



Independent Hospital – Dental Treatment

Service name:	Malone Dental	Inspection date:	30/09/2022
Inspector name:	Philip Colgan	Inspection time:	9.00am
Admin name:	Jean Maguire		

Primary annual inspection

(HC) – Hard copy (i) – Upload on iConnect	Included in Pack	Updated on iConnect	Returned after inspection and saved on iConnect
Record of inspection (HC) and (i)	31/08/2022	31/08/2022	
Conscious sedation (HC) and (i)	31/08/2022	31/08/2022	
Validation check list (HC)	31/08/2022	n/a	n/a
Report template (i)	n/a	31/08/2022	n/a
Decision tool (i)	n/a	31/08/2022	n/a
Update 'Inspection Pack Ready' date on iConnect	n/a		n/a
For Inspectors			Actioned
Review staff and patient survey monkey responses on iConnect			

Documents returned by inspector:

Comments:	
Inspector signature:	Admin signature:
Dated:	Dated:

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RECORD OF INSPECTION

Name of provider(s):	Malone Dental
Name of responsible individual:	Mr Seamus Kennedy
Name of registered manager:	Mr Seamus Kennedy
Date manager was registered:	02/04/2019
Number of registered chairs:	Four
Categories of registration:	Independent Hospital – Dental Treatment
NHS/Both/Fully private:	
Number of unregistered chairs (if any):	
Registration issues:	
Person-in-charge of the establishment at the time of inspection:	

Arrived: _____

Departed: _____

Current IPT: _____

There were no Areas for Improvements from the last care inspection (IN038801), on 09/09/2021.

Staff Register

- Name
- GDC registration number
- start date
- DOB
- designation
- end date

Recruitment and selection policy

- Policy and procedure in place
- Date reviewed_____
- Person responsible for recruitment identified_____
- Open recruitment, advertising
- Shortlisting, interview & selection, issuing of job description
- Contract of employment
- Enhanced Access NI
- Health checks to also include Hepatitis B vaccination status of staff
- Newly recruited clinical staff referred to occupational health
- Two written references
- Criminal conviction declaration
- Fitness Declaration
- Full employment history exploring any gaps
- Reason for leaving
- Professional qualifications

Comments:

Recruitment checklist – random sample of staff recruited since the most recent inspection.					
	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
Staff name & designation					
Start date					
Proof of ID including photograph					
Work permit (if applicable)					
Criminal conviction declaration					
Date AccessNI check received & serial number					
AccessNI storage					
Reference 1 recent employer					
Reference 2					
Employment history					
Reasons for leaving					
Employment gaps explored					
Qualification evidence					
GDC registration & annual checks					
Physical & Mental Health assessment					
Contract issued 13 weeks after appointment					
Job description					
Induction					
Professional Indemnity Insurance					

Staff training			Regulation Standard	
Overarching training matrix Y / N _____				
1. Dealing with medical emergencies and resuscitation 2. Infection prevention and control including decontamination 3. Radiology and radiation protection 4. Safeguarding adults, children and young people 5. Fire safety 6. Conscious sedation 7. COVID-19 Guidance update				
<ul style="list-style-type: none"> Decontamination lead _____ Medical emergency lead _____ 				
	Staff 1	Staff 2	Staff 3	Staff 4
1				
2				
3				
4				
5				
6				
7				
Comments:				

COVID-19 practice preparation

Access to the dental practice

- Policy reviewed_____
- Covid Lead_____
- How is guidance disseminated to the dental team when dated_____
- Staff screening_____
- Staff vaccination status retained Y/N

Screening Patients Pre Appointment

- Risk assessment respiratory /non respiratory
- Possible or confirmed COVID-19 follow respiratory pathway
- Have you had any of the following symptoms in the past 10 days?
- A new persistent cough (coughing for more than an hour or more than, three coughing episodes in a 24 hour period)
- A high temperature or fever
- Loss of, or altered, sense of smell or taste
- Have you or any members of your household had a confirmed diagnosis of COVID-19 in the last 10 days?
- Are you or any member of your household waiting for a COVID-19 PCR test result?
- Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? For example a runny nose, sore throat, difficulty breathing, shortness of breath, congestion, sneezing.

Enhanced cross-infection control procedures

Surgery preparation

- All unnecessary objects and equipment should be removed from surgeries
- All necessary equipment and materials should be prepared prior to the appointment
- Doors should be closed during treatment and decontamination
- Windows should be opened
- PPE should be donned prior to the patient entering the surgery
- Ideally only the dental team (dentist and dental nurse) and the patient should be present during treatment with the surgery door closed
- Exceptions may be required for patients attending with a guardian or carer and should be recorded in the clinical notes
- Chaperones should not be present during AGP treatment on the respiratory pathway unless absolutely necessary
- Particular attention should be given to hand hygiene throughout
- Open surgeries with multiple dental chairs in a single room should be arranged to ensure social distancing is maintained

Comments:

Environmental cleaning

- Does decontamination of the dental surgery following a non-AGP follow practice policies and procedures as per HTM 01-05
- Are all hard surfaces which may have become contaminated cleaned with a combined detergent/disinfectant solution of 1000 parts per million available chlorine or a general purpose neutral detergent in warm water followed by a disinfectant solution of 1000 parts per million available chlorine
- Are cleaning products used in accordance with manufacturer's instructions with recommended 'contact' and 'drying' times followed
- Are disposable cloths, wipes or paper towels used
- Is reusable equipment disinfected after use and stored in an enclosed container.
- Is PPE worn when undertaking cleaning of the surgery

Comments:

Enhanced cross infection control procedures

Personal Protective Equipment (PPE)	Level 1 PPE Non AGP (contact precautions)	Level 2 PPE AGP (transmission based precautions)
Please tick PPE used	Disposable Gloves	Disposable Gloves
	Plastic Apron	Fluid Resistant Gown
	Fluid Resistant Surgical Mask (FRSM)	Fit tested FFP3 mask /Hood <i>Single use or reusable</i>
	Eye/face protection (visors, shields, or glasses/goggles)	Eye/face protection (visors, shields, or glasses/goggles)

Risk assessment & PPE for AGP procedures

- Has all applicable staff been fit tested for appropriate respiratory protection? Y/N
- Are end to end monthly fit testing audit programmes in place / recorded for reusable FFP3? Y/N
- How are staff alerted to an AGP in progress? _____
- Where does doffing of PPE occur? _____
- How are reusable masks stored? _____

Risk assessment / ACH/Fallow Times/Mitigating measures

- Has the risk assessment for each surgery changed since the previous inspection? Y/N
- How many surgeries are equipped for AGP's?
Number _____
- Fallow times

- Is there natural/mechanical ventilation?

- Are air cleaners in use? (filter changes)

- If applicable when was the mechanical ventilation installed/serviced?

Comments:

List of equipment and medicines																			
PPE (viro filter)																			
Pocket mask with oxygen port																			
Portable suction																			
Oropharyngeal airways 0-4																			
Adult self-inflating bag with reservoir																			
Child self-inflating bag with reservoir																			
Clear face masks for self-inflating bag																			
Oxygen cylinder																			
Oxygen masks and tubing																			
Automatic External Defibrillator (AED) (razor and scissors in pack)	<p><i>If no AED available, does the practice have timely access to an AED within three minutes of collapse- if using a community AED is there evidence of timed drills</i></p> <p>Adult Pads – Exp dates _____</p> <p>Child Pads – Exp dates _____</p>																		
Adrenaline 1:1000 ampoules (Needles and syringes dosing charts retained)		<table border="1"> <thead> <tr> <th>Age</th> <th>Dose Required</th> <th>Volume of 1:1000</th> </tr> </thead> <tbody> <tr> <td>Adult</td> <td>500 micrograms</td> <td>0.5ml</td> </tr> <tr> <td>Child over 12 years</td> <td>500 micrograms</td> <td>0.5ml</td> </tr> <tr> <td>Child 6 to 12 years</td> <td>300 micrograms</td> <td>0.3ml</td> </tr> <tr> <td>Child aged 6 months to 6 years</td> <td>150 micrograms</td> <td>0.15ml</td> </tr> </tbody> </table>	Age	Dose Required	Volume of 1:1000	Adult	500 micrograms	0.5ml	Child over 12 years	500 micrograms	0.5ml	Child 6 to 12 years	300 micrograms	0.3ml	Child aged 6 months to 6 years	150 micrograms	0.15ml		
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Aspirin dispersible 300mg																			
GTN																			
Glucagon injection		<p>Storage _____</p> <p>Revised exp dates (18 months provided exp not exceeded) if stored in fridge are temp logs retained 2 – 8 degrees?</p>																	
Glucose by mouth																			
Midazolam (<i>Buccolam pre filled syringes per HSCB</i>)		<p>Child 3–11 months 2.5 mg Child 1–4 years 5 mg, Child 5–9 years 7.5 mg Child 10–17 years 10 mg Adult 10 mg, X2 dose in all regimes</p>																	
Salbutamol aerosol inhalation																			
Is conscious sedation provided	<p>No completion <i>If Yes please see Appendix A for completion</i></p>																		
Comments:																			

Management of medical emergencies

- Frequency of checks _____
- Identified individual _____
- Identified person and arrangements in place to cover in their absence Y/N
- All medicines and equipment listed and expiry dates checked Y/N
- Location of equipment and medicines _____
- Have there been any medical emergencies since previous inspection
(consider discussions around statutory notification through WebPortal)
- Is management of a medical emergency included in staff induction
- Is update training provided annually Y/N
- Training company _____ Date _____
- Do staff have knowledge and understanding of managing a medical emergency
(Question template)

Comments:

Radiography and radiation

New Machinery or equipment relocation since previous inspection Y / N
(if yes review critical exam and acceptance test) Date _____

Have you had a RPA report issued since your previous inspection Y / N
Date of previous inspection _____ Date of RPA report(s) _____

Intra-oral x-ray _____ Machines observed _____ Rectangular Collimation Y/N

Warning sign displayed at each accessible entrance at room _____

OPG Location: _____

CBCT Location: _____

- **Radiation Protection File (complete twice if CBCT)**

(Name and contact details of RPA, ID and description of controlled area, and how to restrict access, where to stand, any contingency arrangements, dose, legal person RPS, arrangements for personal dosimeter, arrangements for pregnant staff, report if issues or overexposure, what is included in radiation protection file)

- MPE identified: _____ Employer: _____

- RPA identified: _____ RPS identified: _____

- RPA Risk Assessment Visit Date _____

(The 'Employer' must ensure that the employer's procedures outline the arrangements for entitlement, to include who they have nominated to entitle other GDC registrants in the practice to act as duty holders)

Quality Assurance Test Undertaken _____

Action Plan Recommendations number _____

Recommendations sign and dated as actioned _____

If unable to action is evidence retained as to why _____

Service or radiology equipment date(s) _____

RPS annual review of file Y/N Date _____

Employers Procedures in place Y/N

(ID of patient, ID of individuals operate, medico legal exposures, enquiries re female patients of childbearing age re: pregnancy, ensuring quality assurance programmes followed, assessment of patient dose, use of diagnostic referral levels, carrying out and recording of a clinical evaluation of each exposure, ensure the probability and magnitude of accidental or unintended doses to patients are reduced, provision to carry out clinical audits)

- Local rules displayed at each machine and staff aware of local rules/signed by staff Y/N

- Duty holders entitled: Y/N

Dentists (referrers, practioners and operators)

Dental Nurses and hygienists (Operators)

- **Training Records Review Y/N**
 Training (non-CBCT) radiography CPD Cycle 5 hrs in 5 years (all radiology staff)
 Training CBCT radiography CPD Cycle
 Level 1 12hrs Core
 Level 2 12hrs (further) operators
 Level 2 12 hrs (justification and clinical interpretation)
 Refresher training 5hrs CPD in 5 yrs (1 hr should be in CBCT)
 Staff not involved in radiology have received radiology safety training Y/N

 •Six monthly x-ray quality audits (digital acceptable > 95% not acceptable <5%) Film imaging >90 % acceptable and <10 % not acceptable)
 (sample size recommended 100 if applicable and each modality separate)
 Who undertakes the audit _____
 Does the RPS sign off the audits _____
 If applicable how are results disseminated _____
- Annual justification and clinical evaluation recorded: date and sign
 10 records with the last 4 weeks (for each dentist who takes radiographs)
- Systems are in place for patient consultation /consent regarding current health status, and any intended radiography exposure as part of the treatment plan Y/N
- Handover of equipment log maintained Y/N
- Notification to HSE of radiological equipment certificate number _____
- Notification to HSE and RPA re change of ownership Y/N N/A

Comments:

General environment and infection control and sharps

- The environment is clean and clutter free
- Fire Risk assessment reviewed by _____ Date _____
- Cleaning Schedules in place, daily weekly etc.
Who undertakes the cleaning? _____
- Colour Coded Equipment in use (National Patient safety Agency)
- Floors impervious/sealed/coved Y/N
- Work Surfaces free from damage/uncluttered/easy cleaned/Joints intact Y/N
- Dental Chair Cleaned between patients/no rips-tears Y/N
- Clinical waste management – contract in place, stored and labelled correctly.
Stored _____ Company _____ Collected _____
- Hand hygiene- Is hand hygiene performed before donning and following the removal of gloves?
- PPE available as per current guidance
- Body spillage - Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions?
Location of spillage kit _____

Environmental Audit

- Who undertakes _____
- Tool used IPS Y/N
- How often _____
- Date last undertaken _____
- Result _____
- Action plan if required Y/N
- If above yes - escalated to who _____
- How are results disseminated to staff

Sharps and blood borne virus management

- Safer sharps- are they being used – is the primary user disposing of sharps at point of use
- Hepatitis B vaccination status of staff – records retained to confirm all clinical staff have been vaccinated appropriately
- Confirm newly recruited clinical staff referred to occupational health
- Sharps injury – are staff aware of the procedure to be followed in event of a sharps injury
- Single use – are staff aware of the single use symbol – can staff describe what instruments are single-use i.e. endodontic reamers and files

Dental Unit Water Lines (DUWL)

- Management of Dental Unit Water Lines – arrangements in place in respect of the disinfection of DUWLs- flushing of DUWLs Person responsible_____

Chairs with independent bottled water systems Number_____

Biofilm preventative agent_____

Mains Fed dental chair system_____

Self-contained water bottles (bottled water system) should be removed, flushed with distilled or RO water and left open to the air for drying overnight. They should be stored inverted.

Comments for General Environment IPC Sharps and DUWL

Decontamination for reusable dental instruments

The decontamination room is laid out and is operational in keeping with HTM 01-05

- Separate room dedicated to decontamination
- “Dirty” to “Clean” flow maintained
- Work surfaces/flooring impervious/joints sealed/clean and clutter free
- Hand Washing Basins
- Ventilation system

Comments:

Does the practice have a system in place to ensure that storage of instruments is in keeping with 2013 edition of HTM 01-05:

*Use by date of one year recorded on wrapped instruments Unused unwrapped instruments in clinical areas to be reprocessed at end of session
Unwrapped instruments stored away for the clinical area are reprocessed within seven days*

Comments:

Decontamination equipment to meet the needs of the practice

Equipment	Serial Number	Validation Date	Pressure Vessel Insp	Log Book reviewed Y/N

Comments:

Review validation certificates for sterilisers type (N,B or S and helix/bowie dick)

Decontamination for reusable dental instruments

Decontamination

- Are all new reusable instruments decontaminated prior to use Y/N
- Are all instruments being decontaminated using an automated validated process Y/N
- Data loggers, USB pens, and SD cards?
- Person responsible_____ frequency downloaded_____
- Are daily, weekly and quarterly testing results recorded in the decontamination machine logbooks (pre-printed book or templates)
- Staff have knowledge and understanding of the decontamination process including periodic testing of decontamination equipment and storage of instruments in accordance with HTM 01-05 (Question template)

Periodic tests for washer disinfectors

Daily	Weekly	Monthly
Remove and clean strainers and filters	Protein residue test	Soil test frequency depends on the machine/manufacture
Check rotary arms	Safety checks	
Visual cleaning efficacy		

Periodic tests for autoclaves

	Daily Automatic Control Test	Daily Steam Penetration Test (<i>Helix or Bowie Dick</i>)	Weekly Safety Checks	
N Type Steriliser				
B Type Steriliser				
S Type Steriliser				
Dac Universal				Plus a weekly protein residue test

Comments:

Gathering views and opinions of patients

- Methods to gather views and opinions of patients _____
- Date of most recent report _____
- Action plan, if applicable
- How is the report made available to patients
- How are findings disseminated to staff _____

Comments:

Equality and diversity

- Do the management have systems in place to consider equality for patients
- Are there opportunities to raise staff awareness through training and education regarding equality legislation to recognise and respond to patients diverse needs

Comments:

Governance arrangements

In respect of corporate bodies and partnerships or individual owners who are not in day to day management of the practice – review Regulation 26 quality monitoring report

TD - Regulation 26 visits are required to be completed if the registered provider is less than 50 % in charge

Recent report date _____

Undertaken by _____

Action plan Y / N / NA

Complaints (policy/staff)	Regulation 23 Standard 9
<ul style="list-style-type: none"> • Policy in place appropriate to patients needs in place in accordance with the relevant legislation and DoH guidance on complaints handling including the onward referral route for stage two complaints, if local resolution is not achieved. (separate NHS and private pathways) • Person identified as complaints manager _____ • Respond within 3 days • Investigate within 10 working days (reason provided if outside of timeframe) • Copy to patients Y/N • How to make a complaint guide Y/N • Annual statement of complaints to RQIA (reviewed on inspection) Conversation that complaints come in all forms including verbal • HSCB details for NHS patients • Private GDC General Dental Complaints Dept. • Northern Ireland Public Service Ombudsman details • RQIA as an oversight body/name, address and phone no • Records of complaints, details, actions, outcomes - details of the investigation undertaken, all communication with complainant, the result of any investigation, the outcome and the action taken to address the issues raised, the complainant is satisfied or unsatisfied with the outcome of the complaints process • Staff know how to receive and deal with complaints • Complaints audit – arrangements are in place to audit complaints to identify trends and enhance service provision. Evidence of sharing of learning. <p>Comments:</p>	
Management of Incidents - conversation only	
<p>Statutory notification of incidents and deaths to RQIA number since previous inspection_____</p> <ul style="list-style-type: none"> • The practice has an incident policy and procedure in place which includes reporting arrangements to RQIA. • Incidents are effectively documented and investigated in line with legislation. • All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and procedures, RQIA Statutory Notification of Incidents and Deaths. RQIA Provider Guidance 2022-2023 Independent Health Care – Dental Practices 15 • Arrangements are in place to audit adverse incidents to identify trends and improve service provided. <p>Comments:</p>	

Staff Questions – Dental	
Staff and roles	
Topic	Notes
Training Covid-19 IPC and decon Clinical staff CPD Management medical emergency	
Medical emergencies Location drugs and equip Identified person to check same Awareness what to do	
IP&C IP&C and decon process Periodic testing Cleaning arrangements clinical and other areas Management waste including sharps PPE – availability, fit testing, donning & doffing	
Other	

Staff consultation/questionnaires*Return from questionnaires and discussion with staff and grades*

Staff	Very Satisfied	Satisfied	Undecided	Dissatisfied	Very Dissatisfied
Safe					
Effective					
Compassionate					
Well led					

Patient consultation/questionnaires*Return from questionnaires and discussion with patients*

Staff	Very Satisfied	Satisfied	Undecided	Dissatisfied	Very Dissatisfied
Safe					
Effective					
Compassionate					
Well led					

Comments:

Matters discussed at feedback and timescales agreed

Name of Inspector	Signature	Date