Announced Inspection

Name of Establishment:	**Harper Dental Care**
Establishment ID No:	**11529**
Date of Inspection:	**16 October 2014**
Inspector's Name:	**Emily Campbell**
Inspection No:	**18342**

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Harper Dental Care
Address:	22 North Street Carrickfergus BT38 7AQ
Telephone number:	028 9335 1418
Registered organisation / registered provider:	Mr Neil Harper
Registered manager:	Mr Neil Harper
Person in charge of the establishment at the time of Inspection:	Mr Neil Harper
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	2
Date and type of previous inspection:	Announced Inspection 6 June 2013
Date and time of inspection:	16 October 2014 10.00am – 12.35pm
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 Neil Harper, registered provider;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

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

5.0 Consultation Process

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

	Number	
Discussion with staff	2	
Staff Questionnaires	3 issued	2 returned

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

6.0 Inspection Focus

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

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

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

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

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

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

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

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

- prevention of blood-borne virus exposure;
- environmental design and cleaning;
- hand hygiene;
- management of dental medical devices;
- personal protective equipment; and
- waste.

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

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

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

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

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

7.0 Profile of Service

Harper Dental Care is located in a three storey building situated in a row of commercial terraced premises in Carrickfergus town centre. Off street parking and public car parks are located close by.

The establishment is not accessible for patients with a disability. However, arrangements are in place to accommodate patients with a disability who cannot access the surgery with referral to community dental services or other practices if necessary.

Harper Dental Care operates two dental chairs, providing both private and NHS dental care. One surgery is fully equipped while the second is partially equipped and is not routinely used to treat patients. The practice has a waiting room, a reception area, and toilet facilities available for patient use. The practice also has a dedicated decontamination room and staff and storage facilities.

Mr Harper is supported in his role by a practice manager and a dental nurse. Mr Harper has been the registered provider/manager of the practice since registration with RQIA in February 2013.

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

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

8.0 Summary of Inspection

This announced inspection of Harper Dental Care was undertaken by Emily Campbell on 16 October 2014 between the hours of 10.00am and 12.35pm. Mr Neil Harper, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection. The inspection was facilitated by the practice manager, who was also present at the feedback.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that five of the six requirements made have been addressed. One requirement, which had been stated for the second time, in relation to the fire risk assessment has been partially addressed and the unaddressed aspect is now stated for the third time. Mr Harper is to keep RQIA informed regarding progress on this matter. Following review of a requirement in relation to completion of a legionella risk assessment, a recommendation was made during this inspection that the recommendations made by the risk assessor should be addressed. Five of the six recommendations made have been addressed. One recommendation in relation to auditing HTM 01-05 has not been addressed and is now stated as a requirement. The detail of the action taken by Mr Harper can be viewed in the section following this summary.

Prior to the inspection, Mr Harper completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Harper in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. Mr Harper omitted to rate the practice compliance levels against each criterion. This should be taken into consideration on completion of future self-assessments.

During the course of the inspection the inspector met with staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; two 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. Staff also confirmed that they have been immunised against Hepatitis B.

Inspection Theme – Cross infection control

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

the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

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

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is not available at the practice for staff reference and a recommendation was made in this regard. The Infection Prevention Society (IPS) HTM 01-05 audit tool which has been endorsed by the Department of Health has not been completed and as discussed previously, a requirement was made in this regard. Audits should be completed on a six monthly 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 Harper and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure, with the exception of the retention of records of the Hepatitis B immunisation status of clinical staff. A recommendation was made in this regard. Staff confirmed that they are aware of and are adhering to the practice policy for the prevention and management of blood-borne virus exposure. Sharps management at the practice was observed to be in line with best practice, with the exception of signing and dating sharps boxes on assembly and the provision of in purple lidded sharps boxes for pharmaceutical waste. Recommendations were made to address this.

The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment, with the exception of the provision of separate mops to clean general areas and the toilet facilities. A recommendation was made in this regard. The general areas of the practice are tired and dated in appearance; Mr Harper is aware of the need to carry out refurbishment in the future. A recommendation was made to establish a refurbishment programme to replace the flooring in Mr Harper's surgery and to replace/clad over the wallpapered areas in the decontamination room. A recommendation was also made to replace the light pull cord in the toilet facilities.

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. Recommendations were made to remove the plugs and blank off the overflows of dedicated hand washing basins and to provide disposable hand towels in the toilet facilities. Information promoting hand hygiene is provided for staff.

A legionella risk assessment was completed by an external contractor in July 2014. The risk assessment was not available to the inspector as this had been given to the plumber to implement the recommendations made as a result of

the assessment. As discussed previously a recommendation was made in this regard. In addition, Mr Harper should review the legionella risk assessment and ensure that the management of dental unit water lines (DUWLs) is included in the assessment. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with staff confirmed that 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, with the exception of the provision of a pedal operated clinical waste bin and a recommendation was made in this regard. As previously discussed a recommendation was made in relation to sharps boxes. Waste was appropriately segregated and suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfector and a steam steriliser have been provided to meet the practice requirements. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. A pre-printed logbook is in place for the washer disinfector and review of this evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05. A logbook has not been established for the steriliser and although discussion with staff confirmed that some periodic tests are undertaken these are not recorded. A recommendation was made in this regard.

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

Mr Harper 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 11 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 Harper 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.	9(a)	A system should be established for the development of policies. This should be completed in keeping with regulation 9a of the Regulation and Improvement Authority (Independent health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011. The following key policy identified for development as a priority: • records management including data protection, confidentiality and storage arrangements.	A records management policy was not available during the inspection; however, this was emailed to the inspector by Mr Harper on 17 October 2014. The policy did not include the retention schedule and following communication with Mr Harper was subsequently further developed and emailed to the inspector on 27 October 2014. Requirement addressed.	Compliant
2.	25 (3)	Given the size and complexity of the building it is a requirement that the actions identified as part of the fire risk assessment are implemented as a matter of urgency to ensure the risk is reduced to a tolerable level. The fire risk assessment should be available for inspection.	The fire risk assessment was available at inspection. Whilst some recommendations have been addressed, some are still outstanding. Mr Harper advised the inspector that he wanted to query some recommendations with the fire safety assessor, as the recommendations in the risk assessment report were different to the information he was provided with verbally. The risk assessment is due for review and Mr Harper anticipates that clarification of the actions required will be provided at that time. This requirement has been partially addressed and the unaddressed aspect is stated for the third time. It is further	Moving towards compliance

			stated that Mr Harper must keep RQIA informed of the outcome of his discussion with the fire risk assessor and the revisions, if any, made to the fire risk assessment. This information should be submitted to RQIA within three months of the date of this inspection and confirmation must be provided that the recommendations made have been addressed.	
3.	15 (7)	A legionella risk assessment should be completed for the practice.	A legionella risk assessment was completed by an external contractor in July 2014. The risk assessment was not available to the inspector as this had been given to the plumber to implement the recommendations made as a result of the assessment. The inspector was however able to review a cover letter provided to the practice by the contractor which outlined the immediate areas to be addressed as a result of the legionella risk assessment. Mr Harper confirmed that the recommendations made as a result of the legionella risk assessment would be addressed and a recommendation was made during this inspection in this regard. Requirement addressed.	Compliant
4.	15 (3)	It is required that the washer disinfector is validated during commissioning with evidence of the commissioning validation retained in the washer disinfector logbook. Daily weekly and	Review of documentation evidenced that the washer disinfector has been validated. Review of the logbook and discussion with staff confirmed that the appropriate periodic tests are undertaken and recorded.	Compliant

		quarterly testing should also be recorded in the washer disinfector logbook	Requirement addressed.	
5.	15 (1) (c)	The steriliser must be maintained and validated in line with the manufacturer's instructions with records retained for inspection.	Review of documentation evidenced that the steriliser has been validated.	Compliant
6.	15 (1) (b)	It is required that policies and procedures are developed in the following areas: • Policy on instruments and storage of instruments; • Procedures for cleaning, disinfecting and sterilising instruments; • Policy for the decontamination of new and reusable instruments and: • The use of recommended disinfectants within the practice, their application, storage and disposal (disinfectant guidelines).	Policies had been developed for the cleaning, disinfecting and sterilising instruments and the decontamination of new and reusable instruments. The policy on instruments and storage of instruments and disinfectant guidelines had not been developed. However, these were emailed to the inspector by Mr Harper on 17 October 2014. Further amendments were made to all of these policies which were emailed to the inspector on 27 October 2014. Requirement addressed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1.	12	The emergency oxygen should be included in the monthly emergency drug check.	The inspector observed that the emergency oxygen had been included in the practice's emergency medications checking procedure. Recommendation addressed.	Compliant
2.	13	The HTM 01-05 audit tool which has been endorsed by the Department of Health should be completed and a subsequent action plan generated from any identified deficits.	Mr Harper and staff were not familiar with the HTM 01-05 audit tool and confirmed that an audit had not been undertaken. This recommendation has not been addressed and is now stated as a requirement.	Not compliant
3.	13	It is recommended that dental instruments are transported in containers that are lidded, clean, leak proof and in good working order and transport containers should be cleaned, disinfected and dried following each use.	Observations made and discussion with staff evidenced that this recommendation has been addressed.	Compliant
4.	13	Review the manual cleaning procedure to ensure that a detergent specifically formulated for the purposes of cleaning dental instruments is used. Details of the detergent should be included in the manual cleaning procedure.	Observations made and discussion with staff confirmed that a detergent specifically formulated for the purposes of cleaning dental instruments is in use. Details of the detergent used were included in the manual cleaning procedure emailed to the inspector n 27 October 2014. Recommendation addressed.	Compliant

5.	13	A written procedure for the manual cleaning of instruments should be developed to provide detail on the washing and rinsing of instruments in separate sinks, dilution strength of detergents, correct water temperature, management of cleaning brushes and that instruments are fully submerged during cleaning.	A written procedure for the manual cleaning of instruments had not been developed. However, this was emailed to the inspector by Mr Harper on 17 October 2014. Further amendments were made to the procedure which was emailed to the inspector on 27 October 2014. The procedure contained the relevant information. Recommendation addressed	Compliant
6.	9	It is recommended that the annual quality report of service provision includes the outcome of the patient survey and actions to be taken to address any deficits and improve service provision. The annual report should be made available to patients.	Mr Harper and the practice manager confirmed that a patient satisfaction survey had been undertaken, however, the results had not yet been collated. Mr Harper subsequently emailed the summary of the survey to the inspector on 17 October 2014 and confirmed that the results of the survey would be made available to patients on request. 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:
Mr Harper omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment. The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including sharps and inoculation incidents in accordance with national guidance. A blood and bodily spillage protocol had not been developed; however, this was emailed to the inspector on 17 October 2014. There have been no new staff employed in the practice for 17 years, however, Mr Harper confirmed that any new staff appointed would receive an occupational health check and the prevention and management of blood-borne virus exposure would be included in the staff induction programme. The two staff employed confirmed that they have received update training in the prevention and management of blood-borne virus exposure and have been vaccinated against Hepatitis B. However, there are no records retained regarding the Hepatitis B immunisation status of clinical staff and a recommendation was made in this regard. 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 Mr Harper and staff evidenced that sharps are appropriately handled, with the exception of the disposal of partially discharged local anaesthetic cartridges, which should be disposed of in purple lidded sharps boxes. Sharps boxes are safely positioned to prevent unauthorised access, appropriately used and signed and dated on final closure. A recommendation was made that sharps boxes should be signed and dated on assembly and that purple lidded sharps boxes should be provided and used for the disposal of pharmaceutical sharps waste. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access. Discussion with Mr Harper and staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.

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

10.2 Environmental design and cleaning

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) **The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.**
Criterion Assessed: **13.1** Your dental service's premises are clean.
Inspection Findings:
Mr Harper omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment. 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 17 October 2014. Further amendments were made to the policy which was resubmitted to the inspector on 27 October 2014. The inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. The general areas of the practice are tired and dated in appearance; Mr Harper is aware of the need to carry out refurbishment in the future. A recommendation was made to replace the light pull cord in the toilet facilities, which was grubby, and maintain it clean. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Flooring in the decontamination room is coved and sealed, however, the flooring in Mr Harper's surgery was torn and it was not sealed at the edges. Some walls of the decontamination room and the walls of Mr Harper's surgery are wallpapered. A recommendation was made to establish a refurbishment programme to replace the flooring in Mr Harper's surgery, which should be coved at the edges and sealed where cabinetry meets the flooring, and to replace/clad over the wallpapered areas in the decontamination room. Consideration should be given to the replacement of wallpaper in Mr Harper's surgery on the next refurbishment. 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 stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. Cleaning equipment is colour coded with one mop provided for clinical and decontamination areas and one mop for general areas and toilet facilities. A recommendation was made that separate colour coded mops should be provided for general areas and toilet facilities. Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties. The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.

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

10.3 Hand Hygiene

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criteria Assessed: **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.
Inspection Findings:
Mr Harper omitted to rate the practice arrangements for hand hygiene on the self-assessment. The practice has a hand hygiene policy and procedure in place. Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically. Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice. Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A recommendation was made that the overflows of stainless steel hand washing basins are blanked off using a stainless steel plate sealed with antibacterial mastic and plugs removed. A fabric hand towel is provided in the toilet facilities and a recommendation was made that this is removed and disposable hand towels provided. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. The inspector observed that wipe-clean posters promoting hand hygiene were on display in dental surgeries and the decontamination room. The inspector suggested that a poster promoting hand hygiene should be displayed in the toilet facility.

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

10.4 Management of Dental Medical Devices

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criterion Assessed: **13.4** Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.
Inspection Findings:
Mr Harper omitted to rate the practice approach to the management of dental medical devices on the self-assessment. The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices. A legionella risk assessment was completed by an external contractor in July 2014. The risk assessment was not available to the inspector as this had been given to the plumber to implement the recommendations made as a result of the assessment. Mr Harper confirmed that the recommendations made as a result of the legionella risk assessment would be addressed and a recommendation was made during this inspection in this regard. In addition, Mr Harper should review the legionella risk assessment and ensure that the management of DUWLs is included in the assessment. Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth. Observations made and discussion with staff confirmed that DUWLs are appropriately managed. This includes that: • Filters are cleaned/replaced as per manufacturer's instructions; • An independent bottled-water system is used to dispense distilled water to supply the DUWLs; • Self-contained water bottles are removed, flushed with distilled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer's recommendations.

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

10.5 Personal Protective Equipment

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criterion Assessed: **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.
Inspection Findings:
Mr Harper omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment. The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice. Discussion with staff confirmed that: • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. Staff confirmed that they were aware of the practice uniform policy.

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

10.6 Waste

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criterion Assessed: **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..
Inspection Findings:
Mr Harper omitted to rate the practice approach to the management of waste on the self-assessment. The practice did not have a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. However, this was subsequently provided to the inspector by email on 17 October 2014. Staff confirmed that waste management training is updated periodically. Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years. Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams. Clinical waste is disposed into bins stored within cupboards and the bags are then transferred to a clinical waste bin located in a store. However, the clinical waste bin in the store is not pedal operated and a recommendation was made in this regard. Staff demonstrated the non-touch technique in relation to the management of clinical waste. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste. The inspector observed adequate provision of orange lidded sharps boxes throughout the practice, however, as discussed previously a recommendation was made that purple lidded sharps boxes should be provided and used for the disposal of pharmaceutical sharps waste.

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

10.7 Decontamination

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.
Inspection Findings:
Mr Harper omitted to rate the decontamination arrangements of the practice on the self-assessment. A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including a washer disinfector and a steam steriliser have been provided to meet the practice requirements. Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A pre-printed logbook is in place for the washer disinfector and review of this evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05. A logbook has not been established for the steriliser and although discussion with staff confirmed that some periodic tests are undertaken these are not recorded. A recommendation was made in this regard. The inspector discussed the detail of the automatic control test which should be recorded on a daily basis. A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is not available at the practice for staff reference and a recommendation was made in this regard. As stated in section 9.0, a requirement was made that the IPS audit tool for HTM 01-05 should be undertaken and an action plan for compliance generated. Audits should be completed on a six monthly basis. The inspector emailed copies of the 2013 edition of HTM 01-05 and the IPS audit tool to the practice following the inspection.

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

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

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with the practice manager who is also a dental nurse and a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA 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. Staff also confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr Harper 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 Neil Harper 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 **Date**
Inspector/Quality Reviewer

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

Quality Improvement Plan

Announced Inspection

Harper Dental Care

16 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Neil Harper 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	25 (3)	The actions identified as part of the fire risk assessment must be implemented to ensure the risk is reduced to a tolerable level. Mr Harper must keep RQIA informed of the outcome of his discussion with the fire risk assessor and the revisions, if any, made to the fire risk assessment. This information should be submitted to RQIA within three months of the date of this inspection and confirmation must be provided that the recommendations made have been addressed. **Ref 9.0**	Three	Presently liasing with fire officer in accordance to recommendations	Three months
2	15 (7)	The Infection Prevention Society (IPS) HTM 01-05 (2013 edition) audit tool which has been endorsed by the Department of Health should be completed and a subsequent action plan generated from any identified deficits. Audits should be completed on a six monthly basis. **Ref 9.0 & 10.7**	One	Being completed at present.	Three months

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	14.2	The recommendations made as a result of the legionella risk assessment should be addressed. Mr Harper should review the legionella risk assessment and ensure that the management of dental unit water lines (DUWLs) is included in the assessment. **Ref 9.0 & 10.4**	One	Recommendations being carried out in conjunction with plumber	Three months
2	13	Records should be retained regarding the Hepatitis B immunisation status of all clinical staff. **Ref 10.1**	One	Records being updated	Three months
3	13	Sharps boxes should be signed and dated on assembly. Purple lidded sharps boxes should be provided and used for the disposal of pharmaceutical sharps waste. **Ref 10.1**	One	DONE DONE	Immediate and ongoing One month
4	13	Replace the light pull cord in the toilet facility, which was grubby, and maintain it clean. **Ref 10.2**	One	DONE	One month

5	13	Establish a refurbishment programme to: • replace the flooring in Mr Harper's surgery which should be coved at the edges and sealed where cabinetry meets the flooring • replace/clad over the wallpapered areas in the decontamination room **Ref 10.2**	One	To be carried out in line with ongoing general maintenance.	Three months
6	13	Separate colour coded mops should be provided for general areas and the toilet facility. **Ref 10.2**	One	Done	One week
7	13	The overflows of stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic. Plugs should be removed from dedicated hand washing basins. **Ref 10.3**	One	To be done - plumber informed ✓	Three months
8	13	The fabric hand towel in the toilet facility should be removed and disposable hand towels provided. **Ref 10.3**	One	Done	One month
9	13	The clinical waste bin in the store room should be pedal operated. **Ref 10.6**	One	Done	One month

10	13	A logbook should be established for the steriliser and periodic tests in keeping with HTM 01-05 should be undertaken and recorded. **Ref 10.7**	One	Done	One month
11	13	A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices should be made available at the practice for staff reference. **Ref 10.7**	One	Made available.	One month

The Regulation and Quality Improvement Authority

Self Assessment audit tool of compliance with

HTM01-05 - Decontamination - Cross Infection Control

Name of practice:	**Harper Dental Care**
RQIA ID:	**11529**
Name of inspector:	**Emily Campbell**

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

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

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

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

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

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

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

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

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)	Yes		
3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	Yes		
3.12 Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)	Yes		
3.13 Do the hand washing basins provided in clinical and decontamination areas have : • no plug; and • no overflow. Lever operated or sensor operated taps.(6.10)	Yes		
3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)	Yes		
3.15 Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin? Bar soap should not be used. (6.5, Appendix 1)	Yes		
3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)	Yes.		
3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	Yes		

3.18 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)	Yes		
Provider's level of compliance			Provider to complete

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

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)	Yes		
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)	Yes		
4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)	Yes		
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)	Yes		
4.11 Dental Unit Water lines (DUWLs): Where bottled water systems are not used is there a physical air gap separating dental unit waterlines from mains water systems. (Type A)?(6.84)	N/A		
4.12 Dental Unit Water lines (DUWLs): Are DUWLs flushed for a minimum of 2 minutes at start of each working day and for a minimum of 20-30 seconds between every patient? (6.85)	Yes		
4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)	Yes		
4.14 Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)	Yes		

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

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

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

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

6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	Yes		
6.10 Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))	Yes		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	Yes		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	Yes		
6.13 Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	Yes		
6.14 Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)?(3.32 (07-01))	Yes		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	Yes		
6.16 Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal? (6.1 (07-01), 6.9 (07-01))	Yes		
6.17 Is there evidence the practice is segregating waste in accordance with HTM 07-01? (5.86 (07-01), 5.88 (07-01), 4.18 (07-01))	Yes		
Provider's level of compliance			Provider to complete

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

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)		NO	In progress
7.7 b Is there a system in place to record cycle parameters of equipment such as a data logger?		NO	In progress
Provider's level of compliance			Provider to complete

Please provide any comments you wish to add regarding good practice

Appendix 1

The Regulation and Quality Improvement Authority

Name of practice: Harper Dental Care

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 [X] 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 [X] No [ ]

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

Yes [X] No [ ]