the prevention of legionella contamination in water pipes and other water lines. This was not reviewed during the inspection.</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"> • Filters are cleaned/replaced as per manufacturer's instructions; • An independent bottled-water system is used to dispense distilled water to supply the DUWLs; • Self-contained water bottles are removed, flushed with distilled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • DUWLs are drained at the end of each working day; • 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.

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

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: <p>Mr McMitchell and Miss McVey omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this.</p> <p>Observations made and discussion with staff evidenced that PPE was in use in the practice. However, staff informed the inspector that there are times when disposable aprons were not readily available. This was discussed with Miss McVey and a recommendation was made to ensure that PPE is provided in sufficient quantity to meet the needs of the practice and staff.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • 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. <p>Staff confirmed that they were aware of the practice uniform policy.</p>	

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	Moving towards compliance

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: <p>Mr McMitchell and Miss McVey omitted to rate the practice approach to the management of waste on the self-assessment.</p> <p>The practice does not have a policy and procedure in place for the management and disposal of waste and a recommendation was made in this regard. Training has not been provided in the management of waste, and this should be included in the planned training.</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>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>	

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

10.7 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: <p>Mr McMitchell and Miss McVey omitted to rate the decontamination arrangements of the practice on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. As discussed previously a requirement was made in relation to painting/sealing the walls, ceiling, door and door surround. A recommendation has been stated for the second time regarding the provision of disposable glove holders in the decontamination room.</p> <p>Appropriate equipment, including a washer disinfectant and steam steriliser has been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>As discussed in section 9.0, a washer disinfectant logbook is in place, however, the record of periodic testing evidenced that there were no records of periodic tests for the current week. Investigation of this matter identified that this was because the logbook did not contain any more blank copies of the daily/weekly test sheets. This again re-iterated the need for staff training in relation to staff training as it implies that staff do not recognise the importance of ensuring the periodic tests are undertaken and recorded each day. A recommendation was made to address this. A monthly soil test is not undertaken and a recommendation was made to check with the manufacturer's instruction to determine if this is required and undertake and record same if appropriate.</p> <p>Review of the steriliser logbook evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.</p> <p>As discussed in section 9.0, a requirement was made during this inspection that a system should be established to download the information from the data-logger for the washer disinfectant on a regular basis. This should be carried out at least on a monthly basis to ensure that the data-logger is operating correctly. Records should be retained for at least two years.</p> <p>A number of other issues were also identified on follow-up of the previous requirements and recommendations which remain outstanding. These have been discussed in section 9.0 of the report and requirements and recommendations have been made or restated during this inspection to address these matters. This includes the following areas:</p> <ul style="list-style-type: none"> • Staff training; • Further development of the written policy and procedure to reflect the decontamination arrangements for dental instruments from the Glen Dental Practice. • The identification of an expiry date on all wrapped processed instruments;

- Review of the practice of steeping instruments in a separate container in the surgery area prior to transfer to the transport container for decontamination;
- The identification of a lead decontamination nurse and provision of training; and
- The availability of a copy of the 2013 edition of HTM 01-05 and PEL (13) 13 for staff in the practice.

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	Moving towards compliance

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

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Miss McVey, Ms Larmour, a dentist and a trainee dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA by non-clinical staff. No issues or concerns were identified in submitted questionnaires.

The findings of this inspection and discussion with staff evidenced that staff had some knowledge regarding the inspection theme. However, it was evident that decontamination and infection control training is required in order to progress improvement in relation to the inspection theme.

11.2 Patient Consultation

Review of the submitted self-assessment and discussion with Miss McVey confirmed that a formal system has not been established for the consultation with patients. Review of documentation evidenced that some patient questionnaires have been completed, however, these have not been collated and a summary report provided. Miss McVey confirmed that on completion of a summary report feedback provided by patients will be used by the service to improve and results would be made available to patients. A requirement was made that formal patient consultation should be undertaken at least on an annual basis and results of the consultation made available to patients.

11.3 Radiology and Radiation Protection

A new radiation protection advisor (RPA) and engineering company was appointed in respect of radiology and radiation protection in the practice in January 2014. The inspector observed that a new radiation protection file had been established which in the main contained the relevant components required. However, the following information was not included and a requirement was made in this regard:

- The RPA report only relates to one x-ray unit in a ground floor surgery. The RPA reports for the x-ray units in the other two surgeries and the orthopan tomogram machine (OPG) should be provided and any recommendations made by the RPA should be actioned
- Documentary evidence should be retained in the radiation protection file confirming the appointment of the RPA
- A record should be retained in the radiation protection file of the duty holders in the practice

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Linda McVey as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

Emily Campbell
Inspector/Quality Reviewer

Date



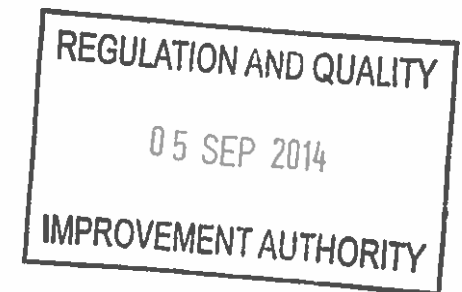
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Crumlin Road Dental Surgery

8 July 2014



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

The specific actions set out in the Quality Improvement Plan were discussed with Miss Linda McVey either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15 (2)	A system should be established to download the information from the data-logger for the washer disinfectant on a regular basis. This should be carried out at least on a monthly basis to ensure that the data-logger is operating correctly. Records should be retained for at least two years. Ref 9.0 & 10.7	One	New Company Buy' In operation -	One month
2	18 (2) (a)	Training must be provided for staff in relation to decontamination and infection control. Confirmation should be provided that this training has been provided and undertaken by relevant staff on submission of the quality improvement plan (QIP). Ref 9.0 & 10.7	Two	TRAINING ORGANISED FOR SEPTEMBER SAT 20th + 27th OCTOBER 18th / 25th	One month Submission date of QIP
3	25 (2) (a)	The walls and ceiling of the decontamination room should be painted. The wooden door and door frame must also be varnished/painted. Ref 9.0, 10.2 & 10.7	One	STARTING MONDAY 8th SEPT 2014	One month
4	25 (2) (a)	A temporary seal should be applied over the torn areas on the floor covering of the identified surgery until such times as the surgery is completely refurbished. Ref 9.0 & 10.2	One	DONE	One week

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	18 (2) (a)	<p>Establish a system for the provision of safeguarding children and vulnerable adults training for all staff in line with the Minimum Standards for Dental Care and Treatment 2011.</p> <p>The inspector should be kept informed regarding the provision of this training.</p> <p>Ref 9.0</p>	Three	<p>Training Being Organised no date Will keep inspector informed when a date has been finalised</p>	Three months
6	17 (1) (3)	<p>Formal patient consultation should be undertaken at least on an annual basis and results of the consultation made available to patients.</p> <p>Ref 11.2</p>	One	In progress	Three months
7	15 (1) (2)	<p>In relation to radiology and radiation protection, the following should be addressed:</p> <ul style="list-style-type: none"> The radiation protection advisor (RPA) report only relates to one x-ray unit in a ground floor surgery. The RPA reports for the x-ray units in the other two surgeries and the orthopan tomogram (OPG) machine should be provided and any recommendations made by the RPA should be actioned Documentary evidence should be retained in the radiation protection file confirming the appointment of the RPA A record should be retained in the radiation protection file of the duty holders in the practice <p>Ref 11.3</p>	One	<p>IN CONTACT WITH DBS</p> <p>DONE</p> <p>IN CONTACT WITH DBS</p>	One month

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13	The expiry date should be identified on all wrapped processed instruments. Ref 9.0 & 10.7	Two	DONE	Immediate and ongoing
2	13	Disposable glove holders should be installed in the decontamination room. Ref 9.0 & 10.7	Two	DONE	One month
3	13	Review the practice of steeping instruments in a separate container in the surgery area prior to transfer to the transport container for decontamination. Consideration should be given to the risk to staff of sharps injury through the additional handling of instruments. The inspector suggested that this should be discussed with the training provider at the upcoming training so that it can help with the decision making process. The inspector also suggested that given the hands on approach the dentist takes in relation to decontamination it would be useful for the dentist to also attend the training. Ref 9.0 & 10.7	Two	DENTISTS / AU staff will be attending Training. Will ask Elaine FUGATE to cover This	One month

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13	<p>Ensure that templates of periodic tests for decontamination equipment are available for staff to complete the relevant equipment periodic tests.</p> <p>Staff should be made aware of the importance of undertaking and recording periodic tests on a daily basis and to actively seek out additional test recording sheets if required.</p> <p>Ref 9.0 & 10.7</p>	One	<p>Elaine Fugateo is going over this at the training sessions also providing new templates for the test results.</p>	Immediate and ongoing
5	13	<p>Check with the manufacturer's instruction to determine if a monthly soil test is required for the washer disinfectant and undertake and record same in the logbook if appropriate.</p> <p>Ref 9.0 & 10.7</p>	One	<p>Yes Being Done.</p>	Two weeks
6	13	<p>A copy of the 2013 edition of HTM 01-05 and PEL (13) 13 should be made available to staff in the practice.</p> <p>Ref 9.0 & 10.7</p>	Two	<p>Done</p>	One week

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	13	<p>A written policy and procedure should be developed to reflect the decontamination arrangements for dental instruments from the Glen Dental Practice.</p> <p>The following additional information should be included:</p> <ul style="list-style-type: none"> • Details regarding the labelling of instrument transport containers to identify if they are used for clean or dirty instruments • Information regarding the transport boxes which are used to place the transport containers into for transfer between practices • Arrangements for the transport of instruments including the method of transport, timescales and persons undertaking these duties • The storage locations for dirty instruments in Glen Dental Practice, waiting for collection and transfer to Crumlin Road Dental Surgery and for clean instruments on return to Glen Dental Practice from Crumlin Road Dental Surgery • The storage locations for clean instruments in Glen Dental Practice, following transfer from Crumlin Road Dental Surgery and for dirty instruments following transfer from Glen Dental Practice to Crumlin Road Dental Surgery <p>Ref 9.0 & 10.7</p>	Two	<p>DONE</p> <p>DONE</p> <p>?</p> <p>Amended policy</p> <p>Yes in a separate room</p> <p>Yes separate room.</p>	One month

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	13	A dental nurse with responsibility for infection prevention and control and decontamination should be identified. Ref 9.0	Two	Spoke with Elaine regarding this she is going to give me feedback after the so we can set the appropriate staff.	Three months
9	13	The dental nurse nominated with responsibility for infection prevention and control and decontamination in the practice should be provided with relevant training to ensure they have a clear understanding of their individual role and responsibilities as outlined in HTM 01-05. Ref 9.0 & 10.7	Three	As before the Sept / Oct organised.	Three months
10	13	The following policies/procedures should be developed or further developed: <ul style="list-style-type: none"> • The procedure to ensure that staff are dealt with in accordance national guidance in the event of blood-borne virus exposure. • A policy and procedure for cleaning and maintaining the environment • A hand hygiene policy and procedure • A procedure for the use maintenance and repair of all medical devices • A policy and procedure for the management and disposal of waste Ref 10.1, 10.2, 10.3, 10.4 & 10.6	One	The LSR 3 will be part of the Elaine funded Training + Resources. DONE DONE	Three months
11	13	Records should be retained to evidence the Hepatitis B immunisation status of all clinical staff. Ref 10.1	One	Memo sent out collecting information currently.	Three months

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
12	13	The pull cord in the ground floor toilet should be replaced and maintained clean. Ref 10.2	One	DONE	Two weeks
13	13	Seal/paint the exposed wood at the base of the staircase on the ground floor. Ref 10.2	One	Will be painted at same time Devor Room Barp DONE	One month
14	13	The walls in the identified ground floor surgery should be cleaned/repainted and maintained clean until such time as the surgery is refurbished. Ref 10.2	One	In progress	One month
15	13	Ensure that personal protective equipment (PPE) is provided in sufficient quantity to meet the needs of the practice and staff. Ref 10.5	One	DONE	Immediate and ongoing

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

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

SIGNED:



NAME:

Robert McMurich
Registered Provider

DATE

3rd September 14.

SIGNED:

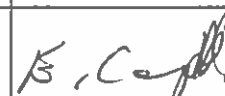


NAME:

Linda McWay
Registered Manager

DATE

3rd September 14.

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓			8/9/14
B	Further information requested from provider				



**The Regulation and
Quality Improvement
Authority**

REGULATION AND QUALITY

03 JUL 2014

IMPROVEMENT AUTHORITY

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

Name of practice: Crumlin Road Dental Surgery

RQIA ID: 11474

Name of inspector: Emily Campbell

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

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT



Tel: 028 9051 7500 Fax: 028 9051 7501

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)	↔		ONLY DENTISTS + NEW NURSES.
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?	✓		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	✓		IN UNITS: Getting Brackets from Cannon will BE WALL MOUNTED
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)		✓	Will BE DEVELOPED WITH PLANNED TRG.
1.13 Are inoculation injuries recorded?	✓		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	✓		SINGLE USE & CONVENTIONAL ADJUSTER.
Provider's level of compliance			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)		✓	IN development.
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)		✓	
2.13 Are toys provided easily cleaned? (6.73)	✓		
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)	✓		
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			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)	✓		

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)	✓		
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 : <ul style="list-style-type: none"> • no plug; and • no overflow. Lever operated or sensor operated taps.(6.10)	✓		OK in Decon Room Surgeons ! NO.
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)	✓		
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)			N/A
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)	✓		
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)			N/A
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			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))		✓	In Development Wm new Regulations
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))	✓		Cannon
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))			N/A
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 disinfectors in sufficient numbers to meet the practice requirements? (PEL(13)13)	✓		
7.3 Are all reusable instruments being disinfected using the washer disinfectors? (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)	✓		

Appendix 1



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Name of practice: **Crumlin Road 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:

We currently have called out the original
Questionnaires but we need to get a system
in place for annual surveys

- 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

☐