



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** Abbey Dental Care  
**Establishment ID No:** 11598  
**Date of Inspection:** 9 September 2014  
**Inspector's Name:** Emily Campbell  
**Inspection No:** 18334

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

<b>Name of establishment:</b>	Abbey Dental Care
<b>Address:</b>	604 Shore Road Whiteabbey BT37 0SN
<b>Telephone number:</b>	028 9085 1597
<b>Registered organisation / registered provider:</b>	Mr Damian McNally
<b>Registered manager:</b>	Mr Damian McNally
<b>Person in charge of the establishment at the time of inspection:</b>	Mr Damian McNally
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	4
<b>Date and type of previous inspection:</b>	Announced 12 November 2013
<b>Date and time of inspection:</b>	9 September 2014 10.00am – 1.10pm
<b>Names of inspectors:</b>	Emily Campbell Carmel McKeegan

## 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 Damian McNally, 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>	3	
<b>Staff Questionnaires</b>	9 issued	6 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

Abbey Dental Care is located in commercial premises in the village of Whiteabbey. Public car parking is located adjacent to the practice.

Abbey Dental Care is partially accessible for patients with a disability. One surgery is located on the ground floor, however this is currently not in use and Mr McNally plans to refurbish this surgery. The practice reception and remaining surgeries are located on the first floor and are not accessible other than by the stairs and a chair lift. Arrangements are in place for patients who cannot access the practice to be referred to another practice.

Abbey Dental Care operates four dental chairs, providing both private and NHS dental care. Two other vacant rooms are located on the first floor, however, these do not form part of the Abbey Dental Care practice.

A reception/waiting area and toilet facilities are available for patient use. In addition the practice has a decontamination room and staff and storage facilities.

Mr McNally is supported in his role by an associate dentist, hygienists and a team of dental nurses/reception staff.

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

Mr McNally has been the registered provider/manager since registration with RQIA in July 2013.

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

## 8.0 Summary of Inspection

This announced inspection of Abbey Dental Care was undertaken by Emily Campbell and Carmel McKeegan on 9 September 2014 between the hours of 10.00am and 1.10pm. Mr Damian McNally, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that three of the four requirements have been addressed. A requirement in relation to patient consultation could not be verified as being addressed and is stated for the second time. Five of the 10 previous recommendations have been addressed. Two recommendations have been partially addressed and three have not been addressed. The unaddressed aspect of a recommendation in relation to the recording of the cycle parameters of the washer disinfecter is now stated as a requirement and the unaddressed aspect of the recommendation in relation to decontamination equipment logbooks is stated for the second time. Unaddressed recommendations relating to the legionella risk assessment and the storage of decontaminated instruments are stated for the second time. An unaddressed recommendation relating to complaints policies is now stated as a requirement. The detail of the action taken by Mr McNally can be viewed in the section following this summary.

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

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

Questionnaires were also issued to staff; six were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff in general were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff also confirmed that they have been immunised against Hepatitis B.

### **Inspection Theme – Cross infection control**

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012.



HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 1 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

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

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

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with Mr McNally and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Staff confirmed that they are aware of and are adhering to the practice policy in this regard. Sharps management at the practice was observed to be in line with best practice, with the exception of signing and dating sharps boxes on assembly and final closure. A recommendation was made in this regard.

The inspectors undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness, however, more attention to detail is required in certain areas. The inspectors observed one surgery in detail and had a brief overview of two other surgeries. More attention to detail should be made in relation to the cleaning of clinical areas as the inspectors observed a heavy build-up of dirt/dust on one operator's chair and an instrument cleaning product bottle. A recommendation was made in this regard.

General cleaning including the cleaning of floors in clinical and decontamination areas is carried out daily by a contracted cleaning service. Cleaning products used by the cleaning service are stored in a store room off the ground floor surgery, which is not currently in operation. The doors to this surgery and the store were unlocked and represented a health and safety risk as unauthorised persons could have access to cleaning products and products are not stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations. In addition, the inspectors did not observe mops or buckets with the exception of one rusted mop bucket. Mr McNally was unclear of the detail of the cleaning arrangements and considered that the cleaning company brought their equipment with them. Mr McNally was unable to confirm if a colour coded system was in place for use in the different areas of the practice. The cleaning arrangements were not reflected in the practice policy and there was no written protocol of what was incorporated in the cleaning contract. A requirement was made to address these matters.

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. The floor coverings were coved at the edges but not all areas were sealed where cabinetry meets the flooring. A recommendation was made in this regard. The flooring in two of the three operational surgeries had breaks/tears in them and a recommendation was made that arrangements should be established for these to be replaced within a time scaled refurbishment programme. The fourth surgery located on the ground floor is not operational as it is in need of refurbishment. Mr McNally confirmed that it will not be made operational until the refurbishment is completed.

The practice has a hand hygiene policy and procedure in place and staff demonstrated that good practice is adhered to in relation to hand hygiene. Dedicated hand washing basins are available in the appropriate locations. A recommendation was made that overflows of dedicated hand washing basins in dental surgeries should be blanked off with a stainless steel plate sealed with antibacterial mastic. Information promoting hand hygiene is provided for staff.

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

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and staff spoken with demonstrated awareness of this. Observations made confirmed that PPE was readily available and used appropriately by staff.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. A recommendation was made that if manual cleaning of instruments is necessary, instruments should be submerged under water during this process

Appropriate validated equipment, including a washer disinfector and two steam sterilisers have been provided to meet the practice requirements. Recommendations were made in relation to the recording of the weekly safety checks for the washer disinfector and for the second time in relation to the steriliser logbooks. A requirement was also made that a system should be established to ensure that the cycle parameters are recorded for each cycle of the washer disinfector.

The evidence gathered through the inspection process concluded that Abbey Dental Care is moving towards compliance with this inspection theme.

Mr McNally 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. However, on request to view the summary of the most recent patient consultation, Mr McNally advised that whilst a survey was carried out in November 2013, the survey was not available at the practice. As discussed previously, a requirement has been stated for the second time in this regard.

Four requirements and 10 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 inspectors wish to thank Mr McNally 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	17 (3)	Establish a system to ensure that patient consultation is carried out on at least an annual basis and the results of the consultation made available to patients.	Mr McNally informed the inspectors that he had established arrangements for annual patient consultation and that a patient satisfaction survey was carried out in November 2013. However, the survey was not available during the inspection. As this requirement could not be verified as having been addressed, it is now stated for the second time.	Not compliant
2	15 (3)	Dental handpieces should be decontaminated in line with the manufacturer's instructions and any handpieces which are compatible with the washer disinfectant should be decontaminated using this process.	Mr McNally and staff confirmed that dental handpieces which are compatible with the washer disinfectant are decontaminated using this process.  Requirement addressed.	Compliant
3	15 (4)	Endodontic reamers and files should be treated as single use – regardless of the manufacturer's designation.	Mr McNally and staff confirmed that endodontic reamers and files are treated as single use.  Requirement addressed.	Compliant
4	15 (2) (b)	The ultrasonic cleaner should be validated prior to it being brought back into service and periodic tests undertaken and recorded in the logbook as outlined in HTM 01-05.	Review of documentation evidenced that the ultrasonic cleaner has been validated. The ultrasonic cleaner is no longer used within the decontamination process.  Requirement addressed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	9	<p>The complaints policy for NHS patients should be further developed to include the details of the Health and Social Care Board (HSCB) at the local resolution stage in keeping with standard 9 of the Minimum Standards for Dental Care and Treatment (2011). HSCB are another agency who will offer advice and support to patients wishing to make a complaint. The details of RQIA should also be included. The policy should inform patients that RQIA have an oversight role and not an investigatory role in the management of complaints.</p> <p>The policy for private patients should be further developed to remove the details of the NI Ombudsman. As with the NHS policy the details of RQIA should be included.</p>	<p>This recommendation has not been addressed. The inspectors provided further guidance on the information to be detailed within the complaints policies and it was agreed that Mr McNally should forward this to RQIA. At the time of writing this report, these still had not been received.</p> <p>This recommendation has not been addressed and is now stated as a requirement.</p>	Not compliant
2	8	A copy of the Freedom of Information Publication Scheme should be forwarded to RQIA in conjunction with return of the QIP.	<p>A copy of the Freedom of Information Publication Scheme was forwarded to RQIA following the previous inspection.</p> <p>Recommendation addressed.</p>	Compliant
3	15	A local policy should be developed for safeguarding vulnerable adults containing the indicators of abuse and the pathway for staff to follow should an issue arise including onward referral arrangements.	<p>Review of the documentation evidenced that a local policy for safeguarding vulnerable adults had been developed.</p> <p>Recommendation addressed.</p>	Compliant

4	14	The legionella risk assessment should be further development in relation to recording the details of the water supply to the practice and the control measures in place to minimise risk.	<p>Review of the legionella risk assessment confirmed that this recommendation has not been addressed and it is therefore stated for the second time.</p> <p>Monthly hot and cold water temperatures are monitored and recorded.</p>	Not compliant
5	13	Ensure that adequate supplies of liquid soap are available in the decontamination room for hand washing.	<p>Staff confirmed that adequate supplies of liquid soap are available in the decontamination room.</p> <p>Recommendation addressed.</p>	Compliant
6	13	Sterilised instruments should be stored away from the clinical environment in keeping with best practice as indicated in the 2013 edition of HTM 01-05.	<p>Observations made and discussion with Mr McNally confirmed that this recommendation has not been addressed. This recommendation is now stated for the second time.</p> <p>The inspectors discussed ways that this recommendation can be addressed within the decontamination room.</p>	Not compliant
7	13	Further develop the washer disinfectant logbook to facilitate the recording of the periodic tests. Consideration should be given to the use of the pre-printed washer disinfectant log book.	<p>A pre-printed logbook for the washer disinfectant has been established.</p> <p>Recommendation addressed.</p> <p>Review of the logbook and discussion with staff confirmed that the appropriate periodic tests are undertaken, however, the results of the weekly safety checks are not being recorded. A recommendation was made during this inspection in this regard.</p>	Compliant

8	13	<p>A system should be established to ensure that the cycle parameters are recorded for each cycle of the washer disinfecter and the non-vacuum steriliser.</p> <p>Records should be retained at the practice for at least two years.</p>	<p>Mr McNally informed inspectors that he consulted with engineers who advised that a datalogger could not be installed in the washer disinfecter due to the age of the machine. The inspector re-iterated that in keeping with HTM 01-05, this matter must be addressed. The non-vacuum steriliser has not been used since the previous inspection and is retained for back-up purposes. Mr McNally confirmed that if and when it is used an automatic control test (ACT) would be undertaken for each cycle.</p> <p>This recommendation has been partially addressed. The unaddressed aspect is now stated as a requirement.</p>	Moving towards compliance
9	13	<p>Further develop the vacuum steriliser logbook and undertake and record the relevant periodic tests as detailed in HTM 01-05.</p> <p>A separate logbook should be established for the non-vacuum steriliser and periodic tests undertaken and recorded when it is in use.</p>	<p>Periodic test sheets for the vacuum steriliser were available and evidenced that daily tests were undertaken. There were no records of weekly tests being completed or fault record sheet and there was no information on the specifics of the machine or details of the responsible persons under HTM 01-05. The inspectors suggested that all of the relevant logbook information is collated into a file to provide a concise record in relation to the vacuum steriliser.</p> <p>As discussed previously, the vacuum steriliser has not been used since the previous inspection, however, there was no readily available logbook for the recording of the required periodic tests in the event of it having to be made operational.</p> <p>This recommendation has been partially addressed and the unaddressed aspect is stated for</p>	Moving towards compliance

			the second time with an additional note to collate the outstanding information for the vacuum steriliser into a file and record the weekly periodic tests.	
10	13	Further develop the infection prevention and control policies/procedures to include the transport and storage arrangements of dental instruments.	Review of documentation evidenced that this recommendation has been addressed.	Compliant



## 10.0 Inspection Findings

### 10.1 Prevention of Blood-borne virus exposure

<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>Criteria Assessed:</b></p> <p><b>11.2</b> You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.</p> <p><b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p><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></p> <p>Mr McNally rated the practice arrangements for the prevention of blood-borne virus exposure as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with Mr McNally and staff evidenced that:</p> <ul style="list-style-type: none"> <li>• the prevention and management of blood-borne virus exposure is included in the staff induction programme;</li> <li>• staff training has been provided for clinical staff;</li> <li>• newly appointed staff will receive an occupational health check; and</li> <li>• Mr McNally confirmed that records are retained regarding the Hepatitis B immunisation status of clinical staff.</li> </ul> <p>Discussion with staff confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.</p> <p>Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are safely located to prevent unauthorised access and appropriately used. They are not however, signed and dated on assembly and final closure and a recommendation was made in this regard. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.</p> <p>Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.</p>

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

## 10.2 Environmental design and cleaning

<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>13.1</b> Your dental service's premises are clean.</p>
<p><b>Inspection Findings:</b></p> <p>Mr McNally rated the practice arrangements for environmental design and cleaning as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspectors undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness, however, more attention to detail is required in certain areas. The décor and seating of the general areas in the practice is tired and dated in appearance, however, other matters in relation to refurbishment need to be addressed prior to these areas being refurbished. The inspectors observed one surgery in detail and had a brief overview of two other surgeries.</p> <p>General cleaning including the cleaning of floors in clinical and decontamination areas is carried out daily by a contracted cleaning service. Cleaning products used by the cleaning service are stored in a store room off the ground floor surgery, which is not currently in operation. The doors to this surgery and the store were unlocked and represented a health and safety risk as unauthorised persons could have access to cleaning products and products are not stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations. In addition, the inspectors did not observe mops or buckets with the exception of one rusted mop bucket. Mr McNally was unclear of the detail of the cleaning arrangements and considered that the cleaning company brought their equipment with them. Mr McNally was unable to confirm if a colour coded system was in place for use in the different areas of the practice. The cleaning arrangements were not reflected in the practice policy and there was no written protocol of what was incorporated in the cleaning contract. A requirement was made to address these matters.</p> <p>Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Walls of the surgeries are tiled and Mr McNally provided assurances that the grouting had been treated with a suitable industrial sealant to make it non-porous. The floor coverings were coved at the edges but not all areas were sealed where cabinetry meets the flooring. A recommendation was made in this regard. The flooring in two of the three operational surgeries had breaks/tears in them and a recommendation was made that arrangements should be established for these to be replaced within a time scaled refurbishment programme. The fourth surgery located on the ground floor is not operational as it is in need of refurbishment. Mr McNally confirmed that it will not be made operational until the refurbishment is completed.</p> <p>Discussion with staff confirmed that arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> <li>• Equipment surfaces, including the dental chair, are cleaned between each patient;</li> <li>• Daily cleaning of floors, cupboard doors and accessible high level surfaces; and</li> <li>• Weekly/monthly cleaning schedule.</li> </ul> <p>However, more attention to detail should be made in relation to the cleaning of clinical areas as</p>

the inspectors observed a heavy build-up of dirt/dust on one operator's chair and an instrument cleaning product bottle. A recommendation was made in this regard.

Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.

The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this. As discussed previously the arrangements for the storage of cleaning products used by the contracted cleaner needs review.

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

### 10.3 Hand Hygiene

<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>Criteria 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>  Mr McNally rated the practice arrangements for hand hygiene as compliant on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The stainless steel hand washing basins in dental surgeries have overflows and a recommendation was made that these should be blanked off with a stainless steel plate sealed with antibacterial mastic. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>The inspector observed that laminated posters promoting hand hygiene were on display in dental surgeries and the decontamination room. The inspectors suggested that posters promoting hand hygiene are also displayed in toilet facilities.</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>Substantially compliant</b></p>

## 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>Mr McNally rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines. As discussed in section 9.0 of the report, a recommendation was made for the second time that the legionella risk assessment should be further developed in relation to recording the details of the water supply to the practice and the control measures in place to minimise risk. This should include the management of dental unit water lines.</p> <p>Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to the laboratory and before being placed in the patient’s mouth.</p> <p>Observations made and discussion with staff confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> <li>• Filters are cleaned/replaced as per manufacturer’s instructions;</li> <li>• An independent bottled-water system is used to dispense distilled water to supply the DUWLs in three dental chairs;</li> <li>• The self-contained water bottles are flushed and re-filled with distilled water treated with disinfectant in accordance with manufacturer's guidance;</li> <li>• Water supply to the DUWLs in one dental chair is provided through the direct mains water supply. Mr McNally confirmed on discussion that there is a physical air gap separating DUWLs from mains water systems;</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>Substantially 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>  Mr McNally rated the practice approach to the management of personal protective equipment (PPE) as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Staff confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> <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>Staff confirmed that they were 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>Substantially 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>  Mr McNally rated the practice approach to the management of waste as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Staff confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed, with the exception of signing and dating boxes on assembly and final closure, 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>Substantially 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**

<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> 13.4                  Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b>                  Mr McNally rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. A dental nurse informed the inspectors that instruments are scrubbed under running water prior to being processed through the washer disinfecter. The inspectors suggested that instruments should not be manually cleaned unless heavily soiled, to reduce the risk of sharps injury, and that if manual cleaning is necessary, instruments should be submerged under water during this process. A recommendation was made in this regard.</p> <p>Appropriate equipment, including a washer disinfecter and two steam sterilisers have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>As discussed in section 9.0 of the report recommendations were made in relation to the recording of the weekly safety checks for the washer disinfecter and for the second time in relation to the steriliser logbooks.</p> <p>As also discussed in section 9.0, a requirement was made that a system should be established to ensure that the cycle parameters are recorded for each cycle of the washer disinfecter.</p>

<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>
	Moving towards compliance



## **11.0 Additional Areas Examined**

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

During the course of the inspection, the inspector spoke with a dentist and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA; six were returned to RQIA.

Review of submitted questionnaires and discussion with staff evidenced that staff in general were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff also confirmed that they have been immunised against Hepatitis B.

### **11.2 Patient Consultation**

Mr McNally 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. However, on request to view the summary of the most recent patient consultation, Mr McNally advised that whilst a survey was carried out in November 2013, the survey was not available at the practice. As discussed in section 9.0 of the report, a requirement has been stated for the second time in this regard.

## **12.0 Quality Improvement Plan**

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Announced Inspection

**Abbey Dental Care**

**9 September 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Damian McNally 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.

01 MAY 2015

Inspection ID: 18334

**STATUTORY REQUIREMENTS**

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	17 (3)	<p>Establish a system to ensure that patient consultation is carried out on at least an annual basis and the results of the consultation made available to patients.</p> <p>Ref 9.0 &amp; 11.2</p>	Two	<p>Arranged to carry out a Patient Satisfaction Survey for the month of May 2015 and each rolling year thereafter</p>	One month
2	23 (1)	<p>The complaints policy for NHS patients should be further developed to include the details of the Health and Social Care Board (HSCB) at the local resolution stage in keeping with standard 9 of the Minimum Standards for Dental Care and Treatment (2011). HSCB are another agency who will offer advice and support to patients wishing to make a complaint. The details of RQIA should also be included. The policy should inform patients that RQIA have an oversight role and not an investigatory role in the management of complaints.</p> <p>The policy for private patients should be further developed to remove the details of the NI Ombudsman. As with the NHS policy the details of RQIA should be included.</p> <p>Ref 9.0</p>	One	<p>We are currently in the process of redeveloping our complaints policy for NHS Patients to include the details of our local HSCB and the details of RQIA and their role.</p> <p>We are also redeveloping our policy for Private Patients with the removal of the NI ombudsman details and to add the details of RQIA and their role</p>	Three months

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3	15 (2)	<p>A system should be established to ensure that the cycle parameters are recorded for each cycle of the washer disinfecter.</p> <p>Records should be retained at the practice for at least two years.</p>	One	<p>A Data logger has been fitted and records retained</p>	Three months
4	25 (2) (c)	<p>Cleaning products must be safely stored in keeping with health and safety and Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>A written protocol should be drawn up with the contacted cleaning service detailing the arrangements for the cleaning of the practice. This should include the colour coding of cleaning equipment.</p> <p>The written protocol should be included in the cleaning and maintaining the environment policy.</p> <p>The rusted mop bucket should be removed.</p> <p>Ref 10.2</p>	One	<p>Cleaning are safely stored as per COSHH</p> <p>A written protocol has been written up with our cleaning service</p> <p>The rusted mop bucket has been removed.</p>	<p>Immediate</p> <p>Two months</p> <p>Two months</p> <p>Immediate</p>

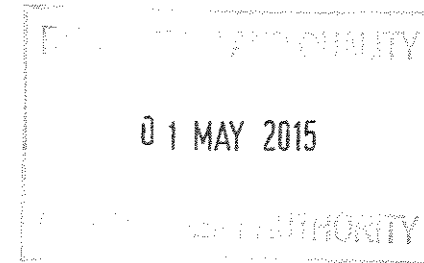
01 MAY 2015

<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.					
NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	14	The legionella risk assessment should be further development in relation to recording the details of the water supply to the practice and the control measures in place to minimise risk.  This should include the management of dental unit water lines.  Ref 9.0 & 10.4	Two	Risk assessment has been carried out on water source for the practice and risk found to be minimal	Three months
2	13	Sterilised instruments should be stored away from the clinical environment in keeping with best practice as indicated in the 2013 edition of HTM 01-05.  Ref 9.0	Two	Instruments now stored in the local decontamination unit	One month
3	13	The weekly safety checks for the washer disinfecter should be recorded in the logbook.  Ref 9.0 & 10.7	One	Weekly test are being carried out and recorded in the appropriate logbook	Immediate and ongoing
4	13	All of the relevant logbook information should be collated into a file to provide a concise record in relation to the vacuum steriliser.  The logbook should include: <ul style="list-style-type: none"> <li>Records of the weekly periodic tests</li> <li>Fault history</li> </ul>	Two	All logbook information is stored in folders	One week

01 MAY 2015

		<ul style="list-style-type: none"> <li>Information on the specifics of the machine and details of the responsible persons under HTM 01-05</li> </ul> <p>A separate logbook should be established for the non-vacuum steriliser and periodic tests undertaken and recorded when it is in use.</p> <p>Ref 9.0 &amp; 10.7</p>	IMPROVEMENT A		
5	13	<p>Sharps boxes should be signed and dated on assembly and final closure.</p> <p>Ref 10.1</p>	One	Sharps boxes are signed and dated	Immediate and ongoing
6	13	<p>The floor coverings in clinical and decontamination areas should be sealed where cabinetry meets the flooring.</p> <p>Ref 10.2</p>	One	Discussing with contractors	Three months
7	13	<p>Establish a time scaled refurbishment programme to replace the flooring in the identified surgeries.</p> <p>Ref 10.2</p>	One	Investigating costings	Three months
8	13	<p>More attention to detail should be paid to the cleaning in clinical areas as discussed in section 10.2 of the report.</p> <p>Ref 10.2</p>	One	More attention to detail is being paid	Immediate and ongoing
9	13	<p>The overflows of dedicated hand washing basins in dental surgeries should be blanked off with a stainless steel plate sealed with antibacterial mastic.</p> <p>Ref 10.2</p>	One	Investigating costings	Three months

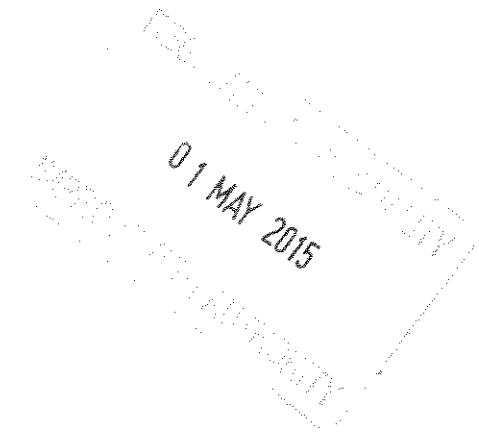
10	13	<p>If the manual cleaning of dental instruments is necessary instruments should be submerged under water during this process.</p> <p>Ref 10.7</p>	One	<p><i>This cleaning of instruments is carried out in an appropriate manner</i></p>	Immediate and ongoing
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Please 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)

Name of Registered Manager Completing QIP	D. McNally
Name of Responsible Person / Identified Responsible Person Approving QIP	D. McNally



QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	K. Campbell	6/5/15
Further information requested from provider			



**The Regulation and  
Quality Improvement  
Authority**

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

**Name of practice:**                    **Abbey Dental Care**

**RQIA ID:**                            **11598**

**Name of inspector:**            **Emiily Campbell**

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



<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)	x		
<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)	x		
<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)		x	No staff have experienced exposure or needlestick injury
<b>1.4</b> Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	x		
<b>1.5</b> Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	x		
<b>1.6 Management of sharps</b>	x		
<b>Any references to sharps management should be read in</b>			

<p><b>conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013</b></p> <p>Are sharps containers correctly assembled?</p>			
<p><b>1.7</b> Are in-use sharps containers labelled with date, locality and a signature?</p>		x	<del>policy to be updated to include this</del>
<p><b>1.8</b> Are sharps containers replaced when filled to the indicator mark?</p>	x		
<p><b>1.9</b> Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?</p>	x		Are locked but not dated signed.Process to be ammended
<p><b>1.10</b> Are full sharps containers stored in a secure facility away from public access?</p>	x		
<p><b>1.11</b> Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?</p>	x		
<p><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)</p>	x		
<p><b>1.13</b> Are inoculation injuries recorded?</p>	x		
<p><b>1.14</b> Are disposable needles and disposable syringes discarded as a single unit?</p>			We only use disposable needles.Autoclavable syringes used
<p>Provider's level of compliance</p>			<p><i>substantially compliant.</i></p>

<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>
<p><b>2.1</b> Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)</p>	x		

<b>2.2</b> Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	x		
<b>2.3</b> Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	x		
<b>2.4</b> Is the dental chair cleaned between each patient? (6.46, 6.62)	x		
<b>2.5</b> Is the dental chair free from rips or tears? (6.62)	x		
<b>2.6</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	x		
<b>2.7</b> Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	x		
<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)	x		
<b>2.9</b> Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	x		
<b>2.10</b> Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	x		

<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)	x		
<b>2.12</b> Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)	x		
<b>2.13</b> Are toys provided easily cleaned? (6.73)			Not applicable, no toys
<b>2.14</b> Confirm free standing or ceiling mounted fans are not used in	x		

clinical/ decontamination areas? (6.40)			
<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)		x	to be reviewed
<b>2.16</b> Is cleaning equipment stored in a non-clinical area? (6.60)	x		
<b>2.17</b> Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)	x		
<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)	x		
<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)	x		
<b>2.20</b> Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	x		

<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)?	x		
<b>2.22</b> Does the practice have a local policy and procedure/s for spillage in accordance with COSHH? (2.4d, 2.6)	x		
Provider's level of compliance			<i>Satisfactory</i>

<b>3 Hand hygiene</b>			

Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
3.1 Does the practice have a local policy and procedure for hand hygiene? (2.6 Appendix 1)	x		
3.2 Is hand hygiene an integral part of staff induction? (6.3)	x		
3.3 Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)		x	annually;to be carried out more frequently
3.4 Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	x		
3.5 Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	x		
3.6 Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish? (6.8, 6.23, Appendix 1)	x		
3.7 Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures? (6.9, 6.22)	x		
3.8 Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	x		
3.9 Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place? (2.4g, 6.10)	x		
3.10 Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)	x		
3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	x		

3.12 Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)	x		
3.13 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)	x		
3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)	x		
3.15 Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?  Bar soap should not be used. (6.5, Appendix 1)	x		
3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)	x		
3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	x		

3.18 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)		x	Hand emollients used are in tube form
Provider's level of compliance			<i>Compliant</i>

4 Management of dental medical devices			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
4.1 Does the practice have an	x		



infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices? (1.18, 2.4a, 2.6, 2.7, 3.54)			
4.2 Has the practice carried out a risk assessment for legionella under the Health and Safety Commission's "Legionnaires' disease - the control of legionella bacteria in water systems Approved Code of Practice and Guidance" (also known as L8)? (6.75-6.90, 19.0)	x		
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	x		
4.4 Impression material, prosthetic and orthodontic appliances: Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturer's instructions?(7.0)	x		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	x		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	x		
4.7 Dental Unit Water lines (DUWLs): Is there an independent bottled-water system used to dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)	x		
4.8 Dental Unit Water lines (DUWLs): For dental surgical procedures involving irrigation; is a separate single-use sterile water source used for irrigation? (6.91)	x		

4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)		x	As per Sterilox protocol lines are left with Sterilox containing water at all times to prevent biofilm build-up
4.10 Dental Unit Water lines (DUWLs): Are self-contained water bottles (bottled water system) removed, flushed with distilled or RO water and left open to the air for drying on a daily basis, and if necessary overnight, and in accordance with manufacturer's guidance? (6.83)		x	As in 4.10
4.11 Dental Unit Water lines (DUWLs): Where bottled water systems are not used is there a physical air gap separating dental unit waterlines from mains water systems. (Type A)?(6.84)	x		
4.12 Dental Unit Water lines (DUWLs): Are DUWLs flushed for a minimum of 2 minutes at start of each working day and for a minimum of 20-30 seconds between every patient? (6.85)	x		
4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)	x		
4.14 Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)	x		
4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)	x		
Provider's level of compliance		<i>Compliant</i>	

5 Personal Protective Equipment			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.

<b>5.1</b> Does the practice have a policy and procedures for the use of personal protective equipment? (2.6, 6.13)	x		
<b>5.2</b> Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	x		
<b>5.3</b> Are powder-free CE marked gloves used in the practice? (6.20)	x		
<b>5.4</b> Are alternatives to latex gloves available? (6.19, 6.20)	x		Latex gloves are not used at all
<b>5.5</b> Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	x		
<b>5.6</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	x		
<b>5.7</b> Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	x		
<b>5.8</b> Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	x		
<b>5.9</b> Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)		x	Replaced when worn,not on a weekly basis

<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)	x		
<b>5.11</b> Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)	x		
<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)	x		

5.13 Are masks disposed of as clinical waste after each use? (6.27, 6.36)	x		
5.14 Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)	x		
5.15 Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)	x		
5.16 Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)	x		
5.17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)	x		
Provider's level of compliance	Substantially Compliant		

6 Waste			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01.
6.1 Does the practice have a policy and procedure/s for the management and disposal of waste? (2.6, 6.1 (07-01) 6.4 (07-01))	x		
6.2 Have all staff attended induction and on-going training in the process of waste disposal? (1.22, 6.43 (07-01) 6.51 (07-01))	x		
6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	x		
6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	x		
6.5 Are orange bags used for infectious Category B waste such as blooded swabs and blood contaminated gloves? (HTM 07-01,	x		

PEL (13) 14, 5.39 (07-01) Chapter 10 - Dental 12 (07-01))			
6.6 Are black/orange bags used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam? (HTM 07-01, PEL (13) 14, 5.50 (07-01) Chapter 10-Dental 8 (07-01))		x	<del>All such waste goes into orange bags.</del> Black bags only used for sterile pouch disposal
6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	x		Paper towels are placed in orange bags
6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	x		
6.10 Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))	x		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	x		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))		x	Not labelled at present to ammend procedure
6.13 Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	x		
6.14 Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)? (3.32 (07-01))	x		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	x		

6.16 Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal? (6.1 (07-01), 6.9 (07-01))	x		
6.17 Is there evidence the practice is segregating waste in accordance with HTM 07-01? (5.86 (07-01), 5.88 (07-01), 4.18 (07-01))		x	We treat all patient contact with material as waste to be put in orange bags excepting needed, scalpels and used anaesthetic cartridges which are disposed of appropriately
Provider's level of compliance		<i>Substantive</i>	

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

relevant information as outlined in HTM01-05? (11.9)

7.7 a Are daily, weekly, monthly periodic tests undertaken and recorded in the log books as outlined in HTM 01-05? (12, 13, 14)

x		
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7.7 b Is there a system in place to record cycle parameters of equipment such as a data logger?

x		
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Provider's level of compliance

*W. J. ...*

**Please provide any comments you wish to add regarding good practice**

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**Appendix 1**



**The Regulation and Quality Improvement Authority**

**Name of practice: Abbey Dental Care**

## Declaration on consultation with patients

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

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

Yes  | No

If no or other please give details:

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

Yes  | No

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

Yes  | No