

Announced Inspection and Variation to Registration Inspection Report

Name of Establishment:	Magee Dental Care
Establishment ID No:	11577
Date of Inspection:	21 August 2014
Inspector's Name:	Stephen O'Connor
Inspection No:	20155

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Magee Dental Care
Address:	18-24 William Street Lurgan Craigavon BT66 6JA
Telephone number:	028 3832 2441
Registered organisation / registered provider:	Mr Nigel Magee
Registered manager:	Mr Nigel Magee
Person in charge of the establishment at the time of Inspection:	Mr Nigel Magee
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	5 increasing to 6 at this inspection
Date and type of previous inspection:	Announced and Variation Inspection 14 August 2013
Date and time of inspection:	21 August 2014 10:55 - 13:40
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 Nigel Magee, registered provider;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises;
- review of arrangements for an increase of registration from four to five dental chairs; 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	3	
Staff Questionnaires	19 issued	10 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 inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair.

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

Magee Dental Care is centrally located in the town of Lurgan and public car parking is available at the rear of the premises. The practice is a four storey building which has been purpose built to provide a modern dental surgery. The establishment is fully accessible for patients with a disability.

The practice has capacity for the provision of nine dental chairs; however, only five dental chairs had been fitted and registered with RQIA. Application for variation was submitted to RQIA for registration of a sixth dental chair. Following this inspection registration of six dental chairs is recommended.

The practice consists of six operational surgeries, reception and waiting areas, toilet facilities, decontamination room, an education area, digital processing room and staff and storage facilities.

Mr Magee has been the registered provider and manager of Magee Dental Care since initial registration with RQIA during October 2011.

The practice provides both private and NHS dental care to patients. Mr Magee works alongside three associate dentists, a practice manager, hygienists and a team of dental nurses/reception staff.

The practice is a training practice approved by the Northern Ireland Medical and Dental Training Agency NIMDTA. A dental foundation year one (DF1) trainee commenced work in the practice during August 2014.

The practice is also accredited with the British Dental Association (BDA) Good Practice Scheme.

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

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

A new certificate of registration will be issued by RQIA reflecting the increased number of registered dental chairs.

8.0 Summary of Inspection

Magee Dental Care was registered with RQIA on 7 October 2011 as an independent hospital (IH) providing dental treatment (DT). Following a move to new premises, the practice was registered for four dental chairs on 25 July 2012. Subsequently an application to vary the registration and increase the number of dental chairs from four to five was approved on 14 August 2013. Application has been submitted to the RQIA for a variation to the conditions relating to the existing registration. The application made was to increase the provision of registered dental chairs from five to six.

This combined announced and variation to registration inspection of Magee Dental Care was undertaken by Stephen O'Connor on 21 August 2014 between the hours of 10:55 and 13:40. Mr Nigel Magee, registered provider was available for discussion during the inspection. Mrs Jayne Magee, practice manager facilitated the inspection. Mr and Mrs Magee were both available for verbal feedback at the conclusion of the inspection.

The purpose of this inspection was to carry out the scheduled announced inspection on the focused themes and standards. The inspection also sought to review the readiness of the practice for the provision of private dental care and treatment associated with the application of variation for one additional dental chair. The variation application submitted to RQIA was reviewed as part of the inspection process.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirement and recommendations have been addressed. The detail of the action taken by Mr Magee can be viewed in the section following this summary.

Prior to the inspection, Mr Magee completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Magee in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

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

Questionnaires were also issued to staff; 10 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 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. 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 Mrs Magee 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 are adhering to the practice policy in this regard. 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. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. Information promoting hand hygiene is provided for staff and patients.

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

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including a washer disinfecter, a Statim steriliser and a vacuum steriliser have been provided to meet the practice requirements. Review of documentation evidenced that the equipment used in the decontamination process was appropriately validated during August 2013. On the day of inspection Mrs Magee informed the inspector that the practice was in the process of scheduling the re-validation of this equipment. Following this inspection a copy of the validation certificates was submitted to RQIA via email. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Arrangements are in place to ensure that both new and reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05, with the exception of dental handpieces, which are manually cleaned prior to sterilisation. A requirement was made in this regard.

The evidence gathered through the inspection process concluded that Magee Dental Care is compliant with this inspection theme.

Mr Magee 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.

Application for variation was submitted to RQIA to increase the number of dental chairs from five to six. The inspector observed that the statement of purpose and patient guide had been updated to reflect the new arrangements in the practice.

A new intra-oral x-ray machine has been installed in the additional surgery and discussion with Mrs Magee and a review of documentation confirmed that a critical examination of the machine has been carried out.

Discussion with Mrs Magee demonstrated that an associate dentist has been recently recruited and is due to commence work in the practice later this month, and that the practice intends to recruit an additional dental nurse, and an administrative assistant. Review of documentation demonstrated that an enhanced AccessNI check is in place for the newly recruited associate dentist and that robust arrangements are in place in regards to the recruitment of new staff.

Registration of six dental chairs was recommended during this inspection.

One requirement was 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 and Mrs Magee 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	19 (2) (d) Schedule 2 (2)	<p>Carry out an enhanced AccessNI check for the newly appointed associate dentist.</p> <p>Ensure the associate dentist does not work unaccompanied until such times as the check is received.</p> <p>An enhanced AccessNI check should be received for any new staff, employed or self-employed, prior to commencing work at the practice.</p>	<p>Review of documentation and discussion with Mrs Magee demonstrated that an enhanced AccessNI check was received for the associate dentist identified during the previous inspection. Discussion with Mrs Magee and review of documentation demonstrated that one new member of staff has commenced work in the practice since the previous inspection, and an enhanced AccessNI check was received prior to this staff member commencing work.</p> <p>This requirement has been addressed.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	14.2	Cold water temperature recording should be included as part of the practice's legionella risk assessment control measures.	<p>Review of documentation and discussion with Mrs Magee demonstrated that cold water temperature monitoring has commenced and temperatures are recorded.</p> <p>This recommendation has been addressed.</p>	Compliant
2	13	Cabinetry in the decontamination room should be sealed where it meets the flooring.	<p>It was observed that the cabinetry in the decontamination room has been sealed where the kicker boards meet the floor.</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: <p>Mr Magee 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 Mrs Magee and 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; and records are retained regarding the Hepatitis B immunisation status of clinical staff. <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 staff evidenced that sharps are appropriately handled. Sharps boxes are wall mounted, 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.</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	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 Magee rated the practice arrangements for environmental design and cleaning as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a high standard of cleanliness. The inspector had the opportunity to review the arrangements in the decontamination room and surgeries four and six. 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>A designated area on the third floor of the practice is used to hold educational and oral health promotion sessions for children. It was observed that this area houses two demonstration puppets. This was discussed with Mrs Magee who confirmed that the demonstration puppets were sourced from the British Dental Health Foundation, that they are only used in the designated area or during outreach oral health promotion sessions in schools, and that arrangements are in place to clean the puppets.</p> <p>Discussion with staff confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.</p>	

Provider's overall assessment of the dental practice's compliance level against the standard assessed	Compliant
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	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 Magee 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.</p> <p>Mrs Magee confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>The inspector observed that laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>	

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

10.4 Management of Dental Medical Devices

<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>13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr Magee rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with Mrs Magee and staff confirmed that this is adhered to.</p> <p>Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth.</p> <p>Observations made and discussion with staff confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> • Filters are cleaned/replaced as per manufacturer's instructions; • An independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs in surgeries one through five; • Self-contained water bottles in surgeries one through five are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • Water supply to the DUWLs in surgery six is provided through the direct mains water supply. Mrs Magee confirmed on discussion that there is a physical air gap separating DUWLs from mains water systems; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer's recommendations.

<p>Provider's overall assessment of the dental practice's compliance level against the standard assessed</p>	<p align="center">Compliant</p>
<p>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</p>	<p align="center">Compliant</p>

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 Magee rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Mrs Magee confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. <p>Staff confirmed that they were aware of the practice uniform policy.</p>	

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

10.6 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 Magee 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. Review of documentation demonstrated that the practice has incorporated a clinical waste audit into its on-going audit programme.</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>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 Magee rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>The submitted self-assessment indicated that all dental handpieces are manually cleaned. A sample of handpieces reviewed during the inspection all had the washer disinfectant compatible symbol. This was discussed with Mrs Magee who confirmed that a service engineer had advised the practice to manually clean handpieces. Mrs Magee also confirmed that the practice is giving consideration to installing a DAC Universal to process handpieces. Best practice guidance as outlined in PEL (13) 13 issued on the 1 October 2013 was discussed with Mrs Magee and a requirement was made in this regard.</p> <p>Appropriate equipment, including a washer disinfectant, a Statim steriliser and a vacuum steriliser have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that the equipment used in the decontamination process was appropriately validated during August 2013. On the day of inspection Mrs Magee informed the inspector that the practice was in the process of scheduling the re-validation of this equipment. Following this inspection a copy of the validation certificates was submitted to RQIA via email.</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	Compliant
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 Compliant
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11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with the practice manager and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Ten 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 training in infection prevention and control. Clinical staff confirmed that they have been immunised against Hepatitis B.

Staff who met with the inspector spoke very positively regarding working in Magee Dental Care, staff felt valued as a member of the team and supported by management.

The following comment was included in a submitted questionnaire:

- “Magee Dental Care is an extremely high quality dental practice”.

11.2 Patient Consultation

Mr Magee confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals, that feedback provided by patients has been used by the service to improve, and that results of the consultation have been made available to patients.

11.3 Application for Variation

Application for variation was submitted to RQIA to increase the number of dental chairs from five to six.

11.3.1 Statement of purpose and Patient Guide

The inspector reviewed the statement of purpose and patient guide which had been updated to reflect the increased number of dental chairs and the new arrangements in the practice.

11.3.2 Radiology

A new intra-oral x-ray machine has been installed in the additional surgery. Mrs Magee confirmed that a critical examination of the machine has been carried out; however on the day of inspection the practice had not received a copy of the critical examination report. Following this inspection a copy of the critical examination report was forwarded to the inspector via email, and Mrs Magee confirmed that all recommendations made in the report have been

addressed. It was observed that the intra-oral x-ray machine has a rectangular collimator fitted and that a copy of the local rules is on display.

11.3.3 Staffing

Mrs Magee confirmed that a new associate dentist is due to commence work in the practice later this month, and that the practice intends to recruit an additional dental nurse, and an administrative assistant. Review of documentation demonstrated that an enhanced AccessNI check is in place for the newly recruited associate dentist and that robust arrangements are in place in regards to the recruitment of new staff.

11.3.4 Environment

The inspector observed that the additional surgery had been fully fitted and is ready to be operational. Work surfaces were uncluttered and easy to clean. Appropriate arrangements were in place in relation to infection prevention and control.

11.3.5 Infection prevention and control/decontamination

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.

A separate decontamination room is available at this practice. The room is spacious and fully equipped. Discussion with staff and a review of the arrangements in place confirmed that the decontamination room and the equipment in place is sufficient to meet the demands of the additional dental chair. As discussed in section 10.7 of this report a requirement was made in relation to the decontamination of dental handpieces. Mrs Magee confirmed that should a further additional surgery be established in the future consideration would be given to the provision of additional decontamination equipment.

Registration of six dental chairs is recommended.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr and Mrs Magee 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



Quality Improvement Plan

Announced Inspection & Variation to Registration Inspection

Magee Dental Care

21 August 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr and Mrs Magee either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15 (3)	<p>Dental handpieces should be decontaminated in line with the manufacturer's instructions and any handpieces which are compatible with an automated validated process should be decontaminated using this process.</p> <p>Ref: 10.7</p>	One	Dental handpieces are now decontaminated as per manufacturer's instructions	Immediate and on-going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to independent.healthcare@rqia.org.uk

Name of Registered Manager Completing QIP	Nigel Magee
Name of Responsible Person / Identified Responsible Person Approving QIP	Nigel Magee

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Stephen O'Connor	10/10/14
Further information requested from provider	No	Stephen O'Connor	10/10/14



The Regulation and
Quality Improvement
Authority

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

Name of practice: Magee Dental Care
RQIA ID: 11577
Name of inspector: Emily Campbell

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

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

1 Prevention of bloodborne virus exposure			
Inspection criteria <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
1.1 Does the practice have a policy and procedure/s in place for the prevention and management of blood borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance? (2.6)	yes-incorporated within practice's Infection Control Policy		
1.2 Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5)	yes ongoing in-house training provided. Records of such training maintained. Staff also undertake external training		
1.3 Have all staff at risk from sharps injuries received an Occupational Health check in relation to risk reduction in blood-borne virus transmission and general infection? (2.6)	yes - arrangements in place with local Occup. Health Department All new		

	<p>staff must undergo such health check as part of terms of engagement.</p> <p>Health Clearance certificates and records of immunisation status retained in staff personnel file</p>		
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	yes - see 1.3 above		
1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	yes - A blood/body fluid spillages kit is maintained and a spillages policy is in place		

<p>1.6 Management of sharps</p> <p>Any references to sharps management should be read in conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013</p> <p>Are sharps containers correctly assembled?</p>	<p>yes - staff just need to secure lid and have received in-house training and check correctly assembled prior to use.</p>		
<p>1.7 Are in-use sharps containers labelled with date, locality and a signature?</p>	<p>yes - staff trained to check that pre-printed labels are affixed on sharps contain</p>		

	ers and comple ted prior to use		
1.8 Are sharps containers replaced when filled to the indicator mark?	yes - staff are trained to identify when sharps contain ers need replac ed - when filled to indicat or mark or if approa ching 3 month s since last replac ed		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	yes - staff are trained to lock with the intergr al lock, date and sign at final closure and remov e to clinical wate store pendin		

	g collecti on		
1.10 Are full sharps containers stored in a secure facility away from public access?	yes - in design ated clinical waste store		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	yes - all wall mount ed no higher than should er height		
1.12 Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure? (2.6)	yes - sharps manag ement policy in place		
1.13 Are inoculation injuries recorded?	yes in accide nt/incid ent record book		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	yes in approp riate sharps contain er		
Provider's level of compliance			Compliant

2 Environmental design and cleaning			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
2.1 Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)	yes, each surgery displays an environmental cleaning policy, detailing methods used and frequency which staff observe		
2.2 Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	yes, in-house training provided and suitable cleaning agents used		
2.3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	yes to allow effective cleaning to be undertaken		

2.4 Is the dental chair cleaned between each patient? (6.46, 6.62)	yes		
2.5 Is the dental chair free from rips or tears? (6.62)	yes		
2.6 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	yes		
2.7 Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	yes		
2.8 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	yes		
2.9 Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	yes		
2.10 Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	yes		

2.11 Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)	no, but floor coverings are sealed where cabinetry meets same		
2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)	yes		
2.13 Are toys provided easily cleaned? (6.73)	no soft toys provided for patient use. Demonstration puppets are not brought into clinical nor decontamination environments - used only by staff in teaching area and are easily cleaned		
2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	confirmed not used		

2.15 Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)	yes		
2.16 Is cleaning equipment stored in a non-clinical area? (6.60)	yes in designated cleaning store		
2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)	yes		
2.18 Are the surfaces of equipment cleaned between each patient (E.g. work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surface of aspirator and X-ray heads)? (6.62)	yes as per Environmental Cleaning schedule		
2.19 Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)	yes		
2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	yes		

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

3 Hand hygiene			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
3.1 Does the practice have a local policy and procedure for hand hygiene? (2.6 Appendix 1)	yes contain ed in Infectio n control policy and display ed above each handw ashing sink		
3.2 Is hand hygiene an integral part of staff induction? (6.3)	yes		
3.3 Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	yes at staff meetin gs		
3.4 Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	yes		
3.5 Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	yes		
3.6 Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish? (6.8, 6.23, Appendix 1)	yes		
3.7 Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures? (6.9, 6.22)	yes		

3.8 Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	yes		
3.9 Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place? (2.4g, 6.10)	yes		
3.10 Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)	yes		
3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	yes		
3.12 Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)	yes		
3.13 Do the hand washing basins provided in clinical and decontamination areas have : <ul style="list-style-type: none"> • no plug; and • no overflow. Lever operated or sensor operated taps.(6.10)	yes no plug no overflow lever operated tap		
3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)	confirmed not used nor provided		
3.15 Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?	yes		

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)	yes		
3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	yes		

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

4 Management of dental medical devices			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
4.1 Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices? (1.18, 2.4a, 2.6, 2.7, 3.54)	yes		
4.2 Has the practice carried out a risk assessment for legionella under the Health and Safety Commission's "Legionnaires' disease - the control of legionella bacteria in water systems Approved Code of Practice and Guidance" (also known as L8)? (6.75-6.90, 19.0)	yes - reviewed July 2014		
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	yes		
4.4 Impression material, prosthetic and orthodontic appliances: Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturer's instructions?(7.0)	yes		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	yes, spray-decontaminated and rinsed under water		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	not applicable as no in-line filters		

4.7 Dental Unit Water lines (DUWLs): Is there an independent bottled-water system used to dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)	yes		
4.8 Dental Unit Water lines (DUWLs): For dental surgical procedures involving irrigation; is a separate single-use sterile water source used for irrigation? (6.91)	not applicable as no such procedures performed		
4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)	yes		
4.10 Dental Unit Water lines (DUWLs): Are self-contained water bottles (bottled water system) removed, flushed with distilled or RO water and left open to the air for drying on a daily basis, and if necessary overnight, and in accordance with manufacturer's guidance? (6.83)	yes		
4.11 Dental Unit Water lines (DUWLs): Where bottled water systems are not used is there a physical air gap separating dental unit waterlines from mains water systems. (Type A)?(6.84)	yes-waterblock system (surgery only)		
4.12 Dental Unit Water lines (DUWLs): Are DUWLs flushed for a minimum of 2 minutes at start of each working day and for a minimum of 20-30 seconds between every patient? (6.85)	yes		
4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)	yes		

4.14 Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)	yes (purged) with appropriate disinfectant and staff aware of same and frequency		
4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)	not applicable		
Provider's level of compliance			Compliant

5 Personal Protective Equipment			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
5.1 Does the practice have a policy and procedures for the use of personal protective equipment? (2.6, 6.13)	yes		
5.2 Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	yes		
5.3 Are powder-free CE marked gloves used in the practice? (6.20)	yes		
5.4 Are alternatives to latex gloves available? (6.19, 6.20)	yes - latex gloves never provided in practice, just nitrile		
5.5 Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	yes		
5.6 Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	yes		
5.7 Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	yes		
5.8 Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	yes		
5.9 Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	yes		

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

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

6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	yes		
6.10 Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))	yes each surger y has such contain ers wall mount ed		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	yes		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	prelab elled and checke d so labelle d before dispos al		
6.13 Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	yes on clinical waste store		
6.14 Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)?(3.32 (07-01))	yes		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	yes		
6.16 Has the practice been assured that a "duty of care" audit	yes		

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))	yes staff are aware of import ance of segreg ating waste and have receive d in- house trainin g		
Provider's level of compliance			Compliant

7 Decontamination			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
7.1 Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3–5.8)	yes, the practice has a separate decontamination room		
7.2 Does the practice have washer disinfectors in sufficient numbers to meet the practice requirements? (PEL(13)13)	yes		
7.3 Are all reusable instruments being disinfected using the washer disinfectors? (PEL(13)13)	yes save handpieces and burs		
7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	yes		
7.5 a Has all equipment used in the decontamination process been validated? 7.5 b Are arrangements in place to ensure that all equipment is validated annually? (1.9, 11.1, 11.6, 12,13, 14.1, 14.2, 15.6)	a. yes b. yes		
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)	yes yes		

Appendix 1



Name of practice: **Magee Dental Care**

Declaration on consultation with patients

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

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

Yes 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