



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: O'Hagan and Murray Ltd Dental Surgery
Establishment ID No: 11637
Date of Inspection: 10 March 2015
Inspector's Name: Stephen O'Connor
Inspection No: 20874

The Regulation and Quality Improvement Authority
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1.0 General Information

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| Name of establishment: | O'Hagan and Murray Ltd Dental Surgery |
| Address: | 22 Church Square Rathfriland BT34 5PT |
| Telephone number: | 028 4063 8733 |
| Registered organisation / Responsible individual: | O'Hagan and Murray Ltd Mr Seamus O'Hagan |
| Registered manager: | Mrs Jayne Walsh |
| Person in charge of the establishment at the time of Inspection: | Mr Seamus O'Hagan |
| Registration category: | IH-DT |
| Type of service provision: | Private dental treatment |
| Maximum number of places registered: (dental chairs) | 1 |
| Date and type of previous inspection: | Announced Inspection 27 February 2014 |
| Date and time of inspection: | 10 March 2015 12:45 – 2pm |
| Name of inspector: | Stephen O'Connor |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of dental care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Independent Health Care Regulations (Northern Ireland) 2005;
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Mr O’Hagan, responsible individual and Mrs Jayne Walsh, registered manager;
- 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 | 1 | |
| Staff Questionnaires | 4 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

O'Hagan & Murray Ltd Dental Surgery is located in converted rooms on the ground floor of a listed building (formerly a bank) in the town centre of Rathfriland, Co Down.

On street car parking is available for patients.

The practice is located close to local amenities and public transport routes.

The establishment is accessible for patients with a disability.

O'Hagan & Murray Ltd Dental Surgery operates one dental chair, providing both private and NHS dental care. A waiting area and toilet facilities are available for patient use. There is also a separate decontamination room.

Mr O'Hagan is the principal dentist for this practice and he is supported by two associate dentists, a registered manager, dental nurses and reception staff.

This practice is one of two practices operated by O'Hagan and Murray Ltd. The second practice is O'Hagan and Murray Ltd Dental Practice located in Newry. Mr O'Hagan has been the responsible individual and Mrs Jayne Walsh the registered manager of the Rathfriland practice since initial registration with RQIA on the 8 January 2013.

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

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

8.0 Summary of Inspection

This announced inspection of O'Hagan and Murray Ltd Dental Surgery was undertaken by Stephen O'Connor on 10 March 2015 between the hours of 12:45 and 2pm. Mr O'Hagan, responsible individual and Mrs Jayne Walsh, registered manager were both available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendation made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the requirement and recommendation have been addressed and compliance achieved. The detail of the action taken by Mr O'Hagan and Mrs Walsh can be viewed in the section following this summary.

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

During the course of the inspection the inspector met with a dental nurse, 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 the dental nurse evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B.

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. Mrs Walsh and the dental nurse are familiar with best practice guidance outlined in the document and Mrs Walsh confirmed that the practice audits 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 O'Hagan, Mrs Walsh and the dental nurse evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Mrs Walsh confirmed that staff are aware of, and are adhering to, the practice policy in this regard. Sharps management at the practice was observed to be in line with best practice.

The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment. The dental surgery has vinyl flooring around the dental chair; however, there is an area of carpeting at the entrance to the surgery. A recommendation was made to establish a refurbishment programme to ensure that the complete flooring in the dental surgery is impervious and coved or sealed at the edges

It was also observed that the walls in the dental surgery are tiled. This is not in keeping with best practice guidance as outlined in HTM 01-05 and a recommendation was made to review the use of wall tiles in the dental surgery. Finished walls surfaces in all clinical areas should be in keeping with best practice guidance as outlined in HTM 01-05.

The practice has a hand hygiene policy and procedure in place and Mrs Walsh demonstrated that good practice is adhered to in relation to hand hygiene. A dedicated hand washing basin is available in the dental surgery and alcohol gel/rub is available in the decontamination room. The stainless steel hand washing basin in the dental surgery has an overflow and a recommendation was made to address this. Information promoting hand hygiene is provided for staff.

A written scheme for the prevention of legionella is available. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with the dental nurse 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 the dental nurse spoken with demonstrated awareness of this.

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

Appropriate arrangements were in place for the management of general and clinical waste, including sharps. Waste was appropriately segregated and

suitable arrangements were in place for the storage and collection of waste by a registered waste carrier. Relevant consignment notes are retained in the practice for at least three years.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a DAC Universal and a steam steriliser have been provided to meet the practice requirements. A separate washer disinfectant is not required in this practice as all reusable dental instruments are processed in the DAC Universal. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

The evidence gathered through the inspection process concluded that O'Hagan and Murray Ltd Dental Surgery is compliant with this inspection theme.

Mr O'Hagan and Mrs Walsh 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.

Three 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 O'Hagan, Mrs Walsh and the dental nurse for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

| No | Regulation Ref. | Requirements | Action taken - as confirmed during this inspection | Inspector's Validation of Compliance |
|----|-----------------|--|--|--------------------------------------|
| 1 | 15 (7) | A door must be fitted to the decontamination room to ensure it is dedicated to the decontamination process and kept separate from the file room. | It was observed that a concertina door has been installed. This requirement has been addressed. | Compliant |

| No | Minimum Standard Ref. | Recommendations | Action Taken – as confirmed during this inspection | Inspector's Validation of Compliance |
|----|-----------------------|--|---|--------------------------------------|
| 1 | 13 | Record the results of the daily automatic control test for the DAC Universal, and ensure records are retained for not less than two years. | Review of the DAC Universal logbook demonstrated that the details of the daily automatic control tests are recorded. 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:

Mr O'Hagan and Mrs Walsh rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.

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 O'Hagan, Mrs Walsh and the dental nurse demonstrated that:

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

Mr O'Hagan and Mrs Walsh confirmed that no new staff have commenced work in this practice in approximately 10 years, and that in the future all new clinical staff will receive an occupational health check.

Discussion with Mrs Walsh and the dental nurse demonstrated that they are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.

Observations made and discussion with Mrs Walsh and the dental nurse demonstrated that sharps are appropriately handled. Sharps boxes are safely positioned, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

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

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| Provider's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |
| Inspector's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |

10.2 Environmental design and cleaning

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.1 Your dental service's premises are clean.</p> |
| <p>Inspection Findings:</p> <p>Mr O'Hagan and Mrs Walsh rated the practice arrangements for environmental design and cleaning as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises to include the dental surgery and the decontamination room; these areas were found to be maintained to a good standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. The floor covering in the decontamination room was impervious and was sealed at the edges. The dental surgery has vinyl flooring around the dental chair, however there is an area of carpeting at the entrance to this surgery. The use of carpet in clinical areas was discussed with Mr O'Hagan who confirmed that he intends to remove storage cabinets in the surgery and that following this the flooring in the surgery will be replaced. A recommendation was made to establish a refurbishment programme to ensure that the complete flooring in the dental surgery is impervious and coved or sealed at the edges. Fixtures, fittings, the dental chair and equipment were free from damage, dust and visible dirt.</p> <p>It was observed that the walls in the dental surgery are tiled. In keeping with best practice guidance as outlined in HTM 01-05, the use of joints should be avoided in clinical areas. This was discussed with Mr O'Hagan who confirmed that he has explored options to seal the joints. A recommendation was made to review the use of wall tiles in the dental surgery. Finished walls surfaces in all clinical areas should be in keeping with best practice guidance as outlined in HTM 01-05.</p> <p>Discussion with Mrs Walsh confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with Mrs Walsh and the dental nurse and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and discussion with Mrs Walsh demonstrated that she had a good awareness of this.</p> |

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| Provider's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |
| Inspector's overall assessment of the dental practice's compliance level against the standard assessed | Substantially compliant |

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. | |
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| Criteria Assessed: | |
| <p>13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p>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.</p> | |
| Inspection Findings: | |
| <p>Mr O'Hagan and Mrs Walsh 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>Review of documentation and discussion with Mrs Walsh demonstrated that hand hygiene is included in the induction programme and the dental nurse confirmed hand hygiene training is updated periodically.</p> <p>Discussion with Mrs Walsh 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>A dedicated hand washing basin is available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The self-assessment indicated that the hand washing basin had twist operated taps, and it was observed that the stainless steel hand washing basin had an overflow. During discussion Mrs Walsh confirmed that a non-touch technique is used to operate the taps. A recommendation was made in relation to the overflow. The inspector advised that when this hand washing basin is being replaced it should be replaced with a hand washing basin in keeping with best practice guidance as outlined in HTM 01-05.</p> <p>A dedicated hand washing basin is not provided in the decontamination room, however it was observed that wall mounted alcohol gel is available in the decontamination room for the purposes of hand hygiene. The dental nurse confirmed that the hand washing basin in the dental surgery is used to preform hand hygiene before and after decontamination duties. The dental nurse also confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Laminated /wipe-clean posters promoting hand hygiene were on display in dental surgery. The inspector suggested that a hand hygiene poster should also be displayed in the toilet facilities.</p> | |
| Provider's overall assessment of the dental practice's compliance level against the standard assessed | Compliant |
| Inspector's overall assessment of the dental practice's compliance level against the standard assessed | Substantially compliant |

10.4 Management of Dental Medical Devices

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p> |
| <p>Inspection Findings: Mr O’Hagan and Mrs Walsh rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with Mr O’Hagan and Mrs Walsh demonstrated that this is adhered to.</p> <p>The dental nurse confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient’s mouth.</p> <p>Observations made and discussion with the dental nurse confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> • Filters are cleaned/replaced as per manufacturer’s instructions; • An independent bottled-water system is used to dispense potable water to supply the DUWLs; • Self-contained water bottles are removed, flushed with potable water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer’s recommendations. |

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

10.5 Personal Protective Equipment

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.2 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.</p> |
| <p>Inspection Findings: Mr O’Hagan and Mrs Walsh rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and the dental nurse spoken with demonstrated awareness of this. Review of documentation and discussion with Mrs Walsh demonstrated that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with the dental nurse evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with the dental nurse confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. <p>The dental nurse was aware of the practice uniform policy.</p> |

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| Provider’s overall assessment of the dental practice’s compliance level against the standard assessed | Compliant |
| Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed | Compliant |

10.6 Waste

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.2 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..</p> |
| <p>Inspection Findings: Mr O’Hagan and Mrs Walsh rated the practice approach to the management of waste as compliant on the self-assessment. The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Review of documentation and discussion with Mrs Walsh demonstrated that the management of waste is included in the induction programme and the dental nurse confirmed 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. Review of documentation and discussion with Mrs Walsh demonstrated that waste audits are completed. Observations made and discussion with the dental nurse demonstrated that she was 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.</p> |

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

10.7 Decontamination

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p> |
| <p>Inspection Findings: Mr O’Hagan and Mrs Walsh rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including a DAC Universal and a steam steriliser have been provided to meet the practice requirements.</p> <p>All reusable dental instruments are processed in the DAC Universal; therefore a separate washer disinfectant is not required in this practice.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p> |

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

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| <p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p> | <p>Compliance Level</p> |
| | <p>Compliant</p> |

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with a dental nurse. 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 the dental nurse evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Clinical staff confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr O'Hagan and Mrs Walsh 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 O'Hagan and Mrs Walsh as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

Stephen O'Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Announced Inspection

O'Hagan and Murray Ltd Dental Surgery

10 March 2015

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 Seamus O'Hagan and Mrs Jayne Walsh 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.

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 | 13 | Establish a refurbishment programme to ensure that the complete flooring in the dental surgery is impervious and coved or sealed at the edges. Ref 10.2 | One | The floor covering will be replaced with a Impervious surface sealed at edges in the time frame suggested. | Three months |
| 2 | 13 | Review the use of wall tiles in the dental surgery. Finished walls surfaces in all clinical areas should be in keeping with best practice guidance as outlined in HTM 01-05. Ref: 10.2 | One | The wall tiles are being covered in a uniform covering and will be completed in the time frame suggested. | Three months |
| 3 | 13 | The overflow in the stainless steel hand washing basin in the dental surgery should be blanked off using a stainless steel plate sealed with anti-bacterial mastic. Ref: 10.3 | One | The handwashing sink overflow will be blanked off with SS plate and sealed. This will be completed in the time frame suggested. | Two months |

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

| | |
|---|----------------|
| Name of Registered Manager Completing QIP | Seamus O'Hagan |
| Name of Responsible Person / Identified Responsible Person Approving QIP | Jayne Walsh |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | Stephen O'Connor | 27/04/2015 |
| Further information requested from provider | No | Stephen O'Connor | 27/04/2015 |