



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** Foyle Dental Spa  
**Establishment ID No:** 11506  
**Date of Inspection:** 06 August 2014  
**Inspector's Name:** Emily Campbell  
**Inspection No:** 18341

**The Regulation and Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of establishment:</b>	Foyle Dental Spa
<b>Address:</b>	16C Queen Street Londonderry BT48 7EQ
<b>Telephone number:</b>	028 7136 1181
<b>Registered organisation / Responsible individual:</b>	Dental Excellence Ltd. Mr Khalid Hussain
<b>Registered manager:</b>	Mrs Aoibheann Doherty
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr Khalid Hussain
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	5
<b>Date and type of previous inspection:</b>	Announced Inspection 09 December 2013
<b>Date and time of inspection:</b>	06 August 2014 9.55am – 1.05pm
<b>Name of inspector:</b>	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 Khalid Hussain, responsible individual and Mrs Aoibheann Doherty, registered manager;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

#### 5.0 Consultation Process

During the course of the inspection, the inspector spoke with staff on duty. Questionnaires were provided to staff prior to the inspection by the practice, on behalf of the RQIA to establish their views regarding the service. Matters raised by staff were addressed by the inspector during the course of this inspection:

	<b>Number</b>	
<b>Discussion with staff</b>	5	
<b>Staff Questionnaires</b>	20 issued	9 returned

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

## 6.0 Inspection Focus

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 7.0 Profile of Service

Foyle Dental Spa is a purpose built single storey dental practice, located in Derry city centre. Time limited on street parking is available directly outside the practice and public car parks are located close by. The practice is also close to public transport routes. Foyle Dental Spa is one of five practices operated by Mr Hussain.

Foyle Dental Spa is fully accessible to patients with a disability with all practice facilities including a disabled toilet provided on the ground floor.

Foyle Dental Spa operates five dental chairs, providing both private and NHS dental care. A large waiting/reception area and toilets are provided for patients. In addition there is an x-ray room, office, staff and storage facilities. The practice has a separate decontamination room.

Mr Hussain works at the practice two days per week. He is supported by Mrs Doherty, registered manager, and a team of dentists, a dental hygienist, dental nurses and reception staff.

Mr Hussain has been the responsible individual for the practice since registration with RQIA on 7 June 2012. Mrs Doherty has been the registered manager since 21 March 2013.

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 Foyle Dental Spa was undertaken by Emily Campbell on 6 August 2014 between the hours of 9.55am and 1.05pm. Mrs Aoibheann Doherty, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection. Mr Khalid Hussain, responsible individual, was available at the commencement of the inspection and for verbal feedback 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 one of the two requirements and all of the recommendations made have been addressed. A requirement regarding the refurbishment of the decontamination room has not been addressed and is now stated for the second time. The inspector re-iterated the importance of ensuring the refurbishment is completed in a timely fashion and a three month timescale for completion is stipulated. RQIA should be notified when the refurbishment of the room is completed. The detail of the action taken by Mr Hussain and Mrs Doherty can be viewed in the section following this summary.

Prior to the inspection, Mrs Doherty completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mrs Doherty in the self-assessment were not altered in any way by RQIA. Mrs Doherty omitted to complete the compliance levels against each section in the self-assessment. These were completed during the inspection and the revised self-assessment was emailed to RQIA. The revised 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; nine were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff had some knowledgeable regarding the inspection theme; however, some issues were identified during the inspection which indicated that further training is required. Clinical staff confirmed that they have been immunised against Hepatitis B.

### **Inspection Theme – Cross infection control**

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



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

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference. A number of issues were identified during this inspection and Mrs Doherty confirmed that update training has not been provided for staff in relation the theme of this inspection. A recommendation was made in this regard.

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. However, staff spoken with were not aware of the actions to be taken in the event of a blood/bodily fluid spillage and there was no blood/bodily fluid spillage kit available in the practice. A recommendation was made that this is provided and staff made aware of its location and usage instructions. Observations made and discussion with staff evidenced that sharps are appropriately handled; however, the management of sharps boxes needs further development. A recommendation was made that sharps boxes should be signed and dated on assembly and final closure and that used sharps boxes are not stored on the floor of the decontamination room. 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.

The practice has a policy and procedure in place for cleaning and maintaining the environment, however, this related to mainly clinical areas. A recommendation was made that this should be further developed to include the arrangements for the general environment. The premises were clean and tidy and clutter was kept to a minimum. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Recommendations were made regarding the replacement of a light pull cord, the use and storage of a brush and the storage of a cork notice board in the decontamination room and the storage of cleaning mops.

The practice is tiled throughout with sealed polished porcelain tiles; whilst the tiles are impervious to moisture the grouting is not and the floor is slippery under foot. A requirement was made in the interest of health and safety of both patients and staff that the appropriateness of the flooring should be reviewed. If Mr Hussain and Mrs Doherty conclude, following a risk assessment, that there are sufficient risk management procedures in place to accept and take accountability of the risk and that no changes will be made to the flooring in the practice, arrangements should be made to ensure that the grouting in clinical areas is sealed with an appropriate sealant to make it impervious.

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 dental surgeries. A recommendation was made that plugs should be removed from all dedicated hand washing basins and overflows blanked off using a stainless steel plate sealed with antibacterial mastic. A dedicated hand washing basin will be provided in the decontamination room on refurbishment. 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 generally appropriately managed. A recommendation was made to consult with the manufacturer's instructions and ensure that DUWLs are purged in accordance with the manufacturer's instructions. The protocol for the management of DUWLs should then be updated as appropriate and guidance provided to staff.

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, with the exception of the issues discussed previously regarding sharps waste. Waste was appropriately segregated and suitable arrangements were in place for the collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. As discussed previously, a requirement was made for the second time in relation to the refurbishment of the decontamination room. During the course of the inspection, the inspector observed that the door of the decontamination room had been wedged open whilst decontamination was ongoing in the room. This is not in keeping with HTM 01-05 and a recommendation was made in this regard.

Appropriate validated equipment, including a washer disinfectant and two steam sterilisers have been provided to meet the practice requirements. Discussion with a dental nurse confirmed that dental handpieces, dental burs and x-ray holders are not processed through the washer disinfectant as part of the decontamination process. A requirement was made in this regard.

A logbook has been established for the washer disinfectant. Review of the logbook evidenced that the appropriate tests were undertaken and recorded. Only one logbook is in place for the two sterilisers and review of the periodic testing confirmed that staff are using a time/steam/temperature (TST) strip test in place of the automatic control test (ACT). Although the dental nurse confirmed that weekly tests were undertaken these were not recorded. In addition the details of the specifics of the equipment for example, make model, serial number were not included in either logbooks. A requirement was made that separate logbooks should be established for each steriliser. A daily ACT

should be undertaken and recorded in the steriliser logbooks and weekly tests should be recorded. All logbooks should contain the details of the specifics of the equipment.

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

Mrs Doherty 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.

Four requirements and 10 recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr Hussain, Mrs Doherty and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

**9.0 Follow-up on Previous Issues**

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15(3)	<p>Ensure that the decontamination room is refurbished to effectively facilitate the decontamination of dental instruments as detailed in HTM 01-05. The matters identified in the body of the report should be addressed within the refurbishment.</p> <p>Contact should be made with Health Estates at the Department of Health for advice and guidance in this regard. Any recommendations made should be implemented.</p>	<p>Mrs Doherty confirmed that the refurbishment of the decontamination room has not yet been undertaken. The inspector was informed that plans had been drawn up and the practice was waiting for prices for the refurbishment. The inspector was provided with a copy of the proposed plans which are in keeping with HTM 01-05.</p> <p>Documentary evidence was provided to the inspector detailing the recommendations made by Health Estates regarding the layout of the room. These should be implemented.</p> <p>The issues previously identified which still need to be addressed are as follows:</p> <ul style="list-style-type: none"> <li>• the flooring is not coved or sealed</li> <li>• there is no hand washing basin in the room; hand washing facilities are available in the surgeries</li> <li>• the layout of the equipment does not comply with best practice guidance and due to the positioning of the equipment the dirty to clean flow is not in keeping with HTM 01-05</li> </ul> <p>There was only one sink for the manual washing of instruments, however, since the previous inspection a</p>	Not compliant

			<p>separate basin for the rinsing of instruments has been provided.</p> <p>This requirement has not been addressed and is stated for the second time. The inspector reiterated the importance of ensuring the refurbishment is completed in a timely fashion and a three month timescale for completion is stipulated. RQIA should be notified when the refurbishment of the room is completed. This matter will be kept under review by RQIA.</p>	
2	15(2)(b)	<p>Ensure that the washer disinfectors and steam sterilisers are maintained and validated in line with HTM 01-05 or the manufacturer's instructions and records are retained for inspection.</p>	<p>Review of documentation confirmed that the washer disinfectors and sterilisers have been validated. Mrs Doherty confirmed that arrangements had been established for the annual revalidation of equipment.</p> <p>Requirement addressed.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13.3	Provide a basin for the rinsing of instruments as an interim measure until the decontamination room has been refurbished.	Discussion with a dental nurse confirmed that this recommendation has been addressed.	Compliant
2	14.4	Ensure the information recorded on the data loggers is replicated either electronically or in hard copy and reviewed to ensure the equipment is operating within cycle parameters.	Mrs Doherty confirmed that equipment data loggers is downloaded on a regular basis and stored electronically.  Recommendation addressed.	Compliant
3	13.3	Ensure that staff training is current and up-to date and that staff are made aware of changes or amendments to best practice guidance.	Review of training records confirmed that training has been provided in relation to the theme of the previous inspection. Mrs Doherty confirmed that a copy of the 2013 edition of HTM 01-05 was available for staff reference.  Recommendation addressed.	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:**

Mrs Doherty rated the practice arrangements for the prevention of blood-borne virus exposure as substantially 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. However, there has been no recent update training provided to staff in this and a recommendation was made in this regard.

Review of documentation and discussion with staff evidenced that:

- the prevention and management of blood-borne virus exposure is included in the staff induction programme;
- all recently appointed staff have received an occupational health check; and
- records are retained regarding the Hepatitis B immunisation status of clinical staff.

Discussion with staff confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure, with the exception of the management of blood/bodily fluid spillages. There is no blood/bodily fluid spillage kit available in the practice. A recommendation was made that this is provided and staff made aware of its location and usage instructions.

Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are safely positioned and appropriately used. Sharps boxes are not signed or dated on assembly or final closure. Used sharps boxes are locked with the integral lock and stored ready for collection on the floor of the decontamination room. This is not in keeping with good practice and a recommendation was made to address these issues.

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.

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



## 10.2 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:**

Mrs Doherty rated the practice arrangements for environmental design and cleaning as compliant on the self-assessment.

The practice has a policy and procedure in place for cleaning and maintaining the environment, however, this related to mainly clinical areas. A recommendation was made that this should be further developed to include the arrangements for the general environment.

The inspector undertook a tour of the premises, including three of the five surgeries, which were found to be maintained to a good standard of cleanliness. The light pull cord in the patient toilet was grubby and a recommendation was made to address this. A brush was stored in the decontamination room which the inspector was advised was used for sweeping the floor. This is not in keeping with good infection control practice and the brushing of the flooring should cease. In addition the cork notice board stored on the floor of the decontamination room should be removed. A recommendation has been made in relation to these matters. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean.

The practice is tiled throughout with sealed polished porcelain tiles; whilst the tiles are impervious to moisture the grouting is not and the floor is slippery under foot. A requirement was made in the interest of health and safety of both patients and staff that the appropriateness of the flooring should be reviewed. This was discussed in detail with Mr Hussain. If Mr Hussain and Mrs Doherty conclude, following a risk assessment, that there are sufficient risk management procedures in place to accept and take accountability of the risk and that no changes will be made to the flooring in the practice, arrangements should be made to ensure that the grouting in clinical areas is sealed with an appropriate sealant to make it impervious. The tiles should be sealed in clinical areas where they meet the walls. Mrs Doherty confirmed that on refurbishment of the decontamination room, suitable vinyl flooring will be provided which will be coved and sealed. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.

Discussion with staff confirmed that appropriate arrangements are in place for cleaning including:

- Equipment surfaces, including the dental chair, are cleaned between each patient;
- Daily cleaning of floors, cupboard doors and accessible high level surfaces;
- 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.

A contracted cleaner carries out the general cleaning of the practice and the flooring of the clinical areas. Clear protocols are in place for this and records were retained to evidence that

training has been provided. The colour coded mops and buckets for washing the floors are stored outside in an area which is not covered. A recommendation was made that suitable storage arrangements are made for mops and buckets to ensure they are not exposed to the elements and can be inverted to dry.

Mrs Doherty confirmed that practice staff have not received recent update training in relation to environmental cleaning and a recommendation was made.

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

### 10.3 Hand Hygiene

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criteria Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mrs Doherty 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. Update hand hygiene training has not been provided and a recommendation was made in this regard.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The hand washing basins observed had plugs or overflows. A recommendation was made that plugs should be removed from all dedicated hand washing basins and overflows blanked off using a stainless steel plate sealed with antibacterial mastic. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. As discussed in section 9.0 a dedicated hand washing basin will be provided in the decontamination room on refurbishment.</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><b>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>Substantially compliant</b></p>
<p><b>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</b></p>	<p><b>Substantially compliant</b></p>

## 10.4 Management of Dental Medical Devices

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.4</b> Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>Mrs Doherty 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>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 generally appropriately managed. This includes that:</p> <ul style="list-style-type: none"> <li>• Filters are cleaned/replaced as per manufacturer’s instructions;</li> <li>• An independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs;</li> <li>• Self-contained water bottles are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance;</li> <li>• A single use sterile water source is used for irrigation in dental surgical procedures;</li> <li>• DUWLs are drained at the end of each working day;</li> <li>• DUWLs are flushed at the start of each working day and between every patient; and</li> <li>• DUWLs and handpieces are fitted with anti-retraction valves.</li> </ul> <p>Although the protocol for the management of DUWLs indicates that a disinfectant should be added to bottled water supply, this is not carried out. A recommendation was made to consult with the manufacturer’s instructions and ensure that DUWLs are purged in accordance with the manufacturer’s instructions. The protocol for the management of DUWLs should then be updated as appropriate and guidance provided to staff.</p>

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

## 10.5 Personal Protective Equipment

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mrs Doherty 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"> <li>• Hand hygiene is performed before donning and following the removal of disposable gloves;</li> <li>• Single use PPE is disposed of appropriately after each episode of patient care;</li> <li>• Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and</li> <li>• Eye protection for staff and patients is decontaminated after each episode.</li> </ul> <p>Staff confirmed that they were aware of the practice uniform policy.</p>

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

**10.6 Waste**

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p><b>Inspection Findings:</b>  Mrs Doherty rated the practice approach to the management of waste as substantially 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. Staff confirmed that the management of waste is included in the induction programme; however, waste management training is not updated periodically. A recommendation was made in this regard.</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 management, storage and collection of general and clinical waste, with the exception of the issues identified in section 10.1 of the report regarding sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice.</p>

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

## 10.7 Decontamination

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

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

#### **Criterion Assessed: 13.4**

Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.

#### **Inspection Findings:**

Mrs Doherty rated the decontamination arrangements of the practice as compliant on the self-assessment.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. As discussed previously in section 9.0, a requirement was made for the second time in relation to the refurbishment of the decontamination room. During the course of the inspection, the inspector observed that the door of the decontamination room had been wedged open whilst decontamination was ongoing in the room. This is not in keeping with HTM 01-05 and a recommendation was made in this regard.

Appropriate equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. Discussion with a dental nurse confirmed that dental handpieces, dental burs and x-ray holders are not processed through the washer disinfector as part of the decontamination process. A requirement was made that dental handpieces, dental burs and x-ray holders should be decontaminated in line with the manufacturer's instructions and any instruments which are compatible with the washer disinfector should be decontaminated using this process.

Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.

A logbook has been established for the washer disinfector. Review of the logbook evidenced that the appropriate tests were undertaken and recorded. Only one logbook is in place for the two sterilisers and review of the periodic testing confirmed that staff are using a time/steam/temperature (TST) strip test in place of the automatic control test (ACT). Although the dental nurse confirmed that weekly tests were undertaken these were not recorded. In addition the details of the specifics of the equipment for example, make model, serial number were not included in either logbooks. A requirement was made that separate logbooks should be established for each steriliser. A daily ACT should be undertaken and recorded in the steriliser logbooks and weekly tests should be recorded. All logbooks should contain the details of the specifics of the equipment.

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

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



## **11.0 Additional Areas Examined**

### **11.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with Mrs Doherty, two dentists, two dental nurses and a student dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Nine were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that staff had some knowledgeable regarding the inspection theme; however, some issues were identified during the inspection which indicated that further training is required. Clinical staff confirmed that they have been immunised against Hepatitis B.

### **11.2 Patient Consultation**

Mrs Doherty 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.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Khalid Hussain and Mrs Aoibheann Doherty 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**

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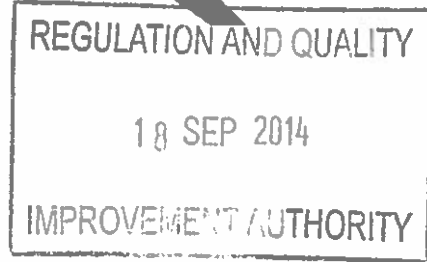
**Emily Campbell**  
**Inspector/Quality Reviewer**

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**Date**



The Regulation and  
Quality Improvement  
Authority



## Quality Improvement Plan

### Announced Inspection

**Foyle Dental Spa**

**6 August 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Khalid Hussain and Mrs Aoibheann Doherty 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(3)	<p>Ensure that the decontamination room is refurbished to effectively facilitate the decontamination of dental instruments as detailed in HTM 01-05. The following should be addressed within the refurbishment:</p> <ul style="list-style-type: none"> <li>• the flooring is not covered or sealed</li> <li>• there is no hand washing basin in the room; hand washing facilities are available in the surgeries</li> <li>• the layout of the equipment does not comply with best practice guidance and due to the positioning of the equipment the dirty to clean flow is not in keeping with HTM 01-05</li> </ul> <p>The recommendations made by Health Estates should be implemented.</p> <p>RQIA should be notified when the refurbishment of the room is completed.</p> <p><b>Ref 9.0 &amp; 10.7</b></p>	Two	<p>Complete Plan of new layout given to Emily However we are now considering off site Sterilisation</p>	Three months
2	25 (2) (d)	<p>In the interest of health and safety of both patients and staff that the appropriateness of the tiled flooring throughout the practice should be reviewed.</p>	One		Two months

		<p>If Mr Hussain and Mrs Doherty conclude, following a risk assessment, that there are sufficient risk management procedures in place to accept and take accountability of the risk and that no changes will be made to the flooring in the practice, arrangements should be made to ensure that the grouting in clinical areas is sealed with an appropriate sealant to make it impervious.</p> <p>The tiles should be sealed in clinical areas where they meet the walls.</p> <p><b>Ref 10.2</b></p>		<p>RISK ASSESSMENT Carried out.</p> <p>Grout lines to be Sealed &amp; tiled areas around walls to be sealed.</p>	
3	15 (3)	<p>Dental handpieces, dental burrs and x-ray holders should be decontaminated in line with the manufacturer's instructions and any instruments which are compatible with the washer disinfectant should be decontaminated using this process.</p> <p><b>Ref 10.7</b></p>	One	<p>re training carried out with staff to be compliant</p>	Immediate and ongoing
4	15 (2)	<p>Separate logbooks should be established for each steriliser.</p> <p>A daily automatic control test (ACT) should be undertaken and recorded in the steriliser logbooks and weekly tests should be recorded.</p> <p>All logbooks should contain the details of the specifics of the equipment.</p> <p><b>Ref 10.7</b></p>	One	<p>actioned.</p>	Immediate and ongoing

<b>RECOMMENDATIONS</b>					
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.					
<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATIONS</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	13	<p>Staff training should be provided and arrangements established for periodic update training in the theme of this inspection to include:</p> <ul style="list-style-type: none"> <li>• Prevention of blood-borne virus exposure</li> <li>• Environmental cleaning</li> <li>• Hand hygiene</li> <li>• Waste management including the management of sharps</li> </ul> <p><b>Ref 10.1, 10.2, 10.3 &amp; 10.6</b></p>	One	actioned	Three months
2	13	<p>A blood/bodily fluid spillage kit should be provided and staff made aware of its location and usage instructions.</p> <p><b>Ref 10.1</b></p>	One	In practice now.	Two weeks
3	13	<p>Sharps boxes should be signed and dated on assembly and final closure.</p> <p>Used sharps boxes should not be stored on the floor of the decontamination room.</p> <p><b>Ref 10.1 &amp; 10.6</b></p>	One	actioned	Immediate and ongoing

4	13	<p>The policy and procedure in place for cleaning and maintaining the environment should be further developed to include the arrangements for the general environment.</p> <p><b>Ref 10.2</b></p>	One	actioned .	Three months
5	13	<p>The light pull cord in the patient toilet should be replaced and maintained dirt free.</p> <p><b>Ref 10.2</b></p>	One	actioned .	One month
6	13	<p>The brushing of the flooring in the practice should cease and the brush removed.</p> <p>The cork notice board stored on the floor of the decontamination room should be removed.</p> <p><b>Ref 10.2</b></p>	One	actioned .	Immediate
7	13	<p>Suitable storage arrangements should be made for mops and buckets to ensure they are not exposed to the elements and can be inverted to dry.</p> <p><b>Ref 10.2</b></p>	One	actioned .	One month
8	13	<p>Plugs should be removed from all dedicated hand washing basins and overflows blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p><b>Ref 10.3</b></p>	One	actioned .	Three months
9	13	<p>Consult with the manufacturer's instructions and ensure that dental unit water lines (DUWLs) are purged in accordance with the manufacturer's instructions.</p>	One	actioned .	One month

		The protocol for the management of DUWLs should be updated as appropriate and guidance provided to staff.  <b>Ref 10.4</b>			
10	13	The door of the decontamination room should be closed whilst decontamination is ongoing in the room.  <b>Ref 10.7</b>	One	<i>Actioned</i>	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

SIGNED: \_\_\_\_\_

NAME: \_\_\_\_\_  
 Registered Provider

DATE \_\_\_\_\_

SIGNED: Aisheann Doherty

NAME: AISHANN DOHERTY  
 Registered Manager

DATE 17/9/14

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	22.09.14
B	Further information requested from provider		✓	Stephen O'Connell	22.09.14



The Regulation and  
Quality Improvement  
Authority

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

**Name of practice:** Foyle Dental Spa  
**RQIA ID:** 11506  
**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

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

<b>1.7</b> Are in-use sharps containers labelled with date, locality and a signature?	Yes		
<b>1.8</b> Are sharps containers replaced when filled to the indicator mark?	Yes		
<b>1.9</b> Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	Yes		
<b>1.10</b> Are full sharps containers stored in a secure facility away from public access?	Yes		
<b>1.11</b> Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	Yes		
<b>1.12</b> Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure? (2.6)	Yes		
<b>1.13</b> Are inoculation injuries recorded?	Yes		
<b>1.14</b> Are disposable needles and disposable syringes discarded as a single unit?	Yes		
Provider's level of compliance			Substantially compliant

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

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

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

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



<p><b>3.10</b> Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)</p>			<p>moving to compliance</p>
<p><b>3.11</b> Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p>	<p>Yes</p>		
<p><b>3.12</b> Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)</p>	<p>Yes</p>		
<p><b>3.13</b> Do the hand washing basins provided in clinical and decontamination areas have :</p> <ul style="list-style-type: none"> <li>• no plug; and</li> <li>• no overflow.</li> </ul> <p>Lever operated or sensor operated taps.(6.10)</p>			<p>moving to compliance</p>
<p><b>3.14</b> Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p>	<p>Yes</p>		
<p><b>3.15</b> 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><b>3.16</b> Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p>	<p>Yes</p>		
<p><b>3.17</b> Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p>	<p>Yes</p>		

<p><b>3.18</b> Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p>		<p>N/a</p>	
<p>Provider's level of compliance</p>			<p>Substantially compliant</p>

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

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

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

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

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

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



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

<b>7 Decontamination</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>7.1</b> Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3–5.8)	yes		
<b>7.2</b> Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)	Yes		
<b>7.3</b> Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)	Yes		
<b>7.4</b> Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	Yes		
<b>7.5 a</b> Has all equipment used in the decontamination process been validated?	Yes		
<b>7.5 b</b> Are arrangements in place to ensure that all equipment is validated annually? (1.9, 11.1, 11.6, 12,13, 14.1, 14.2, 15.6)	Yes		
<b>7.6</b> Have separate log books been established for each piece of equipment?	Yes		
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	Yes		

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

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

## Appendix 1



Name of practice: Foyle Dental Spa

### Declaration on consultation with patients

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

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

Yes  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  Yes  No

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

Yes  Yes  No