Announced Inspection

Name of Establishment:	**Abbey Dental Surgery**
Establishment ID No:	**11599**
Date of Inspection:	**25 November 2014**
Inspector's Name:	**Lynn Long**
Inspection No:	**20720**

The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of establishment:	Abbey Dental Surgery
Address:	32-34 Abbey Street Bangor BT20 4JA
Telephone number:	028 9127 0041
Registered organisation / registered provider:	Mr Ian McNutt
Registered manager:	Mr Ian McNutt
Person in charge of the establishment at the time of Inspection:	Mr Ian McNutt
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	2
Date and type of previous inspection:	Announced Inspection 05 November 2013
Date and time of inspection:	25 November 2014 09.40-11.30
Name of inspector:	Lynn Long

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 McNutt, registered provider;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with staff on duty. Questionnaires were provided to staff prior to the inspection by the practice, on behalf of the RQIA to establish their views regarding the service. Matters raised by staff were addressed by the inspector during the course of this inspection:

	Number	
Discussion with staff	5	
Staff Questionnaires	8 issued	3 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:

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

7.0 Profile of Service

Abbey Dental Surgery is located within a former residential building which has been converted and adapted to accommodate a dental practice. It is located on Abbey Street close to Bangor town centre. Private car parking is available to the rear of the surgery and on street and public car parking is available directly outside the practice and close by. The practice is on a public transport route.

The building is accessible for patients with a disability and disabled toilet facilities are provided. The surgeries and toilet facilities are located on the ground floor. The dental surgery occupies the ground floor of the premises. The first floor of the premises is not part of the dental surgery and is occupied by another business.

Abbey Dental Surgery provides two dental surgeries, waiting area, reception, decontamination room, and storage facilities. The practice provides both private and NHS dental care.

Mr McNutt works alongside an associate dentist and they are supported by a team of dental nurses and administration staff.

Mr McNutt has been the registered provider of Abbey Dental Surgery since initial registration with RQIA on the 17 September 2012.

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

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

8.0 Summary of Inspection

This announced inspection of Abbey Dental Surgery was undertaken by Lynn Long on 25 November 2014 between the hours of 09.40 and 11.30. Mr McNutt was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirement has been addressed. Eight recommendations had been made previously. Six had been fully addressed. One in relation to the maintenance of x-ray equipment had not been addressed and has been subsumed into a requirement in relation to radiology and radiation protection. The other recommendation in relation to contacting health estates regarding the ventilation in the decontamination room has been stated for the second time. The detail of the action taken by Mr McNutt can be viewed in the section following this summary.

Prior to the inspection, Mr McNutt completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr McNutt in the self-assessment were not altered in any way by RQIA. Mr McNutt omitted to rate the practice compliance levels against each criterion. This should be considered when completing future self-assessments. The self-assessment is included as appendix one in this report.

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

Questionnaires were also issued to staff; three were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and confirmed that they had received training in relation to their relevant roles and responsibilities.

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 01 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. A recommendation was made to audit compliance on a six monthly 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. Discussion with 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. A recommendation was made to retain records to confirm the Hepatitis B immunisation status of clinical staff. Sharps management at the practice was observed to be in line with best practice. A recommendation was made that in use sharps boxes should be signed and dated on assembly and final closure.

The premises were clean. One surgery had a free standing fan and the work surfaces were cluttered. A recommendation was made to address these issues. A requirement has also been made to replace the flooring in one surgery which cannot be effectively cleaned. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment.

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

A written scheme for the prevention of legionella is in place. However, it is not retained at the practice. A recommendation was made to retain a copy of the legionella risk assessment at the practice and include confirmation that the necessary actions have been taken to address the recommendations made. 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 with the exception of using a product to purge the DUWL's. A recommendation has been made to address this.

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

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfector and steam steriliser have been provided to meet the practice requirements. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. A recommendation was made to record all the required elements of the automatic control test as outlined in HTM 01-05

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

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

Two requirements and nine recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr McNutt and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	19(2)(d) Schedule 2	Ensure that all newly recruited staff have the required enhanced Access NI check prior to commencing employment. Should it transpire that an Access NI check has not been undertaken by the Health and Social Care Board for the identified member of staff, a check must be obtained.	A review of the records and discussion with staff confirmed that an Access NI check had been received for the identified staff member. No new staff have commencement employment in Abbey Dental Surgery since the previous inspection. However, a member of staff had been employed who had worked in the practice previously. An Access NI check had not been requested for this employee due to her previous experience working in the practice. This was discussed at length with the receptionist who was advised to undertake an Access NI check for all staff who are new to the practice or indeed have had a break in service for a period of time. This requirement has been addressed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	14	The fire risk assessment should include a record of staff signature and date to confirm that recommendations made have been addressed.	A review of the fire risk assessment confirmed that a record of staff signature and date, together with the action taken to address the recommendations has been recorded. This recommendation has been addressed.	Compliant
2	14	The legionella risk assessment should include a record of staff signature and date to confirm that recommendations made have been addressed.	Staff confirmed that remedial works had been undertaken to address all of the recommendations made as a result of the legionella risk assessment. This recommendation has been addressed. A further recommendation was made to retain a copy of the legionella risk assessment at the practice which includes confirmation that the necessary actions have been taken. A further recommendation has been made.	Compliant
3	14.4	Records to confirm that the x-ray equipment has been maintained in line with the manufacturer's guidance should be retained and available for inspection.	Records to confirm that the x-ray equipment had been maintained were not available. It was also identified that the last critical examination of one of the intra-oral x-ray machines was May 2011. The second intra-oral machine is new and there was evidence retained that a critical examination had been completed. This recommendation has not	Not Compliant

			been addressed. A requirement has been made in relation to radiology and radiation safety.	
4	15	A safeguarding vulnerable adults policy should be developed and include: the nominated safeguarding lead in the practice; • guidance for staff on the signs of abuse and the action to take if abuse is suspected; and • contact details of the relevant persons for onward referral in the event of a safeguarding issue arising.	A review of the policies and procedures confirmed that a safeguarding vulnerable adult's policy has been developed. This recommendation has been addressed.	Compliant
5	14.2	Contact health estates at the Department of Health for advice and guidance in regards to the ventilation system in the decontamination room. Any recommendations made should be addressed and records retained.	Staff confirmed that an engineer had visited the practice in relation to ventilation. However, they were unclear as to the type of system that should be installed in a decontamination room. Advice and guidance should be sought from health estates at the Department of Health in relation to the type of system. Details of health estates were shared with the practice. This recommendation has not been addressed and has been stated for the second time.	Not compliant

6	13	Record an expiry date on all wrapped instruments.	A review of wrapped instruments confirmed that an expiry date is now being recorded. This recommendation has been addressed.	Compliant
7	13	The system to record the cycle parameters for the washer disinfector should be installed and operational.	A system to record cycle parameters has now been installed. It was suggested that the information from the data logger is uploaded to the practice computer system more frequently. This recommendation has been addressed.	Compliant
8	13	Establish local policies and procedures for infection prevention and control and decontamination at Abbey Dental Surgery.	A review of the policies and procedures confirmed that local infection prevention and control and decontamination policies have been developed. This recommendation has been addressed.	Compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) **The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.**
Criteria Assessed: **11.2** You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service. **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.
Inspection Findings:
The practice 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 staff evidenced that: • the prevention and management of blood-borne virus exposure is included in the staff induction programme; • staff training has been provided for clinical staff; and • all recently appointed staff have received an occupational health check. Records in relation the Hepatitis B immunisation status of clinical staff are not retained. A recommendation has been made to retain relevant records. 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. Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are wall mounted and appropriately used. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access. A recommendation was made to ensure that sharps boxes, in use, are signed and dated on assembly and final closure. 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.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Substantially compliant**

10.2 Environmental design and cleaning

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) **The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.**
Criterion Assessed: **13.1** Your dental service's premises are clean.
Inspection Findings:
The practice has a policy and procedure in place for cleaning and maintaining the environment. The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. The decontamination area was tidy and uncluttered and work surfaces were intact and easy to clean. One of the dental surgeries was tidy and uncluttered. However, the second surgery had cluttered work surfaces and a free standing fan. A recommendation was made to remove the fan from the clinical area and to ensure work surfaces were tidy and uncluttered to ensure they can be effectively cleaned. The dental chair in one surgery had recently been replaced. Following the installation of the new dental chair the flooring in the surgery now requires to be replaced as it cannot be effectively cleaned. Consideration should also be given to refurbishing this dental surgery to include the removal of the wallpaper and replacement cabinetry. Discussion with staff confirmed that appropriate arrangements are in place for cleaning including: • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties. The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Moving towards compliance**

10.3 Hand Hygiene

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criteria Assessed: **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.
Inspection Findings:
The practice has a hand hygiene policy and procedure in place. Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically. 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. Dedicated hand washing basins are available in the dental surgeries and in the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A recommendation was made to remove the plugs and cover the overflows with a stainless steel plate sealed with anti-bacterial mastic. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. Laminated/wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Substantially compliant**

10.4 Management of Dental Medical Devices

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criterion Assessed: **13.4** Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.
Inspection Findings:
The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices. Staff confirmed that a legionella risk assessment had been undertaken at the practice and that the relevant remedial works had been completed to address the recommendations made. However, the information is not retained at the practice. A recommendation was made to retain a copy of the legionella risk assessment at the practice together with confirmation that the recommendations have been addressed. Staff confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient's mouth. Observations made and discussion with staff confirmed that with the exception of a suitable product to purge the DUWLs they are being appropriately managed. This includes that: • Filters are cleaned/replaced as per manufacturer's instructions; • An independent bottled-water system is used to dispense distilled water to supply the DUWLs; • Self-contained water bottles are removed, flushed with distilled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • A single use sterile water source is used for irrigation in dental surgical procedures; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; and • DUWLs and handpieces are fitted with anti-retraction valves Staff confirmed that a product has been ordered to purge the dental unit water lines. A recommendation has been made in this regard.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Substantially compliant**

10.5 Personal Protective Equipment

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) **The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.**
Criterion Assessed: **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.
Inspection Findings:
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. Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice. Discussion with staff confirmed that: • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. Staff confirmed that they were aware of the practice uniform policy.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Compliant**

10.6 Waste

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criterion Assessed: **13.2** Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. **13.3** Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..
Inspection Findings:
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. 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. Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams. Pedal operated bins are available throughout the practice. Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste. The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Compliant**

10.7 Decontamination

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.
Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.
Inspection Findings:
A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including a washer disinfector and steam steriliser have been provided to meet the practice requirements. Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. Review of equipment logbooks evidenced that periodic tests are undertaken and some information is recorded. A recommendation was made to ensure that all parts of the automatic control test are recorded as outlined in HTM 01-05.

Provider's overall assessment of the dental practice's compliance level against the standard assessed	**No rating given**
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Substantially compliant**

Inspector's overall assessment of the dental practice's compliance level against the standard assessed	**Compliance Level**
	Substantially compliant

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with one dentist, three dental nurses, and the receptionist. Staff confirmed that they were supported in their roles. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and confirmed that they had received training in relation to their relevant roles and responsibilities.

11.2 Patient Consultation

Mr McNutt 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.

12.0 Quality Improvement Plan

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

Lynn Long
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

_____ _____

Lynn Long **Date**
Inspector/Quality Reviewer

The Regulation and Quality Improvement Authority

Self Assessment audit tool of compliance with

HTM01-05 - Decontamination - Cross Infection Control

Name of practice: Abbey Dental Surgery

RQIA ID: 11599

Name of inspector: Lynn Long

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

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

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

1.7 Are in-use sharps containers labelled with date, locality and a signature?		✓	Cannon Hygiene advised us not to fill in as they do this on pick-up.
1.8 Are sharps containers replaced when filled to the indicator mark?	✓		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	✓		
1.10 Are full sharps containers stored in a secure facility away from public access?	✓		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	✓		
1.12 Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure? (2.6)	✓		
1.13 Are inoculation injuries recorded?	✓		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	✓		
Provider's level of compliance			Provider to complete

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

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

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

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

3.10 Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)	✓		
3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)	✓		
3.12 Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)	✓		
3.13 Do the hand washing basins provided in clinical and decontamination areas have : • no plug; and • no overflow. Lever operated or sensor operated taps.(6.10)	✓		
3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)	✓		
3.15 Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin? Bar soap should not be used. (6.5, Appendix 1)	✓		
3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)	✓		
3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)	✓		

3.18 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)		✓	No - we are in process of sourcing these types of hand cream dispensers.
Provider's level of compliance			Provider to complete

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

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

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

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

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

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

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

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

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) **7.7 b** Is there a system in place to record cycle parameters of equipment such as a data logger?	✓ ✓		
Provider's level of compliance			Provider to complete

Please provide any comments you wish to add regarding good practice

Appendix 1

The Regulation and Quality Improvement Authority

Name of practice: Abbey Dental Surgery

Declaration on consultation with patients

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

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

Yes ☑ No ☐

If no or other please give details:

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 ☐

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Announced Inspection

Abbey Dental Surgery

25 November 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 McNutt either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15 (1) (b)	Ensure that the three yearly critical examination of the x-ray equipment is undertaken and records retained. Ensure the x-ray equipment is maintained in line with the manufacturer's guidance. **Ref: 9.0**	One	The X-ray equipment is new and was replaced in August 2012. The next 3 yearly critical exam is not due until August 2015.	One month
2	15 (7)	The flooring in the identified surgery must be replaced to ensure it can be effectively cleaned. **Ref: 10.2**	One	Flooring Contractor has been out and taken measurements. Awaiting to arrange a suitable date for both parties.	Three months

RECOMMENDATIONS

These recommendations are based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	14	A copy of the legionella risk assessment should be retained at the practice and include confirmation that the necessary actions have been taken to address the recommendations made. **Ref: 9.0**	One	Completed and present in practice.	Two months
2	14.2	Contact health estates at the Department of Health for advice and guidance in regards to the ventilation system in the decontamination room. Any recommendations made should be addressed and a record of actions retained. **Ref: 9.0**	Two	Mr McNutt to speak to Health Estates again and to arrange for necessary ventilation system to be put in place.	Two months
3	13	Records to confirm the Hepatitis B immunisation status of clinical staff should be retained. **Ref: 10.1**	One	Clinical staff attended Occupational Health as requested and in process of obtaining paperwork however Occupational Health advised that they do not usually provide this service.	Three months
4	13	In use sharps boxes should be signed and dated on assembly and final closure. **Ref: 10.1**	One	This has been noted & all staff are aware.	One month

5	13	Remove the fan from the clinical area and ensure work surfaces are tidy and uncluttered to enable them to be effectively cleaned. **Ref: 10.2**	One	Fan has been removed and work surfaces have been decluttered.	One month
6	13	Remove the plugs and cover the overflows with a stainless steel plate sealed with anti-bacterial mastic on the identified hand washing basins. **Ref: 10.3**	One	To Contact relevant contractor and arrange for the plugs to be removed and the overflows to be covered.	Three months
7	13	In line with best practice guidance an infection prevention and control audit should be completed six monthly. Any deficits identified as a result of the audit should be addressed. **Ref: 10.4**	One	This has been noted and will be carried out every 6 months.	Six months
8	13	In line with best practice guidance a product to purge the dental until water lines should be purchased and used in accordance with the manufacturer's guidance. **Ref: 10.4**	One	Product has been ordered and will be used as per instructions.	One month
9	13	All parts of the automatic control test should be recorded as outlined in HTM 01-05. **Ref: 10.7**	One	This has been noted and information will be recorded & receipts will be attached.	One month