



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment:	Derrylin Dental Implant Centre
Establishment ID No:	11477
Date of Inspection:	13 May 2014
Inspectors' Names:	Emily Campbell and Elaine Connolly
Inspection No:	16841

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Derrylin Dental Implant Centre
Address:	77 Main Street Derrylin BT92 9LB
Telephone number:	028 6774 8069
Registered organisation / registered provider:	Mr Aiden Malanaphy
Registered manager:	Mr Aiden Malanaphy
Person in charge of the establishment at the time of Inspection:	Mr Aiden Malanaphy
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	4
Date and type of previous inspection:	Announced 21 August 2014
Date and time of inspection:	13 May 2014 10.25am to 12.10pm
Name of inspectors:	Emily Campbell Elaine Connolly

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Mr Aiden Malanaphy, registered provider;
- discussion with Ms Grainne Flynn, head receptionist and Ms Cathy McClurg, lead nurse;
- examination of relevant records;
- 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	2	
Staff Questionnaires	7 issued	4 returned

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

6.0 Inspection Focus

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

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

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

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

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

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

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

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

- prevention of Blood-borne virus exposure;
- environmental design and cleaning;
- hand Hygiene;
- management of Dental Medical Devices;
- personal Protective Equipment; and
- waste.

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

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

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

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

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

7.0 Profile of Service

Derrylin Dental Implant Centre is located in a purpose built building, situated in the town of Derrylin, County Fermanagh. Private car parking is available for patients.

The establishment is accessible for patients with a disability.

Derrylin Dental Implant Centre operates four dental chairs, providing both private and NHS general dental care and cosmetic dentistry including dental implants. There is a reception area, two waiting areas, disabled toilet facility, a decontamination room and staff and storage facilities.

Mr Malanaphy works alongside two associate dentists, a therapist and a team of dental nurses and administration staff.

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

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

8.0 Summary of Inspection

This announced inspection of Derrylin Dental Implant Centre was undertaken by Emily Campbell and Elaine Connolly on 13 May 2014 from 10.25am to 12.10pm. Mr Malanaphy, registered manager, was available for a brief discussion at the conclusion of the inspection. The inspection was facilitated by Ms Grainne Flynn, head receptionist and Ms Cathy McClurg, lead nurse. Ms Flynn and Ms McClurg were both provided with verbal feedback during and at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that five of the seven requirements and all of the recommendations made have been addressed. One requirement regarding policy development has been partially addressed and the unaddressed aspect in relation to identifying planned review dates is now stated as a recommendation. The unaddressed aspect of a requirement to establish a system to ensure that the cycle parameters of each cycle of the washer disinfectors are recorded is now stated for the second time. The detail of the action taken by Mr Malanaphy can be viewed in the section following this summary.

Prior to the inspection, Mr Malanaphy completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Malanaphy 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 inspectors met with staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; four were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff also confirmed that they have been immunised against Hepatitis B.

Inspection Theme – Cross infection control

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

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

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

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with the practice manager and a dental nurse evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of and are adhering to the practice policy in this regard. Sharps management at the practice was observed to be in line with best practice. A recommendation was made that sharps boxes are signed and dated on assembly and final closure

The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. Information promoting hand hygiene is provided for staff and patients.

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

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and staff spoken with demonstrated awareness of this.

Observations made confirmed that PPE stations have been provided throughout the practice making PPE readily available and used appropriately by staff.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfectant and steam steriliser have been provided to meet

the practice requirements. Equipment logbooks have been established at the practice and periodic tests are undertaken and recorded. A recommendation was made that the automatic control test (ACT) is recorded for the steam steriliser. A system has been established to ensure that the cycle parameters of each cycle of steriliser are recorded and records retained for at least two years. However, this is not in place for the washer disinfectant and a requirement is stated for the second time in this regard.

The evidence gathered through the inspection process concluded that Derrylin Dental and Implant Centre is substantially compliant with this inspection theme.

Mr Malanaphy confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, that feedback provided by patients has been used by the service to improve, and that results of the consultation have been made available to patients.

One requirement and three recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors wish to thank Mr Malanaphy, Ms Flynn and Ms McClurg for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	9 (a) The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011	<p>Establish a system to develop policies and procedures in line with legislative guidance.</p> <p>Policies should be retained in an indexed file for staff accessibility and should identify the dates of implementation and planned review.</p> <p>Policy development should be progressed in order of priority.</p>	<p>A policy and procedure file has been developed in line with legislative guidance. The file was indexed for ease of reference by staff.</p> <p>Policies and procedures identified the dates of implementation, however, the dates of planned review were not recorded.</p> <p>This requirement has been partially addressed and the unaddressed aspect regarding review dates has been made as a recommendation.</p>	Substantially compliant
2	19 (2) Schedule 2	<p>Enhanced AccessNI checks should be carried out on staff, including associate dentists, who have commenced employment in the practice since registration with RQIA.</p> <p>AccessNI checks should be carried out and received prior to new staff taking up employment.</p> <p>Ensure the identified staff are supervised until such times as enhanced AccessNI disclosures are received.</p> <p>Confirmation should be provided to RQIA that the enhanced AccessNI</p>	<p>Ms Flynn informed the inspectors that she had experienced difficulty obtaining a suitable umbrella body to process the enhanced AccessNI check, however, this has now been addressed.</p> <p>Since the previous inspection the identified staff, bar one, left the practice before the application for the enhanced AccessNI checks was completed.</p> <p>The check for the one remaining staff member had not been received by the time of this inspection. However, an email was received by an</p>	Compliant

		<p>checks have been received for the associate dentists. Confirmation should be provided to RQIA that an enhanced AccessNI check has been submitted in respect of the trainee dental nurse.</p> <p>Confirmation should also be provided to RQIA when this check is received.</p>	<p>inspector on 17 May 2014 from Ms Flynn confirming that the check had been received.</p> <p>The inspectors are satisfied that suitable arrangements are now in place to ensure that enhanced AccessNI checks are undertaken and received prior to new staff commencing employment.</p> <p>Requirement addressed.</p>	
3	15 (6)	<p>Robust arrangements must be put in place to ensure emergency medicines and equipment do not exceed their expiry date.</p> <p>The expired Glucagon medication should be replaced and included in the monthly checking procedure.</p> <p>If Glucagon medication is to be stored in the fridge, daily fridge temperatures should be recorded to evidence it is stored between the recommended 2 and 8 degrees centigrade. If stored out of the fridge a revised expiry date of 18 months from the date of receipt should be recorded on the medication packaging.</p> <p>Oropharyngeal airways sizes 1, 2, 3 and 4 should be provided and included in the monthly checking procedure.</p>	<p>Review of the emergency medications and equipment evidenced that this requirement has been addressed.</p> <p>The inspectors advised that on expiry, buccal Midazolam should be replaced with Buccolam as directed by the Health and Social Care Board.</p>	Compliant

4	15 (4)	Endodontic reamers and files must be treated as single use.	The lead nurse confirmed that endodontic reamers and files are now treated as single use. Requirement addressed.	Compliant
5	15 (2)	The washer disinfecter in the decontamination room should be repaired, validated and fully functional within the decontamination process. If the second washer disinfecter is to be utilised in the event of a breakdown of the one in the decontamination room it should also be validated.	Ms Flynn and Ms McClurg confirmed that the washer disinfecter in the decontamination room had been repaired and the inspectors observed that it was fully functional within the decontamination process. The inspectors were informed that the second washer disinfecter is no longer in use and has been removed. Requirement addressed.	Compliant
6	15 (2)	The ultrasonic cleaner, washer disinfecter/s and steriliser should be validated and re-validated annually.	Review of documentation confirmed that the washer disinfecter had been validated. Ms Flynn and Ms McClurg confirmed that the ultrasonic cleaner is no longer in use and has been removed. Requirement addressed.	Compliant
7	15 (2)	Log books should be established for each piece of equipment and the periodic tests carried out and completed as outlined in HTM 01-05. A system should be established to ensure that the cycle parameters of each cycle of the washer disinfecter/s and the steriliser are recorded	Log books have been established for each piece of equipment. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of the daily automatic control test (ACT) for the steriliser, which was being incorrectly	Substantially compliant

		<p>and records retained for at least two years.</p>	<p>recorded. A recommendation was made in this regard.</p> <p>A system has been established to ensure that the cycle parameters of each cycle of steriliser are recorded and records retained for at least two years. However, this is not in place for the washer disinfecter.</p> <p>This requirement has been partially addressed and the unaddressed aspect regarding recording the cycle parameters for the washer disinfecter is now stated for the second time.</p>	
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	9.1	<p>Update the complaints policy to reflect the current deputy complaints manager.</p> <p>The Dental Complaints Service should be included as a route for dissatisfaction regarding private care.</p>	<p>Review of the complaints policy evidenced that this recommendation has been addressed.</p>	Compliant
2	13	<p>An audit of compliance with HTM 01-05 should be carried out.</p> <p>An action plan for compliance with HTM 01-05 should be put in place and regularly monitored.</p>	<p>Review of documentation evidenced that this recommendation has been addressed.</p> <p>The most recent audit was based on the old version of HTM 01-05. The inspectors referred Ms Flynn and Ms McClurg to the Infection Prevention Society (IPS) website for the most up to date version reflective of the 2013 edition of HTM 01-05.</p>	Compliant
3	14.2	<p>Records should be retained in the practice of annual service inspections of x-ray machines and the developer.</p>	<p>Review of the radiation protection file evidenced that this recommendation has been addressed.</p>	Compliant
4	15.3	<p>Update the safeguarding policy with the details of the current deputy lead for safeguarding.</p>	<p>Review of the safeguarding policy evidenced that this recommendation has been addressed.</p>	Compliant
5	13	<p>Review the layout of the decontamination room to facilitate the inspection and bagging of instruments at the left hand side of the steriliser.</p>	<p>Observations confirmed that the layout of the decontamination room has been reviewed and is in line with HTM 01-05.</p>	Compliant
6	13	<p>Open shelving in the decontamination room should be closed over with</p>	<p>Observations made confirmed that doors have been installed to enclose the previous open</p>	Compliant

		doors in keeping with good infection prevention and control. If additional cabinetry is installed as discussed previously this shelving could be removed and instruments stored in the new cabinet.	shelving. Recommendation addressed.	
7	13	Ensure that the hand wash basin is dedicated for the use of hand washing only.	Discussion with Ms McClurg confirmed that the hand wash basin in the decontamination room is dedicated for the use of hand washing only. Recommendation addressed.	Compliant
8	13	The overflow of the hand wash basin in the decontamination room should be "blanked off" using a stainless steel plate and sealing it with anti-bacterial mastic. The waste plug should be removed.	The inspectors observed that the overflow of the hand wash basin in the decontamination room has been blanked off. Recommendation addressed.	Compliant
9	13	Flooring should be sealed at the edges where it meets the wall.	Observation made confirmed that this recommendation has been addressed.	Compliant
10	13	An illuminated magnification device for the inspection of instruments following the cleaning process should be provided.	An illuminated magnification device for the inspection of instruments following the cleaning process has been provided. Recommendation addressed.	Compliant
11	13	The date of expiry should be marked on bagged sterilised instruments and a robust system is implemented to ensure that stored instruments do not exceed their expiry date.	Observations made and discussion with Ms McClurg confirmed that this recommendation has been addressed.	Compliant

12	13	<p>Records pertaining to the maintenance and repair of dental hand pieces should be retained for at least two years.</p>	<p>A logbook has been developed for the maintenance and repair of dental hand pieces.</p> <p>Recommendation addressed.</p>	Compliant
13	13	<p>Ensure staff are aware of the correct dilution strength of detergent to be used when manually cleaning instruments.</p>	<p>Ms McClurg confirmed that staff had been made aware of the correct dilution strength of detergent to be used when manually cleaning instruments.</p> <p>Information regarding the dilution strength of detergent was available in the decontamination room for staff reference.</p> <p>Recommendation addressed.</p>	Compliant
14	13	<p>Ensure that instruments are appropriately loaded in the ultrasonic cleaner and do not overlap.</p> <p>The ultrasonic cleaner should be drained and cleaned at the end of each day.</p>	<p>Ms Flynn and Ms McClurg confirmed that the ultrasonic cleaner is no longer used in the decontamination process. However, staff had been made aware of the correct use and maintenance of the machine prior to this.</p> <p>Recommendation addressed.</p>	Compliant
15	13	<p>The infection prevention and control policy should be further developed to reflect the arrangements in the practice.</p> <p>This should include details of the processing of instruments through a washer disinfectant, additional details regarding the arrangements for the transfer of instruments within the practice and the use of a vacuum steriliser.</p> <p>Disinfectant guidelines should be established detailing the disinfectants to be used in the practice,</p>	<p>Review of the infection prevention and control policy evidenced that this recommendation has been addressed.</p>	Compliant

		their application, storage and disposal.		
16	13	A nominated individual should be identified with responsibility for infection prevention and control and decontamination.	Ms McClurg has been nominated as the lead for infection prevention and control and decontamination. Recommendation addressed.	Compliant
17	13	Additional training should be provided to staff involved in the decontamination process. Particular attention should be given to the daily weekly and other periodic tests required to be carried out on equipment as detailed in HTM 01-05.	Ms Flynn and Ms McClurg confirmed that additional training had been provided to staff involved in the decontamination process. Recommendation addressed.	Compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

<p>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.</p>
<p>Criteria Assessed:</p> <p>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.</p> <p>13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p>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.</p>
<p>Inspection Findings:</p> <p>Mr Malanaphy rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with staff evidenced that:</p> <ul style="list-style-type: none"> • the prevention and management of blood-borne virus exposure is included in the staff induction programme; • staff training has been provided for clinical staff; • all recently appointed staff have received an occupational health check; and • records are retained regarding the Hepatitis B immunisation status of clinical staff. <p>Discussion with the dental nurse confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.</p> <p>Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are wall mounted and appropriately used. A recommendation was made that sharps boxes are signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.</p> <p>Discussion with the dental nurse and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. The dental nurse advised that she and 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	Compliant
Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed	Substantially compliant

10.2 Environmental design and cleaning

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.	
Criterion Assessed: 13.1 Your dental service's premises are clean.	
Inspection Findings:	
<p>Mr Malanaphy rated the practice arrangements for environmental design and cleaning as Compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspectors undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were sealed at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>Discussion with the dental nurse confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.</p>	

Provider's overall assessment of the dental practice's compliance level against the standard assessed	Compliant
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Compliant

10.3 Hand Hygiene

<p>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.</p>
<p>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.</p>
<p>Inspection Findings: Mr Malanaphy rated the practice arrangements for hand hygiene as compliant on the self-assessment. The practice has a hand hygiene policy and procedure in place. The dental nurse confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically. Discussion with the dental nurse confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice. Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap and paper towels were available. The dental nurse confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. The inspectors observed that laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

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

10.4 Management of Dental Medical Devices

<p>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.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings: Mr Malanaphy rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with staff confirmed that this is adhered to.</p> <p>The dental nurse confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient’s mouth.</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 reverse osmosis (RO) water to supply the DUWLs; • Self-contained water bottles are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • A single use sterile water source is used for irrigation in dental surgical procedures; • 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>Compliant</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Compliant</p>

10.5 Personal Protective Equipment

<p>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.</p>
<p>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.</p>
<p>Inspection Findings: Mr Malanaphy rated the practice approach to the management of personal protective equipment (PPE) as Compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and the dental nurse spoken with confirmed that staff were aware and adhered to this. The dental nurse confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice. PPE stations have been provided in the decontamination room and practice surgeries for ease of access by 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>The dental nurse confirmed that they were aware of the practice uniform policy.</p>

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

10.6 Waste

<p>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.</p>
<p>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..</p>
<p>Inspection Findings: Mr Malanaphy rated the practice approach to the management of waste as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. The dental nurse confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with the dental nurse 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>

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

10.7 Decontamination

<p>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.</p>
<p>Criterion Assessed: 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 Malanaphy rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including a washer disinfecter and steam steriliser have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of a daily ACT for the steriliser, which is incorrectly recorded. A recommendation was made in this regard.</p> <p>As discussed in section 9.0, a system has been established to ensure that the cycle parameters of each cycle of steriliser are recorded and records retained for at least two years. However, this is not in place for the washer disinfecter. A requirement is stated for the second time in this regard.</p>

Provider’s overall assessment of the dental practice’s compliance level against the standard assessed	Compliant
Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed	Substantially compliant

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

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Ms Flynn and Ms McClurg. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four were returned to RQIA within the timescale required.

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

11.2 Patient Consultation

Mr Malanaphy confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, that feedback provided by patients has been used by the service to improve and that results of the consultation have been made available to patients. The summary of the most recent patient consultation was on display in the waiting room.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Flynn and Ms McClurg 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

Elaine Connolly
Senior Inspector

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Derrylin Dental Implant Centre

13 May 2014

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

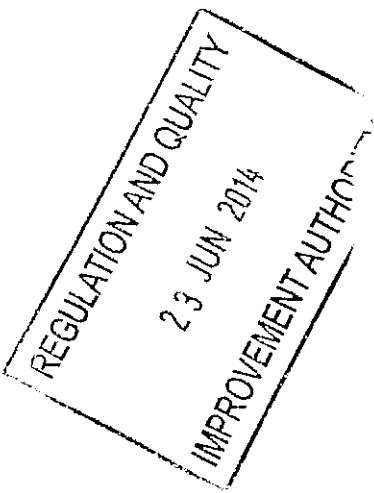
The specific actions set out in the Quality Improvement Plan were discussed with Ms Flynn and Ms McClurg either during or after the inspection visit.

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)	<p>A system should be established to ensure that the cycle parameters of each cycle of the washer disinfectant is recorded and records retained for at least two years.</p> <p>Ref 9.0 & 10.7</p>	Two	<p>Contacted H. Schein to order data logger.</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	11	Policies should identify the dates of planned review. Ref 9.0	One	Amended policies to reflect reviews dates	Three months
2	13	A daily automatic control test (ACT) should be undertaken and recorded for the steriliser. Ref 9.0 & 10.7	One	being recorded now	Immediate and ongoing
3	13	Sharps boxes should be signed and dated on assembly and final closure. Ref 10.1	One	Being Done.	Immediate and ongoing

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

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

X SIGNED: Adam Mulvaney SIGNED: Adam Mulvaney

NAME: ADAM MULVANEY NAME: _____
 Registered Provider Registered Manager

DATE _____ DATE _____

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		Stephen O'Connell	24.06.14
B	Further information requested from provider		✓	Stephen O'Connell	24.06.14



The Regulation and
Quality Improvement
Authority

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

Name of practice: Derrylin Dental Implant Centre
RQIA ID: 11477
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 <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	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)	yes		<i>If no, answer remaining questions in this section to reflect your current arrangements</i>
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)	yes		
1.3 Have all staff at risk from sharps injuries received an Occupational Health check in relation to risk reduction in blood-borne virus transmission and general infection? (2.6)			
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	yes		
1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	yes		
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?	yes		

1.7 Are in-use sharps containers labelled with date, locality and a signature?	yes		
1.8 Are sharps containers replaced when filled to the indicator mark?	yes		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	yes		
1.10 Are full sharps containers stored in a secure facility away from public access?	yes		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	yes		
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)	yes		
1.13 Are inoculation injuries recorded?	yes		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	yes		
Provider's level of compliance			Compliant

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)	yes		
2.2 Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	yes		
2.3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	yes		
2.4 Is the dental chair cleaned between each patient? (6.46, 6.62)	yes		
2.5 Is the dental chair free from rips or tears? (6.62)	yes		
2.6 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	yes		
2.7 Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	yes		
2.8 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	yes		
2.9 Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	yes		
2.10 Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	yes		

<p>2.11 Do all floor coverings in clinical and decontamination areas have covered edges that are sealed and impervious to moisture? (6.47)</p>	<p>yes</p>		
<p>2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)</p>	<p>yes</p>		
<p>2.13 Are toys provided easily cleaned? (6.73)</p>	<p>yes</p>		
<p>2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)</p>	<p>yes</p>		
<p>2.15 Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)</p>	<p>yes</p>		
<p>2.16 Is cleaning equipment stored in a non-clinical area? (6.60)</p>	<p>yes</p>		
<p>2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)</p>	<p>yes</p>		
<p>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)</p>	<p>yes</p>		
<p>2.19 Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)</p>	<p>yes</p>		
<p>2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)</p>	<p>yes</p>		

<p>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)?</p>	<p>yes</p>		
<p>2.22 Does the practice have a local policy and procedure/s for spillage in accordance with COSHH? (2.4d, 2.6)</p>	<p>yes</p>		
<p>Provider's level of compliance</p>			<p>Compliant</p>

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)	yes		
3.2 Is hand hygiene an integral part of staff induction? (6.3)	yes		
3.3 Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	yes		
3.4 Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	yes		
3.5 Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	yes		
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)	yes		
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)	yes		
3.8 Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	yes		
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)	yes		

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

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

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)	yes		
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)	yes		
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	yes		
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)	yes		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	yes		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	yes		

<p>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)</p>	<p>yes</p>		
<p>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)</p>	<p>yes</p>		
<p>4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)</p>	<p>yes</p>		
<p>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)</p>	<p>yes</p>		
<p>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)</p>			<p>n/a</p>
<p>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)</p>	<p>yes</p>		
<p>4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	<p>yes</p>		
<p>4.14 Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)</p>	<p>yes</p>		

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

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)	yes		
5.2 Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	yes		
5.3 Are powder-free CE marked gloves used in the practice? (6.20)	yes		
5.4 Are alternatives to latex gloves available? (6.19, 6.20)	yes		
5.5 Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	yes		
5.6 Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	yes		
5.7 Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	yes		
5.8 Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	yes		
5.9 Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	yes		

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

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))	yes		
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))	yes		
6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	yes		
6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	yes		
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))	yes		
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))	yes		
6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	yes		

6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	yes		
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))	yes		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	yes		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	yes		
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))	yes		
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))	yes		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	yes		
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))	yes		
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))	yes		
Provider's level of compliance			Compliant

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)	yes		
7.2 Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)	yes		
7.3 Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)	yes		
7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	yes		
7.5 a Has all equipment used in the decontamination process been validated?	yes		
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)	yes		
7.6 Have separate log books been established for each piece of equipment?	yes		
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	yes		

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

<p>Please provide any comments you wish to add regarding good practice</p>
Empty space for comments

Appendix 1



Name of practice: Derrylin Dental Implant Centre

Declaration on consultation with patients

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

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

Yes No

If no or other please give details:

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

Yes No

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

Yes No