



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>McCann and Haran Dental Clinic</b>
<b>Establishment ID No:</b>	<b>11587</b>
<b>Date of Inspection:</b>	<b>16 October 2014</b>
<b>Inspector's Name:</b>	<b>Stephen O'Connor</b>
<b>Inspection No:</b>	<b>20164</b>

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

<b>Name of establishment:</b>	McCann and Haran Dental Clinic
<b>Address:</b>	3 James Street Omagh BT8 1DH
<b>Telephone number:</b>	028 8224 9555
<b>Registered organisation / registered provider:</b>	Mr Mark Haran Mr Eamonn McCann
<b>Registered manager:</b>	Mr Mark Haran
<b>Person in charge of the establishment at the time of inspection:</b>	Mr Mark Haran
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	3
<b>Date and type of previous inspection:</b>	Announced 11 November 2013
<b>Date and time of inspection:</b>	16 October 2014 09:55 – 12:15
<b>Name of inspector:</b>	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 Mark Haran, 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:

	<b>Number</b>	
<b>Discussion with staff</b>	2	
<b>Staff Questionnaires</b>	9 issued	0 returned

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

## 6.0 Inspection Focus

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 7.0 Profile of Service

McCann and Haran Dental Clinic is a former residential property which has been converted to accommodate a dental practice. The building is located on James Street near Omagh town centre. Private car parking is available at the rear of the practice and public car parking is located nearby for patients.

The establishment is a three storey building which has been renovated to provide three dental surgeries, a decontamination room, combined reception and waiting area, toilets, staff and storage facilities. Although one surgery is located on the ground floor and is accessible for patients with a disability, the establishment is not fully accessible for patients with a disability as disabled toilet facilities are not provided.

McCann and Haran Dental Clinic operates three dental chairs, providing both private and NHS dental care. Mr McCann and Mr Haran work alongside an associate dentist and they are supported by a team of staff including a practice manager, dental nurses and a receptionist.

Mr Haran and Mr McCann have been the registered providers, and Mr Haran the registered manager of McCann and Haran Dental Clinic since initial registration with RQIA on the 15 July 2013.

Mr McCann is also the owner and principle dentist in E McCann Dental Practice in Dungannon.

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

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

## 8.0 Summary of Inspection

This announced inspection of McCann and Haran Dental Clinic was undertaken by Stephen O'Connor on 16 October 2014 between the hours of 09:55 and 12:15. Mr Haran, registered provider, was available during part of the inspection and for verbal feedback at the conclusion of the inspection. Mr McCann, registered provider, was not in the practice during the inspection. The inspection was facilitated by the lead decontamination nurse.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the two requirements and two of the four recommendations have been addressed and compliance achieved. The recommendation made to establish a logbook for each piece of equipment used during the decontamination process has not been addressed; and a requirement is now made in this regard. The recommendation made to establish a system to record the cycle parameters of the older steam steriliser is no longer applicable and this steriliser has been decommissioned. The detail of the action taken by Mr Haran and Mr McCann can be viewed in the section following this summary.

Prior to the inspection, Mr Haran and Mr McCann completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Haran and Mr McCann in the self-assessment were not altered in any way by RQIA. Mr Haran and Mr McCann omitted to rate the practices level of compliance against each criterion. This was discussed with the practice manager who rated compliance levels during the inspection. 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; none were returned to RQIA within the timescale required. The practice manager confirmed that the questionnaires were distributed to staff. Discussion with the practice manager and the lead decontamination nurse demonstrated that they were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. They confirmed that staff are familiar with the practice policies and procedures and have received infection prevention and control training.

### 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.

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

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 the lead decontamination nurse evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. The lead decontamination nurse confirmed that staff 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. Discussion with the lead decontamination nurse demonstrated that although cleaning equipment is colour coded and that cleaning schedules have been established, an environmental cleaning policy has not been established. A recommendation was made to address this. Recommendations were also made that in keeping with best practice guidance, and in the interests of infection prevention and control, carpets and fabric covered chairs should be removed from clinical areas.

The practice has a hand hygiene policy and procedure in place and the lead decontamination nurse demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. Recommendations were made that overflows in all stainless steel hand washing basins should be blanked off and that disinfectant rub/gel should be made available at the point of care. 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 the lead decontamination nurse demonstrated that dental unit water lines (DUWLs) are appropriately managed.

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate arrangements are in place for the decontamination of reusable dental instruments with the exception of dental handpieces which are manually cleaned prior to sterilisation. A requirement has been made in regards to the decontamination of dental handpieces.

Appropriate validated equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. As discussed previously logbooks have not been established for each steriliser and a requirement is now made in this regard. Discussion with the lead decontamination nurse demonstrated that the periodic testing regime for the steam sterilisers is not in keeping with best practice guidance. The requirement made in regards to establishing logbooks for the steam sterilisers includes components that will ensure the periodic testing regime complies with best practice guidance.

Review of the pre-printed logbook for the washer disinfector demonstrated that not all the required periodic tests are undertaken. A recommendation was made to address. Additional information in regards to machine logbooks and periodic testing regimes can be found in section 10.7 of this report.

The evidence gathered through the inspection process concluded that McCann and Haran Dental Clinic is moving towards compliance with this inspection theme.

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

Two requirements and seven 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 Haran 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(1)(b)	In Keeping with HSCB and the Resuscitation Council (UK) guidance Buccolam pre-filled syringes for the treatment of prolonged epileptic seizures, should be available.	<p>Review of the medical emergency kit demonstrated that Midazolam is provided in buccal format for the management of prolonged epileptic seizures. Whilst the medication provided is not that directed by the Health and Social Care Board (HSCB), as it is provided in buccal format as recommended by the Resuscitation Council (UK), this is acceptable. The inspector advised Mr Haran that when the current format of buccal Midazolam expires it must be replaced with Buccolam pre-filled syringes as outlined in the HSCB letter issued to all general dental practitioners during May 2013.</p> <p>This requirement has been addressed.</p>	Compliant
2	15(2)(b)	Ensure that the ultrasonic cleaner, the washer disinfectant and steam steriliser are maintained and validated in line with HTM 01-05 or the manufacturer's instructions, arrangements put in place to ensure annual revalidation thereafter and that records are retained for inspection.	<p>Review of documentation demonstrated that the washer disinfectant and the two steam sterilisers have been validated in keeping with HTM 01-05. The lead decontamination nurse confirmed that arrangements are in place for the annual revalidation of these machines. The lead decontamination nurse informed the inspector that the ultrasonic cleaner has been decommissioned and removed from the practice. The inspector observed that an ultrasonic cleaner was not located in the decontamination room.</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	13.4	Establish an instrument log book detailing the testing, servicing, maintenance and repair of instruments and retain records for inspection.	<p>The practice manager confirmed that an electronic record is retained of all instruments that have left the practice for repair. This log includes the instrument details such as make and serial number and confirmation that the instrument has been decontaminated prior to leaving the practice and on return to the practice.</p> <p>This recommendation has been addressed.</p>	Compliant
2	14.4	<p>It is recommended that a log book is maintained for each piece of equipment and contains the following information:</p> <ul style="list-style-type: none"> <li>• details of the machine and location;</li> <li>• commissioning report;</li> <li>• daily/weekly test record sheets;</li> <li>• annual service/validation certification;</li> <li>• fault history;</li> <li>• records to show staff have been trained in the correct use of the machine;</li> <li>• relevant contacts e.g. service engineer.</li> </ul>	<p>It was observed that a pre-printed logbook is available for the washer disinfectant. Review of the washer disinfectant logbook and discussion with the lead decontamination nurse evidenced that not all periodic tests are undertaken. A recommendation was made during this inspection to address this.</p> <p>Logbooks for the steam sterilisers have not been established. Additional information in regard to periodic tests and machine logbooks can be found in section 10.7 of this report.</p> <p>This recommendation has been partially addressed. The unaddressed component is now made as a requirement.</p>	Moving towards compliance

3	13.4	Ensure that a procedure be put in place to manually record and retain the cycle parameters in the event of the older steriliser being brought into service.	<p>The lead decontamination nurse informed the inspector that the old non-vacuum steriliser has been decommissioned. The inspector observed that the old steriliser was not located in the decontamination room.</p> <p>This recommendation is no longer applicable.</p>	Not applicable
4	13	The infection prevention and control policies and procedures should be further developed in keeping with HTM 01-05 (Revised 2013) and PEL(13)13 to reflect the local arrangements in the practice.	<p>Review of infection prevention and control policies and procedures in relation to last year's theme of the decontamination of dental instruments demonstrated that they have been further developed in keeping with HTM 01-05.</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:**

The practice manager rated the practice arrangements for the prevention of blood-borne virus exposure as compliant during the inspection.

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 the lead decontamination nurse evidenced that:

- the prevention and management of blood-borne virus exposure is included in the staff induction programme;
- staff training has been provided for clinical staff; and
- records are retained regarding the Hepatitis B immunisation status of clinical staff.

The lead decontamination nurse confirmed that in the future newly recruited clinical staff will receive an occupational health check.

Discussion with the lead decontamination nurse demonstrated that she is aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.

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

Discussion with the lead decontamination nurse and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. The lead decontamination nurse was aware of the actions to be taken in the event of a sharps injury.

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

## 10.2 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:**

The practice manager rated the practice arrangements for environmental design and cleaning as compliant during the inspection.

Review of documentation and discussion with the lead decontamination nurse demonstrated that staff in the practice are responsible for environmental cleaning, that cleaning equipment is colour coded, and that cleaning schedules have been established. However, a policy and procedure for cleaning and maintaining the environment has not been established. A recommendation was made to establish a policy and procedure for cleaning and maintaining the environment, to include daily, weekly and monthly cleaning schedules, roles and responsibilities of staff and specify the use of colour coded cleaning equipment in accordance with The National Patient Safety Agency guidance. Following this inspection The National Patient Safety Agency cleanliness guidelines were emailed to the practice to assist in the development of this policy.

The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. The inspector had the opportunity to review the arrangements in the decontamination room and all three dental surgeries. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. In general floor coverings are impervious and were either coved or sealed at the edges. It was observed that the floors in surgeries two and three are partially carpeted. Best practice in this regard was discussed with Mr Haran and a recommendation was made to address this.

It was also observed that a fabric covered chair is available in surgery two. A recommendation was made that in the interests of infection prevention and control the fabric covered chair should be removed from the surgery.

Discussion with the lead decontamination nurse demonstrated that appropriate arrangements are in place for cleaning including:

- Equipment surfaces, including the dental chair, are cleaned between each patient;
- Daily cleaning of floors, cupboard doors and accessible high level surfaces;
- Weekly/monthly cleaning schedule;
- Cleaning equipment is colour coded;
- Cleaning equipment is stored in a non-clinical area; and
- Dirty water is disposed of at an appropriate location.

Discussion with the lead decontamination nurse demonstrated 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 the lead decontamination nurse spoken with demonstrated awareness of this.



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

### 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:**

The practice manager rated the practice arrangements for hand hygiene as compliant during the inspection.

The practice has a hand hygiene policy and procedure in place.

The lead decontamination nurse confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.

Discussion with the lead decontamination nurse demonstrated that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.

Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, and paper towels were available. The submitted self-assessment indicated that disinfectant rub/gel is not available at the point of care. This was discussed with Mr Haran who informed the inspector that the practice is currently researching different brands of disinfectant rub/gel and that once a decision is made it will be provided. A recommendation was made that in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 skin disinfectant rub/gel should be available at the point of care.

It was observed that the dedicated hand washing basins in clinical areas all had overflows, and that the taps are not lever or sensor operated. Some of these hand washing basins are stainless steel. A recommendation was made that the overflows on all stainless steel hand washing basins must be blanked off using a stainless steel plate sealed with antibacterial mastic.

Discussion with the lead decontamination nurse demonstrated that taps are operated using a non-touch technique. Best practice guidance in regards to clinical hand washing basins was discussed with Mr Haran and the inspector advised that on next refurbishment of the clinical areas clinical hand washing basins in keeping with HTM 01-05 should be installed.

The lead decontamination nurse confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.

The inspector observed that laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, and the decontamination room. The inspector suggested that these should also be displayed in the patient and staff toilet facilities.

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

## 10.4 Management of Dental Medical Devices

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.4</b> Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>The practice manager rated the practice approach to the management of dental medical devices as compliant during the inspection.</p> <p>The practice has a facilities and equipment 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 the practice manager demonstrated that this is adhered to.</p> <p>The lead decontamination nurse confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth.</p> <p>Observations made and discussion with the lead decontamination nurse confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> <li>• Filters are cleaned/replaced as per manufacturer's instructions;</li> <li>• An independent bottled-water system is used to dispense reverse osmosis (RO) water to supply the DUWLs;</li> <li>• Self-contained water bottles are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance;</li> <li>• A single use sterile water source is used for irrigation in dental surgical procedures;</li> <li>• DUWLs are drained at the end of each working day;</li> <li>• DUWLs are flushed at the start of each working day and between every patient;</li> <li>• DUWLs and handpieces are fitted with anti-retraction valves; and</li> <li>• DUWLs are purged using disinfectant as per manufacturer's recommendations.</li> </ul>

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

## 10.5 Personal Protective Equipment

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

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

**10.6 Waste**

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p><b>Inspection Findings:</b>  The practice manager rated the practice approach to the management of waste as compliant during the inspection.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. The lead decontamination nurse confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with the lead decontamination nurse demonstrated that she was 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>

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

## 10.7 Decontamination

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

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

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

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

#### **Inspection Findings:**

The practice manager rated the decontamination arrangements of the practice as compliant during the inspection.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.

Appropriate equipment, including a washer disinfector and two vacuum steam sterilisers have been provided to meet the practice requirements.

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

Arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05, with the exception of dental handpieces which are manually cleaned prior to sterilisation. Some of the handpieces viewed on the day of inspection had the washer disinfector compatible symbol. Best practice guidance in regards to the decontamination of dental handpieces was discussed with Mr Haran and the lead decontamination nurse. A requirement was made to address this.

As discussed previously in section 9.0 of this report, a pre-printed logbook is available for the washer disinfector. However, logbooks have not been established for the two vacuum steam sterilisers. Discussion with the decontamination nurse demonstrated that the steriliser periodic testing regime is not in keeping with best practice guidance. A daily TST test strip is undertaken in each of the sterilisers, the inspector advised that this is not the same as a steam penetration test which should be undertaken daily in a vacuum steriliser. The details of a daily automatic control test (ACT) are not documented. A requirement was made to establish separate individual logbooks for each of the steam sterilisers and to undertake and record periodic tests as outlined in HTM 01-05. Logbooks should contain the following information;

- Details of the machine and location;
- Commissioning report;
- Daily/weekly test record sheets;
- Quarterly test record sheets; (if applicable);
- Annual service/validation certification;
- Fault history;
- Records to show staff have been trained in the correct use of the machine;
- Relevant contacts e.g. service engineer; and
- Periodic testing should be undertaken and recorded in keeping with HTM 01-05.

Review of the washer disinfector pre-printed logbook and discussion with the lead decontamination nurse demonstrated that some periodic tests are being undertaken. A weekly

protein residue test and a soil test (undertaken in accordance with the manufacturer's instructions or as outlined in HTM 01-05) are not included in the washer disinfectant periodic testing regime. A recommendation was made to address this.

An electronic copy of the updated 2013 edition of HTM 01-05 Decontamination in primary care dental practices is available for staff reference. Mr Haran confirmed during discussion that the Infection Prevention Society (IPS) audit tool has not been completed within the past year. A recommendation was made that the IPS audit tool should be completed every six months in keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05. Following this inspection a copy of the IPS audit tool was forwarded to the practice via email.

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

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



## **11.0 Additional Areas Examined**

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

During the course of the inspection, the inspector spoke with the practice manager who is also a registered dental nurse and the lead decontamination nurse. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required.

The practice manager confirmed that the questionnaires were distributed to staff. Discussion with the practice manager and the lead decontamination nurse demonstrated that they were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. They confirmed that staff are familiar with the practice policies and procedures and have received infection prevention and control training.

### **11.2 Patient Consultation**

Mr Haran and Mr McCann 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.

Review of documentation and discussion with the practice manager demonstrated that patient satisfaction surveys are available at reception, and that a report detailing the findings of completed patient satisfaction surveys is generated every six months. The most recent report was generated during June 2014.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Haran 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

#### McCann and Haran Dental Clinic

**16 October 2014**

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

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

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

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

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

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

**STATUTORY REQUIREMENTS**

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15 (2) (b)	<p>Establish separate individual logbooks for each of the steam sterilisers. Logbooks should contain the following information;</p> <ul style="list-style-type: none"> <li>• Details of the machine and location;</li> <li>• Commissioning report;</li> <li>• Daily/weekly test record sheets;</li> <li>• Quarterly test record sheets; (if applicable);</li> <li>• Annual service/validation certification;</li> <li>• Fault history;</li> <li>• Records to show staff have been trained in the correct use of the machine;</li> <li>• Relevant contacts e.g. service engineer; and</li> <li>• Periodic testing should be undertaken and recorded in keeping with HTM 01-05.</li> </ul> <p><b>Ref: 9.0 &amp; 10.7</b></p>	One	NOW COMPLIANT	One month

2	15 (3)	<p>In keeping with PEL (13) 13 issued by the Department of Health on the 1 October 2013, reusable dental instruments must be decontaminated using an automated validated process. Compatible handpieces must be processed through the washer disinfectant.</p> <p><b>Ref: 10.7</b></p>	One	NOW COMPLIANT	Immediate and on-going
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<b>RECOMMENDATIONS</b>					
These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATIONS</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	13	Establish a policy and procedure for cleaning and maintaining the environment, to include daily, weekly and monthly cleaning schedules, roles and responsibilities of staff and specify the use of colour coded cleaning equipment in accordance with The National Patient Safety Agency guidance.  <b>Ref: 10.2</b>	One	NOW COMPLIANT	Two months
2	13	Flooring in clinical areas must be impervious and coved or sealed at the edges. Carpets should be removed from the identified surgeries.  <b>Ref: 10.2</b>	One	MOVING TOWARDS COMPLIANCE	Three months
3	13	In the interests of infection prevention and control the fabric covered chair should be removed from surgery two.  <b>Ref: 10.2</b>	One	NOW COMPLIANT	Immediate
4	13	Skin disinfectant rub/gel should be available at the point of care.  <b>Ref: 10.3</b>	One	NOW COMPLIANT	One month

5	13	<p>The overflows on all stainless steel hand washing basins must be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p><b>Ref: 10.3</b></p>	One	NOW COMPLIANT	Two months
6	13	<p>Further develop the periodic testing regime for the washer disinfectant to include:</p> <ul style="list-style-type: none"> <li>• a weekly protein residue test;</li> <li>• review the manufacturer's instructions and if applicable undertake a soil test in keeping with the manufacturer's instructions; and</li> <li>• results of periodic tests should be documented in the logbook and records retained for at least two years.</li> </ul> <p><b>Ref: 9.0 &amp; 10.7</b></p>	One		One month
7	13	<p>The Infection Prevention Society (IPS) HTM 01-05 audit tool must be completed every six months.</p> <p><b>Ref: 10.7</b></p>	One	NOW COMPLIANT	Two months

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](mailto:independent.healthcare@rqia.org.uk)

<b>Name of Registered Manager Completing QIP</b>	DR MARK HARAN
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	DR MARK HARAN

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Stephen O'Connor	25/11/2014
Further information requested from provider	No	Stephen O'Connor	25/11/2014





The Regulation and  
Quality Improvement  
Authority

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

**Name of practice:** McCann and Haran Dental Clinic  
**RQIA ID:** 11587  
**Name of inspector:** Stephen O'Connor

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

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

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

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

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

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

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

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

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



<p><b>3.18</b> Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p>	<p>NO</p>		<p>WORKING TOWARDS COMPLIANCE</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>

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

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

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

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

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

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

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



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

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

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

**Appendix 1**



**Name of practice: McCann and Haran Dental Clinic**

**Declaration on consultation with patients**

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

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

Yes  YES No

If no or other please give details:

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

Yes  YES No

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

Yes  YES No