

Announced Inspection

Name of Establishment:	Michael Gillen Dental Surgery
Establishment ID No:	11575
Date of Inspection:	24 April 2014
Inspector's Name:	Emily Campbell
Inspection No:	16834

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Michael Gillen Dental Surgery
Address:	305 Cavehill Road Belfast BT15 5EY
Telephone number:	028 9071 5211
Registered organisation / registered provider:	Mr Michael Gillen
Registered manager:	Mr Michael Gillen
Person in charge of the establishment at the time of Inspection:	Mr Michael Gillen
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 29 October 2013
Date and time of inspection:	24 April 2014 10.00am – 12.05pm and 7 May 2014 12.00md – 12.15pm
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 Michael Gillen 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
- 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

Michael Gillen Dental Surgery is a semi-detached residential building adapted for use as a dental practice, located in the suburbs of Belfast. The practice is located on the ground floor of the premises.

On street car parking is available for patients and the practice is on a main public transport route.

The establishment is accessible for patients with a disability.

Michael Gillen Dental Surgery has two dental surgeries providing both private and NHS dental care. Currently only one surgery is operational. A waiting area, reception, decontamination room and toilet and staff facilities are also available.

Mr Gillen is a single handed practitioner who is supported by three dental nurses, two of whom also act in a reception role.

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

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

8.0 Summary of Inspection

This announced inspection of Michael Gillen Dental Surgery was undertaken by Emily Campbell on 24 April 2014 between the hours of 10.00am and 12.05pm. Mr Michael Gillen, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection. The inspector also returned to the practice on 7 May 2014 to confirm that a washer disinfectant had been implemented within the decontamination process.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirements and four of the six recommendations made have been addressed. One recommendation regarding patient consultation has not been addressed and is now stated as a requirement and one recommendation regarding infection control and decontamination policy development has been stated for the second time. The detail of the action taken by Mr Michael Gillen can be viewed in the section following this summary.

Prior to the inspection, Mr Gillen completed a self-assessment using the standard criteria outlined in the theme inspected. Mr Gillen did not complete the compliance levels against each section in the self-assessment; however, these were completed by Mr Gillen during the inspection. The comments provided by Mr Gillen in the self-assessment were not altered in any way by RQIA. The revised self-assessment is included as appendix one in this report.

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

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

Inspection Theme – Cross infection control

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

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

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

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with Mr Gillen and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of and adhering to practice policy in this regard. Sharps management at the practice was observed to be in line with best practice. There were no records available of the Hepatitis B immunisation status of clinical staff, although staff spoken with and clinical staff who submitted questionnaires confirmed that they had been immunised. A recommendation was made that contact should be made with the local Trust Occupational Health Department to check on the Hepatitis B immunisation status of clinical staff. Records should be retained of the outcome of these checks.

The premises were clean and tidy and clutter was kept to a minimum, with the exception of the work desk in Mr Gillen's surgery. A recommendation was made to address this. A recommendation was also made that work tops in the surgery should be sealed where they meet the walls. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.

Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment, with the exception of the frequency of the cleaning of the flooring in the surgery and decontamination room. A recommendation was made that this should be carried out daily in keeping with good practice and HTM 01-05.

Discussion with staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. A recommendation was made that the overflow in the hand wash basin in the surgery is blanked off with a stainless steel plate sealed with antibacterial mastic and the plug removed. Information promoting hand hygiene was on display in the dental surgery and the decontamination room. The inspector suggested that a hand hygiene poster is also displayed in the toilet facility.

The inspector reviewed the legionella risk assessment. A recommendation was made that this is further developed to include the management of dental unit water lines (DUWLs) and the monitoring of monthly hot and cold water temperatures. Procedures are in place for the use, maintenance, service and

repair of all medical devices. Observations made and discussion with staff confirmed that dental unit water lines (DUWLs) are appropriately managed.

Staff spoken with demonstrated awareness of good practice in relation to the use of personal protective equipment (PPE). Observations made confirmed that PPE was readily available and used appropriately by staff. A PPE policy and procedure has not yet been developed and a recommendation was made.

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. A validated steriliser is provided and a steriliser logbook had been established and the relevant periodic tests were undertaken and recorded. However, the logbook information had not been collated into one compilation. A washer disinfectant had been installed, however, this had not been validated. Mr Gillen confirmed that validation of the washer disinfectant was scheduled for Thursday 1 May 2014. The inspector received an email from Mr Gillen on 2 May 2014, confirming that the washer disinfectant had been validated and was operational. Following this, the inspector visited the practice on 7 May 2014. The washer disinfectant has been validated and incorporated into the decontamination process and a logbook was in place with the appropriate periodic tests recorded. The inspector also observed that the steriliser logbook information had been collated.

The inspector reviewed the policies and procedures in relation to infection prevention and control. A recommendation was made that policies and procedures for cleaning and maintaining the environment and PPE should be developed, and the hand hygiene policy should be further developed.

The evidence gathered through the inspection process concluded that Michael Gillen Dental Surgery is substantially compliant with this inspection theme.

Mr Gillen confirmed on the submitted declaration regarding consultation with patients that patient satisfaction questionnaires are available in the waiting room for patients to complete if they wish. Discussion with Mr Gillen and staff confirmed that there was no formal process established in relation to encouraging patients to complete questionnaires and at the time of the inspection, only one questionnaire had been completed. This was discussed with Mr Gillen and staff and suggestions were made on how the approach could be formalised. A requirement was made in this regard.

One requirement and eight 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 Gillen and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15(3)	<p>A validated washer disinfectant should be installed and incorporated into the decontamination process.</p> <p>A logbook should be established for the washer disinfectant and the relevant information and periodic tests recorded as outlined in HTM 01-05.</p>	<p>At the announced inspection on 24 April 2014, the inspector observed that a washer disinfectant had been installed. However, Mr Gillen advised that this had not been validated yet and was not operational. Mr Gillen confirmed that validation of the washer disinfectant was scheduled for Thursday 1 May 2014, at which time staff training would be provided and its use would be incorporated into the decontamination process. The inspector received an email from Mr Gillen on 2 May 2014, confirming that the washer disinfectant had been validated and was operational.</p> <p>Following this the inspector visited the practice on 7 May 2014. The washer disinfectant has been validated and incorporated into the decontamination process and discussion with a dental nurse confirmed that it was being used appropriately. A pre-printed logbook was in place and daily and weekly tests were undertaken and recorded as outlined in HTM 01-05. The dental nurse confirmed that monthly soil tests would also be undertaken.</p> <p>This requirement has been addressed.</p>	Compliant

2	15(3)	Validate the steriliser and establish arrangements for annual validation thereafter.	Review of documentation evidenced that this requirement has been addressed.	Compliant
3	15(3)	A logbook should be established for the steriliser and periodic tests undertaken and recorded as outlined in HTM 01-05.	Review of documentation evidenced that this requirement has been addressed. The inspector suggested that the logbook information should be collated to provide a more comprehensive compilation of information. The inspector observed that this had been addressed during the visit to the practice on 7 May 2014.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	8.3 14.4	Routine servicing of x-ray and developer machines should be completed in accordance with legislative requirements and manufacturer's instructions.	Review of documentation evidenced that this recommendation has been addressed.	Compliant
2	13	Complete the refurbishment of the decontamination room as outlined in HTM 01-05 and address the issues discussed in section 10.1. Contact should be made with health estates at the Department of Health for advice and guidance regarding the layout of the room and ventilation system.	Observations made of the decontamination room confirmed that this recommendation has been addressed.	Compliant
3	13	The wooden handled brush used for cleaning instruments should be discarded and suitable long handled brushes made available as indicated in HTM 01-05.	Discussion with staff and observations made confirmed that wooden handled brushes are not used for the manual cleaning of instruments and a suitable alternative has been provided. This recommendation has been addressed.	Compliant
4	13	Ensure that the print quality of the steriliser cycle printouts is sufficient for records to be read within two years.	The inspector observed that the print quality of the steriliser printouts is now of a good standard. This recommendation has been addressed.	Compliant

5	13	Further develop the infection prevention and control and decontamination policies and procedures as detailed in HTM 01-05 to reflect the arrangements in the practice. This should include the arrangements for when the washer disinfectant is operational.	<p>Mr Gillen confirmed that as a washer disinfectant had not yet been implemented within the decontamination process infection prevention and control and decontamination policies have not been reviewed.</p> <p>This recommendation has not been addressed and is now stated for the second time.</p>	Not compliant
6	13	Ensure that formal arrangements are established for consultation with patients, at appropriate intervals, that feedback provided by patients is used by the service to improve and that results of the consultation are made available to patients.	<p>Mr Gillen confirmed on the submitted declaration regarding consultation with patients that patient satisfaction questionnaires are available in the waiting room for patients to complete if they wish. Discussion with Mr Gillen and staff confirmed that there was no formal process established in relation to encouraging patients to complete questionnaires and at the time of the inspection, only one questionnaire had been completed. This was discussed with Mr Gillen and staff and suggestions were made on how the approach could be formalised.</p> <p>This recommendation has not been addressed and is now stated as a requirement.</p>	Not compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
<p>Criteria Assessed:</p> <p>11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.</p> <p>13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p>13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings:</p> <p>Mr Gillen rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with staff evidenced that:</p> <ul style="list-style-type: none"> • The prevention and management of blood-borne virus exposure is included in the staff induction programme. • Staff training has been provided for clinical staff • All recently appointed staff have received an occupational health check • Records are retained regarding the Hepatitis B immunisation status of clinical staff <p>There were no records available of the Hepatitis B immunisation status of clinical staff, although staff spoken with and clinical staff who submitted questionnaires confirmed that they had been immunised. A recommendation was made that contact should be made with the local Trust Occupational Health Department to check on the Hepatitis B immunisation status of clinical staff. Records should be retained of the outcome of these checks.</p> <p>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.</p> <p>Observations made and discussion with Mr Gillen and staff evidenced that sharps are appropriately handled. Sharps boxes are not wall mounted, however, discussion with Mr Gillen confirmed they are positioned appropriately to ensure the safety of patients and staff. Sharps boxes are appropriately used, and signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock at the point of use when the waste contractor calls to collect them.</p> <p>Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.</p>

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

10.2 Environmental design and cleaning

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

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

Criterion Assessed:

13.1 Your dental service's premises are clean.

Inspection Findings:

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

The practice does not have a policy and procedure in place for cleaning and maintaining the environment and a recommendation was made that this should be developed.

The inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. The decontamination room was tidy and uncluttered and work surfaces were intact and easy to clean. Work tops in the one operational surgery were tidy and uncluttered, however, Mr Gillen's work desk was cluttered and a recommendation was made in this regard. A recommendation was also made that work tops in the surgery should be sealed where they meet the walls. Floor coverings in the surgery and decontamination room are impervious and were coved and sealed or sealed at the edges. A cork floor is in the surgery, which has been sealed; Mr Gillen confirmed that the quality of the sealant used has rendered the flooring impervious. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. The second surgery is currently not operational and is used for storage. Mr Gillen is aware that this surgery should be de-cluttered prior to it being made operational.

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

- Equipment surfaces, including the dental chair, are cleaned between each patient
- Weekly/monthly cleaning schedule
- Cleaning equipment is colour coded
- Cleaning equipment is stored in a non-clinical area
- Dirty water is disposed of at an appropriate location

However, flooring in the surgery and decontamination room is only cleaned two to three times per week. A recommendation was made that this should be carried out daily in keeping with good practice and HTM 01-05.

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	Compliant
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 Gillen rated the practice arrangements for hand hygiene as compliant on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place. The policy requires further development to include more specific information and a recommendation was made in this regard. The inspector referred Mr Gillen to the hand hygiene policy available in HTM 01-05.</p> <p>Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgery and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The stainless steel hand wash basin in the surgery has an over flow and a plug. A recommendation was made that this should be blanked off with a stainless steel plate sealed with antibacterial mastic and the plug removed. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>The inspector observed that laminated /wipe-clean posters promoting hand hygiene were on display in the dental surgery and the decontamination room. The inspector suggested that a hand hygiene poster should also be displayed in the toilet facility.</p>	

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

10.4 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: <p>Mr Gillen rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the legionella risk assessment. A recommendation was made that this is further developed to include the management of dental unit water lines (DUWLs) and the monitoring of monthly hot and cold water temperatures. A record should be retained of the monthly checks.</p> <p>Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth.</p> <p>Observations made and discussion with staff confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> • Suction filters are cleaned/replaced as per manufacturer's instructions • An independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs • Self-contained water bottles are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance • 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 • DUWLs are purged using disinfectant as per manufacturer's recommendations <p>Mr Gillen advised that dental units in the practice do not have filters and are maintained in line with manufacturer's instructions.</p>	

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

10.5 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: <p>Mr Gillen rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice does not have a policy and procedure in place for the use of PPE and a recommendation was made in this regard. Staff spoken with demonstrated awareness of good practice in relation to the use of PPE and confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves • Single use PPE is disposed of appropriately after each episode of patient care • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary • Eye protection for staff and patients is decontaminated after each episode <p>Staff confirmed that they were aware of the practice uniform policy.</p>

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

10.6 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 Gillen rated the practice approach to the management of waste as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Staff confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being 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	Compliant
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Compliant

10.7 Decontamination

<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: 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 Gillen rated the decontamination arrangements of the practice as moving towards compliance on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>As discussed in section 9.0, during the inspection on 24 April 2014, a validated steriliser was provided and a steriliser logbook had been established and the relevant periodic tests were undertaken and recorded. However, the logbook information had not been collated into one compilation. A washer disinfectant had been installed, however, this had not been validated. Mr Gillen confirmed that validation of the washer disinfectant was scheduled for Thursday 1 May 2014, at which time staff training would be provided and its use would be incorporated into the decontamination process. The inspector received an email from Mr Gillen on 2 May 2014, confirming that the washer disinfectant had been validated and was operational. Following this the inspector visited the practice on 7 May 2014. The washer disinfectant has been validated and incorporated into the decontamination process and discussion with a dental nurse confirmed that it was being used appropriately. A pre-printed logbook was in place and daily and weekly tests were undertaken and recorded as outlined in HTM 01-05. The dental nurse confirmed that monthly soil tests would also be undertaken. The inspector also observed that the steriliser logbook information had been collated.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p>

Provider's overall assessment of the dental practice's compliance level against the standard assessed	Moving towards compliance
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	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 two dental nurses. 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. Clinical staff also confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

As discussed in section 9.0 of the report, Mr Gillen confirmed on the submitted declaration regarding consultation with patients that patient satisfaction questionnaires are available in the waiting room for patients to complete if they wish. Discussion with Mr Gillen and staff confirmed that there was no formal process established in relation to encouraging patients to complete questionnaires and at the time of the inspection, only one questionnaire had been completed. This was discussed with Mr Gillen and staff and suggestions were made on how the approach could be formalised. A requirement was made in this regard.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Michael Gillen as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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

**Emily Campbell
Inspector / Quality Reviewer**

Date



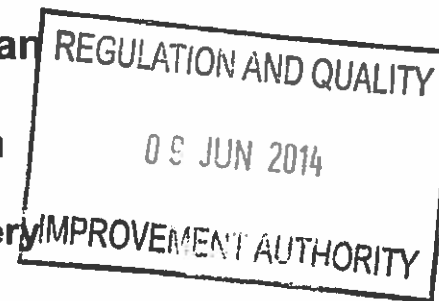
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Michael Gillen Dental Surgery

24 April 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 Michael Gillen 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	17 (1) (3)	<p>Ensure that formal arrangements are established for consultation with patients, at appropriate intervals, that feedback provided by patients is used by the service to improve and that results of the consultation are made available to patients.</p> <p>Ref 9.0</p>	One	THE SURVEY NOW COMPLETED.	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	13	Further develop the infection prevention and control and decontamination policies and procedures as detailed in HTM 01-05 to reflect the arrangements in the practice. This should include the arrangements for when the washer disinfectors are operational. Ref 9.0	Two	INFECTION CONTROL POLICIES WERE ALREADY IN EXISTENCE. THEY WERE IN A DIFFERENT FOLDER AND JUST NOT LOCATED DURING INSPECTION. APOLOGIES.	Three months
2	13 11.2	Contact should be made with the local Trust Occupational Health Department to check on the Hepatitis B immunisation status of clinical staff. Records should be retained of the outcome of these checks. Ref 9.0	One	CONTACT HAS BEEN MADE WITH OCCUPATIONAL HEALTH - PROCESS ONGOING.	Three months
3	13	Develop a policy and procedure for cleaning and maintaining the environment. Further develop the hand hygiene policy. Develop a personal protective equipment (PPE) policy and procedure. Ref 10.2, 10.3 & 10.5	One	Now completed.	Three months
4	13	Mr Gillen's work desk in the dental surgery should be de-cluttered. Ref 10.2	One	Now de-cluttered.	Two weeks

5	13	Work tops in the surgery should be sealed where they meet the walls. Ref 10.2	One	will be completed in due course	Three months
6	13	Flooring in the surgery and decontamination room should be cleaned daily. Ref 10.2	One	floor now cleaned on daily basis.	Immediate and ongoing
7	13	The overflow of the hand wash basin in the surgery should be blanked off with a stainless steel plate sealed with antibacterial mastic and the plug should be removed. Ref 10.3	One	to be completed in due course	Three months
8	13 14.2	The legionella risk assessment should be further developed to include the management of dental unit water lines (DUWLs) and the monitoring of monthly hot and cold water temperatures. A record should be retained of the monthly checks. Ref 10.4	One	temperatures now recorded at the end of every calendar month.	Three months

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

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

SIGNED:



NAME:

MICHAEL GILLEN
Registered Provider

DATE

20/5/14

SIGNED:



NAME:

Registered Manager

DATE



QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		E. Campbell	12/4/14
B	Further information requested from provider				



**The Regulation and
Quality Improvement
Authority**

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

Name of practice: Michael Gillen Dental Surgery

RQIA ID: 11575

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

Appendix 1



The Regulation and
Quality Improvement
Authority

Name of practice: Michael Gillen Dental Surgery

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:

SURVEY QUESTIONNAIRE available in waiting room at all times

- 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

☐

1 Prevention of bloodborne virus exposure			
Inspection criteria <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
1.1 Does the practice have a policy and procedure/s in place for the prevention and management of blood borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance? (2.6)	✓		<i>If no, answer remaining questions in this section to reflect your current arrangements</i>
1.2 Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5)	✓		
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)		✓	<i>Noted on a number of occasions 9.4.14 to contact occupational health - no success - will liaise with occ health again when required</i>
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?	Collection are made before indicator mark reached.		
1.10 Are full sharps containers stored in a secure facility away from public access?	Full sharps containers are not stored here - always removed collected before they are full		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	✓ on		
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?	✓ if need be.		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	✓ disposable needles are discarded as a single unit.		
Provider's level of compliance			Provider to complete COMPLIANT

2 Environmental design and cleaning			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
2.1 Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)	✓		
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)	<i>small abrasion present</i>		
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 covered edges that are sealed and impervious to moisture? (6.47)	<i>not yet</i> ✓		
2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)		✓	<i>keyboards not used in clinical areas</i>
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 <i>Full compliance</i>

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)			In decontamination room drain has no plug + no 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 full compliance

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)			no filter present

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)	✓		
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 <i>COMPL. AWT</i>

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)			Replaced when obvious sign of wear

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 <i>Full compliance</i>

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))	<i>sacks and containers are removed as one unit.</i>		
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 <i>COMPLIANT</i>

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)			at time of answering No but should be in the near future. Start another section.
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>Provider's level of compliance</p>			<p>Provider to complete MOVING TOWARDS COMPLIANCE 1-5-14. TO BE COMPLIANT</p>

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