

Announced Inspection

Name of Establishment: J L McCaugherty

Establishment ID No: 11556

Date of Inspection: 2 September 2014

Inspector's Name: Stephen O'Connor

Inspection No: 18298

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	J L McCaugherty
Address:	167 Moira Road LISBURN BT28 1RW
Telephone number:	028 9267 2399
Registered organisation / registered provider:	Mr Leslie McCaugherty
Registered manager:	Mr Leslie McCaugherty
Person in charge of the establishment at the time of inspection:	Mr Leslie McCaugherty
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	1
Date and type of previous inspection:	Announced Inspection 24 May 2013
Date and time of inspection:	2 September 2014 09:50 – 12:45pm
Name of inspector:	Stephen O'Connor

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 Leslie McCaugherty, 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	1	
Staff Questionnaires	2 issued	1 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

J L McCaugherty is located within a detached single storey building located on the periphery of the City of Lisburn. Private and on street car parking is available for patients.

The establishment is accessible for patients with a disability. A portable ramp facilitates wheelchair access over two small steps leading into the practice.

The establishment provides one dental surgery, a decontamination room, reception, waiting area, toilet and staff and storage facilities.

J L McCaugherty provides both private and NHS dental care.

Mr McCaugherty has been the registered provider and manager of J L McCaugherty since initial registration with RQIA during November 2011.

Mr McCaugherty is supported in his role by a dental nurse and an administrator.

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

J L McCaugherty is registered with RQIA as an independent hospital (IH) providing dental treatment (DT).

8.0 Summary of Inspection

This announced inspection of J L McCaugherty was undertaken by Stephen O'Connor on 2 September 2014 between the hours of 09:50 and 12:45pm. Mr Leslie McCaugherty, registered provider, was available during 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 three recommendations have been addressed. The requirement made in regards to establishing a logbook for the washer disinfectant and further developing the logbook for the steam steriliser has not been addressed and is now stated for the second time. The detail of the action taken by Mr McCaugherty can be viewed in the section following this summary.

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

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

Questionnaires were also issued to staff; one was returned to RQIA within the timescale required. Review of the submitted questionnaire and discussion with the dental nurse evidenced that she was knowledgeable regarding the inspection theme and that she had received training appropriate to her relevant role. The dental nurse confirmed that she is familiar with the practice policies and procedures and has received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B. A comment included on a submitted questionnaire can be found in section 11.1 of this report.

Inspection Theme – Cross infection control

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

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

A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference. The dental nurse was familiar with best practice guidance outlined in the document. Mr McCaugherty confirmed that the Infection Prevention Society (IPS) audit tool has not been reviewed within the past year. A recommendation was made to address this.

A number of issues were identified during the inspection in relation to the prevention and management of blood borne virus exposure. During discussion Mr McCaugherty confirmed that the practice does not have a policy and procedure in place for the prevention and management of blood-borne virus exposure, management of spillages, sharps and inoculation incidents. A blood spillage kit is not available, and records confirming the hepatitis B vaccination status of clinical staff were not available for review. These issues were discussed with Mr McCaugherty and a requirement was made to address them. Sharps management at the practice was observed to be in line with best practice.

The premises were clean and tidy and clutter was kept to a minimum. Mr McCaugherty confirmed that the practice staff are responsible for environmental cleaning, and although the premises were found to be maintained to a good standard of cleanliness, a policy and procedure for cleaning and maintaining the environment has not been established. It was also established that cleaning equipment is not colour coded. These issues were discussed with Mr McCaugherty and a recommendation was made to address them.

The practice has a hand hygiene policy and procedure in place and the dental nurse demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. It was observed that all the stainless steel hand washing basins had overflows. Best practice in this regard was discussed with Mr McCaugherty and a recommendation was made to address this. Information promoting hand hygiene is provided for staff and patients.

A written scheme for the prevention of legionella is available. A recommendation was made that in keeping with the legionella risk assessment, hot and cold water temperatures must be routinely monitored and records retained. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with the dental nurse confirmed that dental unit water lines (DUWLs) are appropriately managed.

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

Observations made confirmed that PPE was readily available and used appropriately by staff.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfecter and a vacuum steam steriliser have been provided to meet the practice requirements. Discussion with Mr McCaugherty and review of documentation demonstrated that a washer disinfecter logbook has not been established and periodic tests are not undertaken and although a pre-printed logbook is available for the vacuum steriliser, this is not being fully completed. As discussed previously, a requirement, stated for the second time has been made in this regard.

The evidence gathered through the inspection process concluded that J L McCaugherty is substantially compliant with this inspection theme.

Mr McCaugherty 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, one of which is stated for the second time and four 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 McCaugherty 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 (2) (b)	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>Review of documentation demonstrated that the washer disinfectors and the vacuum steam steriliser have been validated.</p> <p>This requirement has been addressed.</p>	Compliant
2	15 (2) (b)	<p>Establish a log book for the washer disinfectors and further develop the log book for the steam sterilisers. Log books should contain the following information;</p> <ul style="list-style-type: none"> • Details of the machine and location; • Commissioning report; • Daily/weekly test record sheets; • Quarterly test record sheets; • Annual service/validation certification; • Fault history; • Process log; • Records to show staff have been trained in the correct use of the machine; • Relevant contacts e.g. service engineer. 	<p>Discussion with Mr McCaugherty and the dental nurse demonstrated that a washer disinfectors logbook has not been developed. Periodic tests in regards to the washer disinfectors are not undertaken. A pre-printed logbook is available for the vacuum steam steriliser; however review of this logbook demonstrated that it is not being fully completed. Further information in this regard can be found in section 10.7 of this report.</p> <p>This requirement has not been addressed and is now started for the second time.</p>	Not compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13.1	The flooring in the decontamination room should be sealed at the edges where it meets the wall and where it meets the kicker boards of the cabinetry to prevent the accumulation of dust and dirt and to prevent the ingress of water.	<p>It was observed that the flooring in the decontamination room has been sealed at the edges where it meets the walls and kicker boards of cabinetry.</p> <p>This recommendation has been addressed.</p>	Compliant
2	13.4	Establish an instrument log book detailing the testing, servicing, maintenance and repair of instruments and retain records for inspection.	<p>Review of documentation demonstrated that an instrument logbook has been developed, and records have been retained for all instruments that have felt the practice for repair since the previous inspection.</p> <p>This recommendation has been addressed.</p>	Compliant
3	13.4	Develop a robust system to ensure that the storage of wrapped instruments does not exceed the use by date marked on the wrapping.	<p>Discussion with the dental nurse and observation demonstrated that a robust system is in place to ensure the storage of instruments do not exceed the identified storage timeframes. The inspector discussed the revised storage timeframe as outlined in the 2013 updated edition of HTM 01-05, Mr McCaugherty and the dental nurse agreed to implement these.</p> <p>This recommendation has been addressed.</p>	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 McCaugherty omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment.

A number of issues were identified in relation to the prevention and management of blood-borne virus exposure, as follows:

- Mr McCaugherty confirmed that the practice does not have a policy and procedure in place for the prevention and management of blood-borne virus exposure, management of spillages, sharps and inoculation incidents:
- A blood spillage kit is not available; and
- Records confirming the hepatitis B vaccination status of clinical staff were not available for review on the day of inspection.

The identified issues were discussed with Mr McCaugherty and a requirement was made to address them.

Mr McCaugherty confirmed that no new staff have been employed in the practice for six years, however a formal induction programme is in place and this includes the prevention and management of blood-borne virus exposure. Mr McCaugherty also confirmed that in the future all newly recruited clinical staff will receive an occupational health check.

Review of documentation demonstrated that staff training has been provided for clinical staff.

Discussion with the dental nurse demonstrated that she was knowledgeable about the prevention and management of blood-borne virus exposure.

Observations made and discussion with the dental nurse evidenced that sharps are appropriately handled. Sharps boxes are freestanding and safely positioned to prevent unauthorised access, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

Discussion with the dental nurse demonstrated that she was knowledgeable about the procedure for the management of a sharps injury, including needle stick injury. She was 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: <p>Mr McCaugherty omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment.</p> <p>Mr McCaugherty confirmed that the staff in the practice are responsible for environmental cleaning. Discussion with Mr McCaugherty and the dental nurse demonstrated that a policy and procedure for cleaning and maintaining the environment has not been established, daily/weekly and monthly cleaning schedules are not in place and that cleaning equipment is not colour coded. Mr McCaugherty also confirmed that one mop is used to clean all areas. These issues were discussed with Mr McCaugherty and a recommendation was made to address them. The inspector directed Mr McCaugherty to cleanliness guidance issued by the NHS National Patient Safety Agency that may aid in the development of cleaning policies/procedures and schedules.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were sealed at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>It was observed that walls in the surgery are wall papered with a wood chip wall paper that has been painted. The use of wall paper in clinical areas was discussed with Mr McCaugherty. The inspector advised that in accordance with HTM 01-05 wall surfaces should be non-porous, suitable for frequent cleaning, tolerate the use of cleaning agents, and the use of joints should be avoided. The inspector advised that on the next refurbishment of surgery the use of wall paper should be avoided, and that finished wall surfaces should adhere to the specifications as outlined in HTM 01-05.</p> <p>Discussion with Mr McCaugherty and the dental nurse demonstrated that arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Review of documentation and discussion with Mr McCaugherty and the dental nurse and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and the dental nurse spoken with demonstrated awareness of this.</p>

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

10.3 Hand Hygiene

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

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

10.4 Management of Dental Medical Devices

<p align="center">STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr McCaugherty omitted to rate the practice approach to the management of dental medical devices 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 Mr McCaugherty and the dental nurse confirmed that this is adhered to. Mr McCaugherty confirmed that the routine monitoring of water temperatures as recommended in the legionella risk assessment has not commenced. A recommendation was made in this regard.</p> <p>The dental nurse confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth.</p> <p>Observations made and discussion with the dental nurse confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> • An independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs; • Self-contained water bottles are removed, flushed with RO water, and refilled in accordance with manufacturer's guidance; • 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 disposable/purged using disinfectant as per manufacturer's recommendations. <p>The dental nurse confirmed that the DUWLs do not have filters that require cleaning or replacing.</p>

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

10.5 Personal Protective Equipment

<p align="center">STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</p> <p align="center">The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed:</p> <p>13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p>13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings:</p> <p>Mr McCaugherty omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and the dental nurse spoken with demonstrated awareness of this. Mr McCaugherty confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with the dental nurse evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with the dental nurse confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. <p>The dental nurse confirmed that she is aware of the practice uniform policy.</p>

Provider's overall assessment of the dental practice's compliance level against the standard assessed	No rating given
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	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: <p>Mr McCaugherty omitted to rate the practice approach to the management of waste 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. Mr McCaugherty confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with the dental nurse demonstrated that she is aware of the different types of waste and appropriate disposal streams.</p> <p>Clinical waste bins are housed in cupboards which are pedal operated.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>	

Provider's overall assessment of the dental practice's compliance level against the standard assessed	No rating given
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	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 McCaugherty 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 vacuum 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. As discussed previously in section 9.0 of this report a washer disinfector logbook has not been established and washer disinfector periodic tests are not undertaken. Review of documentation demonstrated that a pre-printed steam steriliser logbook is available, however this is not being fully completed, as only the results of a daily steam penetration test are recorded. These issues were discussed with Mr McCaugherty and the dental nurse and a requirement was made for the second time in this regard. A copy of the updated 2013 edition of HTM 01-05 Decontamination in primary care dental practices is available for staff reference. Mr McCaugherty confirmed during discussion that the Infection Prevention Society (IPS) audit tool has not been completed within the past year. A recommendation was made that the IPS audit tool should be completed every six months in keeping with best practice guidance as outlined in HTM 01-05.	

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
	Substantially compliant

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with a dental nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. One was returned to RQIA within the timescale required.

Review of submitted questionnaire and discussion with the dental nurse evidenced that she was knowledgeable regarding the inspection theme and that she had received training appropriate to her relevant roles. The dental nurse confirmed that she is familiar with the practice policies and procedures and has received training in infection prevention and control. Clinical staff confirmed that they have been immunised against Hepatitis B.

The following comment was included in the submitted questionnaire:

- “We as a dental team go on training days within the year, and update anything new which we have been trained on. We put into practice all that we have learned and relate it back to other members of staff”.

11.2 Patient Consultation

Mr McCaugherty 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 McCaugherty 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:

Stephen O'Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Stephen O'Connor
Inspector/Quality Reviewer

Date

Quality Improvement Plan

Announced Inspection

J L McCaugherty

2 September 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 Leslie McCaugherty either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15 (2) (b)	<p>Establish a logbook for the washer disinfectors and ensure the logbook for the steam steriliser is fully completed. Logbooks should contain the following information;</p> <ul style="list-style-type: none"> • Details of the machine and location; • Commissioning report; • Daily/weekly test record sheets; • Quarterly test record sheets (if applicable); • Annual service/validation certification; • Fault history; • Records to show staff have been trained in the correct use of the machine; and • Relevant contacts e.g. service engineer. <p>Ref: 9.0 & 10.7</p>	Two	ALL REQUIREMENTS NOW MET.	One month
2	15 (7)	<p>The following issues in relation to the prevention and management of blood borne virus exposure must be addressed:</p> <ul style="list-style-type: none"> • Establish a policy and procedure for the prevention and management of blood borne virus exposure, this should include the management of spillages, sharps and inoculation 	One	DEVELOPING POLICY / PROCEDURE FOR IMPLEMENTATION	Two months

		<p>incidents in accordance of national guidance;</p> <ul style="list-style-type: none">• Provide a blood spillages kit; and• Confirmation should be retained of the hepatitis B vaccination status of all clinical staff. <p>Ref: 10.1</p>		<p>DONE</p> <p>DONE</p>	
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RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13	Establish a policy and procedure for cleaning and maintaining the environment, this must include daily, weekly and monthly cleaning schedules, and specify the use of colour coded cleaning equipment. Ref: 10.2	One	DONE	Two months
2	13	Overflows in all stainless steel hand washing basins should be blanked off using a stainless steel plate sealed with antibacterial mastic. Ref: 10.3	One	DONE	One month
3	13	In keeping with the legionella risk assessment hot and cold water temperatures must be routinely monitored and records retained. Ref: 10.4	One	DONE	Immediate and ongoing
4	13	In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months. Ref: 10.7	One	TO BE CARRIED OUT.	One month

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

Stephen O'Connor
The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: 

NAME: J.L. M^cCAUGHERTY
Registered Provider

DATE 19/10/14

SIGNED: 

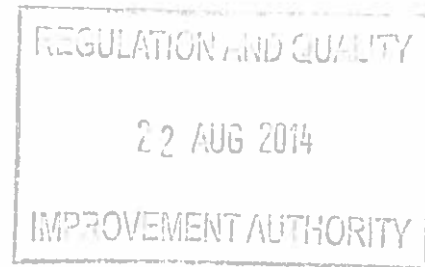
NAME: J.L. M^cCAUGHERTY
Registered Manager

DATE 19/10/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		STEPHEN O'Connor	27.10.14
B	Further information requested from provider		✓	STEPHEN O'Connor	27.10.14



**The Regulation and
Quality Improvement
Authority**



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

Name of practice: J L McCaugherty
RQIA ID: 11556
Name of inspector: Stephen O'Connor

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

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

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

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

2.11 Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)	✓		
2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)		✓	
2.13 Are toys provided easily cleaned? (6.73)	✓		
2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	✓		
2.15 Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)	✓		
2.16 Is cleaning equipment stored in a non-clinical area? (6.60)	✓		
2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)	✓		
2.18 Are the surfaces of equipment cleaned between each patient (E.g. work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surface of aspirator and X-ray heads)? (6.62)	✓		
2.19 Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)	✓		
2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	✓		

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


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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 1



Name of practice: J L McCaugherty

Declaration on consultation with patients

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

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

Yes

☒

No

☐

If no or other please give details:

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

Yes

☒

No

☐

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

Yes

☒

No

☐