



The Regulation and
Quality Improvement
Authority

Announced Inspection 29 May 2014 and Follow-Up Inspection 3 July 2014

Name of Establishment: Downe in the Mouth Dental Practice
Establishment ID No: 11486
Date of Inspections: 29 May 2014 and 3 July 2014
Inspector's Name: Emily Campbell
Inspection No: 16831

**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:	Downe in the Mouth Dental Practice
Address:	15 Irish Street Downpatrick BT30 6BW
Telephone number:	028 4461 2249/5845
Registered organisation / registered provider:	Mr Mark Lindsay Mr Ian Crutchley
Registered manager:	Mr Mark Lindsay
Person in charge of the establishment at the time of Inspection:	Mr Ian Crutchley
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	7
Date and type of previous inspection:	Announced 17 October 2013
Date and time of inspection:	Announced Inspection 29 May 2014 10.05am – 1.25pm Follow-Up Inspection 3 July 2014 11.15am – 11.50am
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 Mr Ian Crutchley, registered provider;
- discussion with Ms Natalie Moore, lead nurse;
- 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	6	
Staff Questionnaires	9 issued	11 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

Downe in the Mouth Dental Practice is a former residential property located in the centre of Downpatrick which has been extensively renovated to provide a dental practice. Public car parking is available nearby for patients.

The practice is accessible for patients with a disability and provides both private and NHS dental care.

Downe in the Mouth Dental Practice is currently registered for seven chairs, however, during the previous inspection it was identified that one surgery had been converted into a decontamination room and another chair had been decommissioned with a view to the development of a treatment co-ordination suite. Only four surgeries are currently in operation with a fifth surgery not operational due to planned refurbishment work.

The practice has a reception area, two waiting areas, a decontamination room, a radiology room, toilet, staff and storage facilities.

Mr Ian Crutchley and Mr Mark Lindsay are the registered providers for the service. However, since just prior to the previous inspection Mr Crutchley bought over the practice under the auspices of a limited company. As this represents a new entity a new application for registration with RQIA is required. Further details can be seen in section 11.3 of the report. Mr Crutchley intends to rebrand the practice under the name Fifteen Dental.

Mr Crutchley is supported in his role by associate dentists, hygienists and a team of nursing and reception staff.

Mr Crutchley is also the registered provider for another establishment; D I Crutchley Dental Practice, in Belfast.

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

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

8.0 Summary of Inspection

This announced inspection of Downe in the Mouth Dental Practice was undertaken by Emily Campbell on 29 May 2014 between the hours of 10.05am and 1.25pm. Ms Natalie Moore, lead nurse, facilitated the inspection and was available throughout. Mr Ian Crutchley, registered provider, was available during part of the inspection. Mr Crutchley and Ms Moore were both provided with verbal feedback at the conclusion of the inspection. A washer disinfectant had not been installed and incorporated within the decontamination process. However, as confirmation had been received by the inspector advising of a planned installation date for this, a follow-up inspection was also undertaken on 3 July 2014 between the hours of 11.15am and 11.50am. This inspection was also facilitated by Ms Moore. Other outstanding issues were also reviewed during the follow-up inspection.

Mr Ian Crutchley and Mr Mark Lindsay are the registered providers for the service. However, since just prior to the previous inspection Mr Crutchley bought over the practice under the auspices of a limited company. As this represents a new entity a requirement was made that a new application for registration with RQIA must be submitted. A requirement was also made that Mr Lindsay should submit formal notification to RQIA informing RQIA that he is no longer a partner of the practice. Further details can be seen in section 11.3 of the report.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that three of the four requirements made have been addressed. One requirement in relation to the submission of an application for variation to the registration of the practice has not been addressed. This has now been superseded with the requirement to submit a complete new application for registration as discussed previously. Four of the five recommendations made have been addressed. A recommendation that infection prevention and control policies and procedures should be further developed has not been addressed and is stated for the second time. The detail of the action taken by Mr Crutchley can be viewed in the section following this summary.

Prior to the inspection, Mr Crutchley completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Crutchley 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; 11 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. Comments provided by staff in submitted questionnaires can be seen in section 11.1 of the report.

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 ongoing 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 Mr Crutchley, Ms Moore and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure, with the exception of a risk management plan for one staff member who has not seroconverted following Hepatitis B vaccination. A recommendation was made in this regard. Staff confirmed that they are aware of and are adhering to the practice policy in relation to the management of blood-borne virus exposure. Sharps management at the practice was observed to be in line with best practice, with the exception of the storage of a sharps box on the floor of one surgery. A recommendation was made to address this.

A refurbishment programme is underway in the practice and the inspector observed that considerable progress has been made in this regard since the previous inspection. The inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. A recommendation was made that the vertical blinds in surgeries should be cleaned and included in the practice's cleaning schedule. In addition the fabric covered chairs in the identified surgery should be removed. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. A recommendation was made that flooring in the surgeries is sealed at the edges and where cabinetry meets the flooring until such time as

the flooring is replaced within the refurbishment plan. A recommendation was also made that a dental chair which was torn should be reupholstered.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. The ceramic hand was basins in surgeries had overflows and did not have lever/sensor operated taps in keeping with HTM 01-05. The inspector advised that this should be addressed within the practice refurbishment plan. Information promoting hand hygiene is provided for staff and patients.

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

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

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 sterilisers have been provided to meet the practice requirements. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. Ms Moore confirmed that she was in the process of obtaining the appropriate attachments for the washer disinfectant to ensure that handpieces which are compatible with a washer disinfectant are decontaminated using this process. A recommendation was made in this regard.

The evidence gathered through the inspection process concluded that Downe in the Mouth Dental Practice is substantially compliant with this inspection theme.

Mr Crutchley 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.

Two requirements and seven recommendations were made as a result of the announced and follow-up inspections, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr Crutchley, Ms Moore and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	30 (h)	An application of variation should be submitted to RQIA in relation to the renovation and conversion work that has been undertaken and to reflect that five chairs are to be registered.	<p>This requirement has not been addressed.</p> <p>The inspector was informed on 19 March 2014 that Mr Crutchley bought over the practice under the auspices of a limited company. Mr Crutchley confirmed during this inspection that this had occurred just prior to the previous inspection. As this represents a new entity a complete new application for registration with RQIA is required.</p> <p>As this represents a new entity a new application for registration with RQIA is required. A new requirement is now made in this regard which supersedes the previous requirement. Further details can be seen in section 11.3 of the report.</p>	Not compliant
2	15 (2)	Validate the ultrasonic cleaner and sterilisers and establish arrangements for annual validation thereafter.	<p>The inspector was informed that the ultrasonic cleaner is no longer used in the decontamination process and this was confirmed by nursing staff spoken with.</p> <p>Review of documentation confirmed that the sterilisers have been validated.</p> <p>Requirement addressed.</p>	Compliant
3	15 (3)	A validated washer disinfecter should be installed and incorporated into the decontamination process.	During the announced inspection of the 29 May 2014, it was established that a washer disinfecter had not been provided. However,	Compliant

		<p>A logbook should be established for this and the relevant information and periodic tests recorded as outlined in HTM 01-05.</p>	<p>review of an email from a dental supplier on 30 May 2014 confirmed that this had been ordered and would be installed and validated in the near future.</p> <p>A follow up visit was carried out on 3 July 2014 and it was observed that a washer disinfectant has been installed, validated and incorporated into the decontamination process. A pre-printed logbook had been established and review of the logbook confirmed that the relevant information was included and periodic tests were undertaken and recorded.</p> <p>Further details are provided in sections 10.7 and 12.0 of this report.</p> <p>Requirement addressed.</p>	
4	15 (3)	<p>Separate logbooks should be established for each piece of equipment associated in the decontamination process.</p> <p>Periodic tests should be undertaken and recorded as outlined in HTM 01-05.</p> <p>The logbooks should contain the following information:</p> <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; • daily/weekly test record sheets; • quarterly test record sheets; • annual 	<p>At the inspection on 29 May 2014, the inspector observed that separate logbooks have been established for the sterilisers, which generally contained the relevant information. The equipment information and location and confirmation of staff training lacked detail. Review of the logbooks confirmed that the relevant periodic tests were undertaken and recorded as outlined in HTM 01-05, with the exception of a daily helix test for the vacuum steriliser.</p> <p>The inspector suggested some minor amendment to the layout of the periodic test sheet for the sterilisers.</p> <p>At the follow-up inspection on 3 July 2014, the inspector</p>	Compliant

		<p>service/validation certification;</p> <ul style="list-style-type: none"> • fault history; • process log; • records to show staff have been trained in the correct use of the machine; and relevant contacts e.g. service engineer. 	<p>observed that new pre-printed logbooks had been established for each steriliser and the washer disinfectant which contained the relevant information. Relevant periodic tests were undertaken and recorded including the helix test for the vacuum steriliser.</p> <p>Requirement addressed.</p>	
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	8.3	Implement annual audits of x-ray justification and clinical evaluation recording as a quality assurance measure.	<p>Review of the radiation protection file evidenced that an audit of x-ray justification and clinical evaluation recording had been undertaken since the previous inspection and Ms Moore confirmed this would be carried out annually. Ms Moore confirmed that the audit incorporated x-rays taken by all dentists from the practice. The inspector suggested that this information should be included in the audit detail.</p> <p>Recommendation addressed.</p>	Compliant
2	13	<p>Review and amend the proposed plans for the refurbishment of the decontamination room to ensure the layout is in keeping with HTM 01-05.</p> <p>The revised plan should be implemented and the decontamination room refurbished to provide a fully functioning decontamination room in order to achieve compliance with HTM 01-05.</p>	<p>Observations made confirmed that a new refurbishment plan had been developed for the decontamination room and the layout is in keeping with HTM 01-05.</p> <p>As discussed previously a washer disinfector had not been provided at the inspection on 29 May 2014, however, space had been identified for this in an appropriate location.</p> <p>During the follow-up inspection on 3 July 2014 it was confirmed that a washer disinfector has now been provided and the decontamination room is now fully functioning.</p> <p>Recommendation addressed.</p>	Compliant

3	13	<p>A weekly protein residue test of the ultrasonic cleaner should be undertaken and recorded in the logbook.</p>	<p>As discussed previously, an ultrasonic cleaner is no longer used within the decontamination process.</p> <p>Recommendation no longer applicable.</p>	Compliant
4	13	<p>A robust system of checking information on the data logger is implemented to ensure that a record is retained of the cycle parameters for each cycle of the sterilisers.</p> <p>It is suggested that data loggers should be downloaded at least on a monthly basis.</p>	<p>Discussion with Ms Moore confirmed that this recommendation has been addressed.</p>	Compliant
5	13	<p>Infection prevention and control policies and procedures should be further developed to reflect the arrangements in the practice.</p> <p>Policies and procedures should include details of the process of cleaning, disinfection, inspection, packaging, transport and storage of instruments and disinfectant guidelines.</p>	<p>Discussion with Ms Moore confirmed that this recommendation has not been addressed. Ms Moore advised that the practice intend to complete this recommendation in consultation with an external consultant which is planned for July 2014.</p> <p>This recommendation has been stated for the second time.</p>	Not compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

STANDARD 13 – Prevention and Control of Infection (Safe and effective care)

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

Criteria Assessed:

11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.

13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.

13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.

Inspection Findings:

Mr Crutchley rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.

Discussion with Ms Moore and staff evidenced that:

- the prevention and management of blood-borne virus exposure is included in the staff induction programme;
- staff training has been provided for clinical staff; and
- all newly appointed staff will receive an occupational health check.

Records are retained regarding the Hepatitis B immunisation status of clinical staff. One member of staff had not seroconverted and a recommendation was made that a risk management plan is developed for this individual outlining the steps taken to reduce the risk of blood borne virus transmission. Consideration should also be given to the provision of a safer sharps device.

Discussion with staff confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.

Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are positioned to prevent unauthorised access, with the exception of a sharps box which was on the floor in one surgery. This is not in keeping with good infection control practice and a recommendation was made in this regard. Sharps boxes are appropriately used and signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.

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

10.2 Environmental design and cleaning

<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: 13.1 Your dental service's premises are clean.</p>
<p>Inspection Findings:</p> <p>Mr Crutchley rated the practice arrangements for environmental design and cleaning as moving towards compliance on the self-assessment.</p> <p>The practice did not have a policy and procedure in place for cleaning and maintaining the environment. However, this was subsequently emailed to the inspector on 3 July 2014.</p> <p>A refurbishment programme is underway in the practice and the inspector observed that considerable progress has been made in this regard since the previous inspection. Mr Crutchley and Ms Moore advised that the refurbishment of two dental surgeries is planned for the next phase of the programme. The inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. A recommendation was made that the vertical blinds in surgeries should be cleaned and included in the practice's cleaning schedule. In addition the fabric covered chairs in the identified surgery should be removed. The inspector observed that a number of new chairs had been provided in patient waiting areas and Ms Moore confirmed that this type of chair would be provided throughout the practice as part of the refurbishment programme.</p> <p>Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Some worktops were not sealed where they meet the walls, however, Mr Crutchley and Ms Moore confirmed that this will be addressed within the ongoing refurbishment programme. Floor coverings in decontamination and clinical areas are impervious and were coved and sealed in the decontamination room. A recommendation was made that flooring in the surgeries is sealed at the edges and where cabinetry meets the flooring until such time as the flooring is replaced within the refurbishment plan. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt, with the exception of a tear in one dental chair in a surgery. A recommendation was made in this regard.</p> <p>Discussion with staff 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	Moving towards compliance
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Moving towards compliance

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 Crutchley rated the practice arrangements for hand hygiene as substantially compliant on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The ceramic hand was basins in surgeries had overflows and did not have lever/sensor operated taps in keeping with HTM 01-05. The inspector advised that this should be addressed within the practice refurbishment plan. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good 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>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Substantially Compliant</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Substantially 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:</p> <p>Mr Crutchley rated the practice approach to the management of dental medical devices as substantially 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>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; • Water supply to the DUWLs for one dental chair is dual provided through the direct mains water supply and bottled water supply. Mr Crutchley confirmed on discussion that there is a physical air gap separating DUWLs from mains water systems; • 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>Substantially 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 Crutchley rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Staff confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • 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>

<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 Crutchley rated the practice approach to the management of waste as compliant on the self-assessment.</p> <p>The policy and procedure for the management and disposal of waste in keeping with HTM 07-01 was not available during the inspection, however, this was subsequently emailed to the inspector on 30 May 2014. Staff confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>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 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 Crutchley rated the decontamination arrangements of the practice as moving towards compliance on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>The practice has two sterilisers, one vacuum and one non vacuum in place. Review of documentation evidenced that these have been validated. Logbooks had been established for each steriliser and periodic tests undertaken and recorded.</p> <p>During the follow up visit on 3 July 2014, review of documentation and observation demonstrated that a washer disinfecter had been installed and validated on commissioning. Discussion with Ms Moore demonstrated that the washer disinfecter had been incorporated into the decontamination process, was being used appropriately and a logbook was in place with the appropriate periodic tests recorded. Ms Moore confirmed that staff undertaking decontamination duties had been trained in the use of the machine following installation. Ms Moore confirmed that she was in the process of obtaining the appropriate attachments for the washer disinfecter to ensure that handpieces which are compatible with a washer disinfecter are decontaminated using this process. A recommendation was made in this regard.</p>

Provider’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	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 three associate dentists, and three dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eleven 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.

The following comments were provided in submitted questionnaires:

- “The practice is undergoing refurbishment and rebranding so we can continue to give our patients the high standard of care.”
- “I am getting training on the role of decontamination lead and infection control lead.”
- “More efficient with centralised decontamination room, time saving and less stress.”

11.2 Patient Consultation

Mr Crutchley 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.

11.3 Registration Status

Downe in the Mouth Dental Practice is currently registered for seven chairs, however, during the previous inspection it was identified that one surgery had been converted into a decontamination room and another chair had been decommissioned with a view to the development of a treatment co-ordination suite. Only four surgeries are now in operation and it is planned that a fifth surgery will be made operational on completion of refurbishment work.

During the previous inspection a requirement was stated for the second time that an application of variation should be submitted to RQIA in relation to the renovation and conversion work that has been undertaken in the practice and to reflect the decrease in the number of registered chairs from seven to five.

Mr Ian Crutchley and Mr Mark Lindsay are the registered providers for the service. However, the inspector was informed on 19 March 2014 that Mr Crutchley bought over the practice under the auspices of a limited company. Mr Crutchley confirmed during this inspection that this had occurred just prior to

the previous inspection. As this represents a new entity a complete new application for registration with RQIA is required. Mr Crutchley was informed of this on 19 March 2014 and the relevant details and application forms were subsequently provided. This application has not yet been received. This matter was discussed in detail with Mr Crutchley and the importance of submitting application was reiterated. Mr Crutchley provided assurance during this inspection that these would be submitted to RQIA in the near future.

A requirement was made that application for registration should be submitted to RQIA along with the associated fees. As this is now a limited company and Mr Crutchley is also the provider of another establishment, he cannot be the registered manager. Application and the associated fee should therefore also be submitted for a registered manager. Mr Crutchley and Ms Moore advised that it is intended that Ms Moore will be the registered manager for the practice and that the practice will be changing it's name to Fifteen Dental.

The inspector had the opportunity to speak with Mr Lindsay during the inspection, who is now working in the practice as an associate dentist. Mr Lindsay was requested to submit formal notification to RQIA informing us that he is no longer a partner of the practice. Mr Lindsay readily agreed to this and a requirement was made in this regard.

12.0 Follow-up inspection

The inspection undertaken on the 29 May 2014 demonstrated that the decontamination room was not fully functional as a washer disinfectant had not been provided. This matter was of serious concern to RQIA and was discussed in detail with Mr Crutchley. Mr Crutchley provided assurances that this matter would be addressed as a matter of priority. The inspector received an email from a dental supplier on 30 May 2014 confirming that a washer disinfectant had been ordered and would be installed and validated within the near future.

Following the inspection, this matter was reported to senior management in RQIA as a serious concern, following which a decision was taken to carry out a follow up inspection.

During the follow up inspection on 3 July 2014, review of documentation and observation demonstrated that a washer disinfectant had been installed and validated on commissioning. Discussion with Ms Moore demonstrated that the washer disinfectant had been incorporated into the decontamination process, was being used appropriately and a logbook was in place with the appropriate periodic tests recorded. Ms Moore confirmed that she was in the process of obtaining the appropriate attachments for the washer disinfectant to ensure that handpieces which are compatible with a washer disinfectant are decontaminated using this process. A recommendation was made in this regard.

A data logger has been installed to ensure that the cycle parameters for each cycle of the machine are retained. Ms Moore confirmed that the data logger would be uploaded on a monthly basis and records retained for at least two years.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Ian Crutchley and Ms Natalie Moore 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

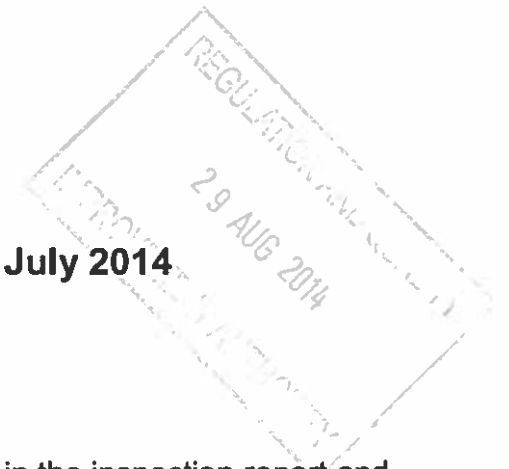


The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection 29 May 2014 and Follow-Up Inspection 3 July 2014

Downe in the Mouth Dental Practice



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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Ian Crutchley and Ms Natalie Moore 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.

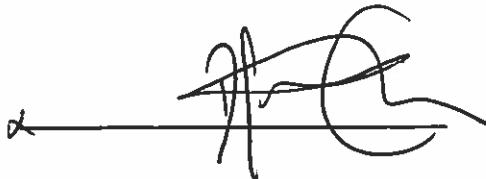
NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	<p>Application for registration should be submitted to RQIA along with the associated fees.</p> <p>As this is now a limited company and Mr Crutchley is also the provider of another establishment, he cannot be the registered manager. Application and the associated fee should therefore also be submitted for a registered manager.</p> <p>Ref 9.0 & 11.3</p>	One	Completed .	One month
2	30 (b)	<p>Mr Lindsay should submit formal notification to RQIA informing RQIA that he is no longer a partner of the practice.</p> <p>Ref 11.3</p>	One	Completed . HAS BEEN FORWARDED SEPERATELY .	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	<p>Infection prevention and control policies and procedures should be further developed to reflect the arrangements in the practice.</p> <p>Policies and procedures should include details of the process of cleaning, disinfection, inspection, packaging, transport and storage of instruments and disinfectant guidelines.</p> <p>Ref 9.0</p>	Two	ALL POLICIES HAVE BEEN UPDATED.	Three months
2	13	<p>A risk management plan should be developed for the identified individual outlining the steps taken to reduce the risk of blood borne virus transmission.</p> <p>Consideration should also be given to the provision of a safer sharps device.</p> <p>Ref 10.1</p>	One	<p>TRIALING SAFETY Plus needles & needle guard.</p> <p>THE DENTIST IN QUESTION IS NOW LEAVING IN OCT 2014.</p>	Two months
3	13	<p>In keeping with good infection prevention and control, sharps boxes should not be on the floor of any dental surgeries.</p> <p>Ref 10.1</p>	One	<p>Completed - Sharp boxes have been removed from the floor</p>	Immediate and ongoing

4	13	<p>The vertical blinds in surgeries should be cleaned and included in the practice's cleaning schedule.</p> <p>Fabric chairs in the identified surgery should be removed.</p> <p>Ref 10.2</p>	One	<p>New vertical blinds have been sourced & will be including in the cleaning schedule.</p> <p>New chairs are being organised.</p>	One month
5	13	<p>Flooring in the surgeries should be sealed at the edges and where cabinetry meets the flooring until such time as the flooring is replaced within the refurbishment plan.</p> <p>Ref 10.2</p>	One	<p>SEALING OF SURGERY FLOORS HAS BEEN ORGANISED FOR START SEPTEMBER.</p>	Two months
6	13	<p>The dental chair in the identified surgery should be re-upholstered.</p> <p>Ref 10.2</p>	One	<p>awaiting quotes from Schein for new chair.</p>	Three months
7	13	<p>Handpieces which are compatible with a washer disinfectant should be decontaminated using this process.</p> <p>Ref 10.7 & 12.0</p>	One	<p>Complete.</p>	Two weeks

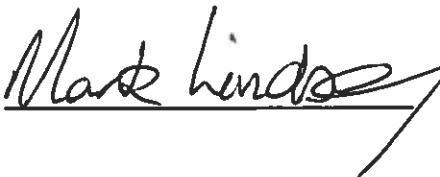
The registered provider/manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: 

NAME: IAN CRUTCHLEY.
 Registered Provider

DATE 18/8/14

SIGNED: 

NAME: MARK LINDSAY.
 Registered Manager

DATE 18/8/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>E. Campbell</i>	2/9/14
B	Further information requested from provider				



The Regulation and
Quality Improvement
Authority

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

Name of practice: Downe in the Mouth Dental Practice
RQIA ID: 11486
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)	X		<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)	X		
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)		X	
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	X		
1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	X		
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?	X		

1.7 Are in-use sharps containers labelled with date, locality and a signature?	X		
1.8 Are sharps containers replaced when filled to the indicator mark?	X		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	X		
1.10 Are full sharps containers stored in a secure facility away from public access?	X		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	X		
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)	X		
1.13 Are inoculation injuries recorded?	X		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	X		
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)	X		
2.2 Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	X		
2.3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	X		
2.4 Is the dental chair cleaned between each patient? (6.46, 6.62)	X		
2.5 Is the dental chair free from rips or tears? (6.62)		X	The practice is currently undergoing refurbishment and chairs are being looked at for re-upholstering where possible
2.6 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)		x	The practice is currently undergoing refurbishment and all surgeries are to be decorated and refloored where needed.
2.7 Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)		x	
2.8 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	x		
2.9 Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	x		
2.10 Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	x		

<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>		x	This will be completed during the decorating of each surgery
<p>2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)</p>	x		
<p>2.13 Are toys provided easily cleaned? (6.73)</p>	x		
<p>2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)</p>			no free standing or ceiling fans used
<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>	x		
<p>2.16 Is cleaning equipment stored in a non-clinical area? (6.60)</p>	x		
<p>2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)</p>	x		
<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>	x		
<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>	x		
<p>2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)</p>	x		

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

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

<p>3.18 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p>		<p>x</p>	
<p>Provider's level of compliance</p>			<p>Substantially 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)	x		
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)	x		
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	x		
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)	x		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	x		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	x		

<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>x</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>x</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>x</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>x</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>x</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>x</p>		
<p>4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	<p>x</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>x</p>		

4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)	x		
Provider's level of compliance			Substantially 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)	x		
5.2 Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	x		
5.3 Are powder-free CE marked gloves used in the practice? (6.20)	x		
5.4 Are alternatives to latex gloves available? (6.19, 6.20)	x		
5.5 Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	x		
5.6 Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	x		
5.7 Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	x		
5.8 Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	x		
5.9 Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	x		

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)	x		
5.11 Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)	x		
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)	x		
5.13 Are masks disposed of as clinical waste after each use? (6.27, 6.36)	x		
5.14 Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)	x		
5.15 Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)	x		
5.16 Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)	x		
5.17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)	x		
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))	x		
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))	x		
6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	x		
6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	x		
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))	x		
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))		x	
6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	x		

6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	x		
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))	x		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	x		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	x		
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))	x		
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))	x		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	x		
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))	x		
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))	x		
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)	x		
7.2 Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)		x	We hope to have washer/disinfector installed by July 2014.
7.3 Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)		x	The instruments at present are being manually scrubbed at present.
7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	x		
7.5 a Has all equipment used in the decontamination process been validated?	x		
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)	x		
7.6 Have separate log books been established for each piece of equipment?	x		
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	x		

<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>x</p>		
<p>7.7 b Is there a system in place to record cycle parameters of equipment such as a data logger?</p>	<p>x</p>		
<p>Provider's level of compliance</p>			<p>Moving towards compliance</p>

Please provide any comments you wish to add regarding good practice

The practice is in the middle of rebranding and refurbishment that all takes time, we hope to have all changes complete by the end of 2014. It is a very exciting time for all the staff as we go through the changes as we can all see how they will affect how we run and deliver treatment to our patients, all the staff are fully behind all the changes that are coming. We will be organising cross infection control training (in house) for all the staff to attend later in the year. Two nurses Natalie Moore and Maria Dennison will also be attending decontamination training.

Appendix 1



Name of practice: **Downe in the Mouth Dental Practice**

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