

Announced Inspection 21 May 2014 and Follow-up Inspections 5 and 13 June 2014

Name of Establishment:	Radiance Oral Healthcare
Establishment ID No:	11669
Date of Inspection:	21 May 2014
Inspector's Name:	Emily Campbell
Inspection No:	17428

The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of establishment:	Radiance Oral Healthcare
Address:	19 St Brides Street Carrickfergus BT38 8AF
Telephone number:	028 9336 6909
Registered organisation / registered provider:	Mr Trevor Buchanan
Registered manager:	Mr Trevor Buchanan
Person in charge of the establishment at the time of Inspection:	Mr Trevor Buchanan
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 25 November 2013
Date and time of inspections:	21 May 2014 10.00am – 11.50am 5 June 2014 3.10pm – 3.20pm 13 June 2014 9.05am – 9.15am
Name of inspector:	Emily Campbell

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 Trevor Buchanan, 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	2	
Staff Questionnaires	4 issued	2 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

Radiance Oral Healthcare is located within a former residential building which has been renovated to provide a dental practice. The practice is located on St Brides Street, close to the centre of Carrickfergus. Public car parking is located close by.

The establishment is accessible for patients with a disability as one of the surgeries is located on the ground floor. A toilet for patients' use is located on the first floor and is not accessible for persons with a disability.

Radiance Oral Healthcare operates two dental chairs, a waiting area and reception, decontamination room, staff and storage facilities are available.

Radiance Oral Healthcare provides both private and NHS dental care. Mr Buchanan works alongside a dental hygienist and two dental nurses, one of whom is the practice manager. An associate dentists also works in the practice for one session per fortnight.

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

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

8.0 Summary of Inspection

This announced inspection of Radiance Oral Healthcare was undertaken by Emily Campbell on 21 May 2014 between the hours of 10.00am and 11.20am. Mr Trevor Buchanan, registered provider, and the practice manager were available during the inspection and for verbal feedback at the conclusion of the inspection. The inspector also visited the practice on 5 and 13 June 2014 to follow up on issues identified at the inspection on 21 May 2014.

The requirements and recommendation made as a result of the previous inspection were also examined. Observations and discussion demonstrated that two of the five requirements and the recommendation made have been addressed. Two requirements regarding safety check for gas equipment and validation of the steriliser have not been addressed and are now stated for the second time. A requirement regarding the establishment of equipment logbooks has been partially addressed and the unaddressed aspect is now stated as a recommendation. The detail of the action taken by Mr Buchanan can be viewed in the section following this summary.

Prior to the inspection, Mr Buchanan completed a self-assessment using the standard criteria outlined in the theme inspected. Mr Buchanan did not rate the practice compliance levels against each criterion. This should be taken into consideration on completion of future self-assessments. The comments provided by Mr Buchanan 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 staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; two were returned to RQIA. Review of submitted questionnaires and discussion with staff 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 also confirmed that they have been immunised against Hepatitis B.

Inspection Theme – Cross infection control

Dental practices in Northern Ireland have been directed by the DHSSPS, that best practice recommendations in the Health Technical Memorandum (HTM) 01-05, Decontamination in primary care dental practices, along with Northern Ireland amendments, should have been fully implemented by November 2012. HTM 01-05 was updated in 2013 and Primary Care Dental Practices were advised of this through the issue of Professional Estates Letter (PEL) (13) 13 on 1 October 2013. The PEL (13) 13 advised General Dental Practitioners of the publication of the 2013 version of HTM 01-05 and the specific policy amendments to the guidance that apply in Northern Ireland.

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

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

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

The practice has a policy and procedure in place for cleaning and maintaining the environment. A recommendation was made that this should be further developed to include the arrangements for the cleaning of the general areas in the practice.

The premises were clean and tidy and clutter was kept to a minimum. Mr Buchanan confirmed that it is his intention to replace the current tongue and groove flooring in the dental surgeries and a recommendation was made in this regard. Recommendations were also made regarding the use of colour coded mops and re-upholstering a dental chair.

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 first floor surgery and the decontamination room. A recommendation was made that the overflow in the hand wash sink in the first floor surgery is blanked off using a stainless steel plate sealed with antibacterial mastic. Information promoting hand hygiene is provided for staff and patients.

There is only one sink in the ground floor surgery and this is not dedicated to hand washing. On discussion with Mr Buchanan, it was identified that there is no plumbed spittoon available in this surgery and patients rinse their mouths into a portable funnel which is drained directly into the sink. There is no amalgam waste separator linked to this system and all waste from the patient's mouth goes into the general waste drainage. A requirement was made that this system must be reviewed to ensure that all amalgam waste is appropriately disposed of and a dedicated hand wash basin provided.

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 staff confirmed that dental unit water lines (DUWLs) are appropriately managed.

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

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

Appropriate arrangements were in place for the management of general and clinical waste, including sharps, with the exception of amalgam waste from the ground floor surgery as discussed above. 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. At the time of the inspection on 21 May 2014, a washer disinfectant had not been provided. The inspector verified on 13 June 2014 that a washer disinfectant had been installed, validated and implemented into the decontamination process. The non-vacuum steriliser has not been validated and a requirement has been stated for the second time in this regard. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05. A recommendation was made to further develop the steriliser logbook.

The evidence gathered through the inspection process concluded that Radiance Oral Healthcare is substantially compliant with this inspection theme.

Mr Buchanan 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 requirements, two of which are stated for the second time, and six 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 Buchanan 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	25(2)(d)	<p>Routine safety checks to the gas equipment and installation including distribution pipework must be carried out on an annual basis and gas cylinders must be stored securely.</p> <p>Safety checks should be carried out by a suitably qualified and competent person and written confirmation of safety checks should be retained for inspection.</p>	<p>Mr Buchanan and the practice manager confirmed that he had sourced servicing arrangements from a contractor in England. However, the company only come to Northern Ireland twice a year and Mr Buchanan was waiting confirmation regarding the specific date equipment would be serviced. The inspector viewed documentary evidence to confirm this.</p> <p>This requirement has not been addressed and is stated for the second time.</p>	Not compliant
2	15(3)	<p>Ensure that the decontamination room is refurbished to effectively facilitate the decontamination of dental instruments as detailed in HTM 01-05. The matters identified in the body of the report should be addressed within the refurbishment.</p> <p>Contact should be made with Health Estates at the Department of Health for advice and guidance in this regard. Any recommendations made should be implemented.</p>	<p>Observations made evidenced that the decontamination room has been refurbished and the matters identified during the previous inspection have been addressed.</p> <p>Mr Buchanan confirmed that Health Estates had not been contacted for advice and guidance, however, the planning and layout of the room had been carried out in association with a dental equipment supplier.</p> <p>The decontamination room is in keeping with HTM 01-05.</p> <p>Requirement addressed.</p>	Compliant

3	15(3)	<p>A validated washer disinfectant of adequate capacity should be installed and validated to remove the need for manual cleaning of dental instruments. Following installation staff should be trained in its use.</p>	<p>A washer disinfectant had not been implemented within the decontamination process at the time of the inspection on 21 May 2014. However, documentary evidence was available that this was to be carried out in the near future. The inspector received a copy of the validation certificate by email on 28 May confirming that the washer disinfectant had been validated on 23 May 2014.</p> <p>Following this the inspector visited the practice on 5 June 2014. However, the inspector was informed that whilst the washer disinfectant had been installed and validated, staff training in its use had not been provided and it was not yet operational. The inspector stressed the importance of ensuring staff training was provided and the washer disinfectant was made operational as soon as possible.</p> <p>The inspector received an email from the practice on 9 June 2014 confirming that training in the use of the washer disinfectant would be provided on 11 June 2014. The inspector visited the practice again on 13 June 2014. Observations made and discussion with Mr Buchanan and the practice manager confirmed that the washer disinfectant was now fully operational and had been incorporated within the decontamination process. A pre-printed washer disinfectant logbook had</p>	Compliant
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			<p>been established and discussion with the dental nurse confirmed that she was aware of the correct operation arrangements and the relevant periodic tests to be undertaken. A data logger had been installed to ensure that the cycle parameters of each cycle of the washer disinfecter were recorded and records retained for at least two years. The practice manager confirmed the data logger information would be uploaded on a monthly basis.</p> <p>Requirement addressed.</p>	
4	15(3)	<p>Logbooks should be established for the washer disinfecter and steam steriliser and should contain the following information;</p> <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; • daily/weekly test record sheets; • annual service/validation certification; • fault history; • records to show staff have been trained in the correct use of the machine; • relevant contacts e.g. service engineer. 	<p>Logbooks have been established for the steriliser and washer disinfecter however, the steriliser logbook did not contain all of the required information. Records of the appropriate periodic tests were available.</p> <p>This requirement has been partially addressed and the outstanding issues are now stated as a recommendation.</p> <p>An additional steriliser is planned to be provided and the inspector advised that a separate logbook should be established for this when it made operational.</p>	Substantially compliant
5	15(2)(b)	The steriliser must be maintained and validated in line with the manufacturer's instructions with records retained for inspection.	The steriliser has not been validated and Mr Buchanan and the practice manager informed the inspector that this would be completed at the same time as the validation of a new steriliser	Not compliant

			<p>which has recently been ordered. Documentary evidence was available to this effect.</p> <p>This requirement has not been addressed and is stated for the second time.</p>	
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No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13.4	Establish an instrument log book detailing the testing, servicing, maintenance and repair of instruments and retain records for inspection.	Review of documentation evidenced that 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 Buchanan did not rate the compliance level for the practice arrangements for the prevention of blood-borne virus exposure 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 Buchanan and 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
- newly appointed staff will receive an occupational health check.

Clinical staff confirmed they have received Hepatitis B vaccination, however, records were not available to confirm this. Mr Buchanan and the practice manager confirmed that arrangements had been established with the local Trust Occupational Health Department for clinical staff to be reviewed in this regard.

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 either wall mounted or positioned to prevent unauthorised access, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

Discussion with 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	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:
<p>Mr Buchanan did not rate the compliance level for the practice arrangements for environmental design and cleaning on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment. A recommendation was made that this should be further developed to include the arrangements for the cleaning of the general areas in the practice.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a fair standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. The flooring in the decontamination room is impervious and sealed at the edges. Mr Buchanan confirmed that it is his intention to replace the current tongue and groove flooring in the dental surgeries commencing with the first floor surgery. A recommendation was made in this regard. Fixtures, fittings, and equipment were free from damage, dust and visible dirt. A tear was observed in the dental chair in the first floor surgery and a recommendation was made that this should be re-upholstered. It was observed that some walls in the first floor surgery are wallpapered; although this is wipeable, the inspector suggested that the use of wallpaper should be reviewed on the next refurbishment of the surgery.</p> <p>Discussion with staff 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 stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Cleaning equipment is colour coded; however, the same mop is used to clean the clinical and decontamination areas and the toilet facilities. This is not in keeping with good practice and a recommendation was made in this regard.</p> <p>Discussion with staff 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 staff spoken with demonstrated awareness of this.</p>

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

10.3 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:

Mr Buchanan did not rate the compliance level for the practice arrangements for hand hygiene on the self-assessment.

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 first floor dental surgery and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice. A recommendation was made that the overflow in the hand wash sink in the first floor surgery is blanked off using a stainless steel plate sealed with antibacterial mastic.

There is only one sink in the ground floor surgery and this is not dedicated to hand washing. On discussion with Mr Buchanan, it was identified that there is no plumbed spittoon available in this surgery and patients rinse their mouths into a portable funnel which is drained into the sink. There is no amalgam waste separator linked to this system and all waste from the patient's mouth goes into the general waste drainage. A requirement was made that this system must be reviewed to ensure that all amalgam waste is appropriately disposed of and a dedicated hand wash basin provided.

The inspector observed that 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

<p align="center">STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</p> <p align="center">The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed:</p> <p>13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr Buchanan did not rate the compliance level for the practice approach to the management of dental medical devices 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 staff confirmed that this is adhered to.</p> <p>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.</p> <p>Observations made and discussion with staff 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 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; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer's recommendations.

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

10.5 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: <p>Mr Buchanan did not rate the compliance level for the practice approach to the management of personal protective equipment (PPE) on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Staff confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> • 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>Staff confirmed that they were aware of the practice uniform policy.</p>	

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: <p>Mr Buchanan did not rate the compliance level for the practice approach to the management of waste on the self-assessment.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Staff confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>As discussed in section 10.3, a requirement was made regarding the management of amalgam waste in the ground floor surgery.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>	

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

10.7 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: Mr Buchanan did not rate the compliance level for the decontamination arrangements of the practice on the self-assessment. A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including a washer disinfectant and non-vacuum steriliser, has been provided to meet the practice requirements. Review of documentation evidenced that the washer disinfectant has been validated. As discussed in section 9.0 a requirement is stated for the second time regarding the validation of the steriliser. As discussed in section 9.0 a recommendation was made to further develop the steriliser logbook. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with 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 two dental nurses, one of whom is the practice manager. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA.

Review of submitted questionnaires and discussion with staff 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 also confirmed that they have been immunised against Hepatitis B.

11.2 Patient Consultation

Mr Buchanan 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 Trevor Buchanan as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

Emily Campbell
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Announced Inspection
Radiance Oral Healthcare

21 May 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 Trevor Buchanan either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15(2)(b)	The steriliser must be maintained and validated in line with the manufacturer's instructions with records retained for inspection. Ref 9.0	Two	Done - 18/06/14 By Dentaquip Copies enclosed	Two months ✓
2	25(2)(d)	Routine safety checks to the gas equipment and installation including distribution pipework must be carried out on an annual basis and gas cylinders must be stored securely. Safety checks should be carried out by a suitably qualified and competent person and written confirmation of safety checks should be retained for inspection. Ref 9.0	Two	DUE TO THE DIFFICULTIES IN OBTAINING A COMPANY ABLE TO SERVICE/MAINTAIN THE RA EQUIPMENT & THE COST OF REPLACEMENTS IT HAS BEEN DECIDED TO WITHDRAW THE SERVICE FROM THE PRACTICE.	Three months
3	25(2)(b)	The system of draining the portable spittoon into the sink in the ground floor surgery must be reviewed to ensure that all amalgam waste is appropriately disposed of and a dedicated hand wash basin provided. Ref 10.3 & 10.6	One	DONE - A FUNNEL SPITTON HAS BEEN PURCHASED AND ATTACHED TO THE SUCTION UNIT. ALL WASTE IS NOW GOING THROUGH THE SUCTION UNIT. SINK IS NOW SOLELY FOR HANDWASHING.	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	13	<p>The log book for the steam steriliser should be further developed and contain the following information;</p> <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; • daily/weekly test record sheets; • annual service/validation certification; • fault history; • records to show staff have been trained in the correct use of the machine; • relevant contacts e.g. service engineer. <p>Ref 9.0 and 10.7</p>	One	<p>DONE NEW logbooks purchased.</p>	<p>One month</p> <p>✓</p>
2	13	<p>The policy and procedure for cleaning and maintaining the environment should be further developed to include the arrangements for the cleaning of the general areas in the practice.</p> <p>Ref 10.2</p>	One	DONE	<p>Three months</p> <p>✓</p>
3	13	<p>Establish a refurbishment plan to replace the current tongue and groove flooring in the dental surgeries. The new flooring should be impervious and coved/sealed at the edges.</p> <p>Ref 10.2</p>	One	<p>Quotes have been obtained to replace existing flooring to be carried out when Funds allow.</p>	<p>Three months</p>

4	13	<p>The dental chair in the first floor surgery should be re-upholstered.</p> <p>Ref 10.2</p>	One	We are currently obtaining quotations	Three months
5	13	<p>Separate colour coded mops should be used for:</p> <ul style="list-style-type: none"> • Clinical and decontamination areas; • General areas; and • Toilet facilities. <p>Ref 10.2</p>	One	✓done new mops / buckets purchased.	<p>One week</p> <p>✓</p>
6	13	<p>The hand wash sink in the first floor surgery should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Ref 10.3</p>	One	✓done	<p>Three months</p> <p>✓</p>

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: 

NAME: Trevor Buchanan
Registered Provider

DATE 10/7/14

SIGNED: 

NAME: Lynsey Lamont
Registered Manager

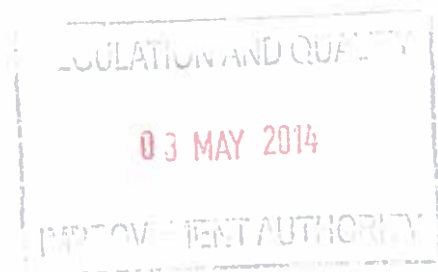
DATE 10/7/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	✓		<u>B. Campbell</u>	<u>21/7/14</u>
B	Further information requested from provider				



**The Regulation and
Quality Improvement
Authority**

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



Name of practice: Radiance Oral Healthcare
RQIA ID: 11669
Name of inspector: Emily Campbell

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)		✓	We contacted occupational health at Antrim Hospital to arrange occupational health checks but we were advised they are not available for current staff members.
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)		✓	Appointments made for all staff to have hep b vacc in whiteabbey hospital
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?	✓		
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?		✓	only needles are disposable
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)		✓	Arrangements are to be made to have chair reupholstered.
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)		✓	Surgery Floors are not coved edges. Plans to replace.
2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)	✓		
2.13 Are toys provided easily cleaned? (6.73)	✓		
2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	✓		
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)	✓		

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

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)		✓	Only In the main Surgery Small downstairs Surgery does not have enough room to provide Seperate Sinks

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 : <ul style="list-style-type: none"> • 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)			
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)			
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)			
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)	✓		

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)	✓		
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)			
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))		✓	Carried out by cannon not Staff
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 disinfectors in sufficient numbers to meet the practice requirements? (PEL(13)13)	✓		ordered
7.3 Are all reusable instruments being disinfected using the washer disinfectors? (PEL(13)13)		✓	Awaiting delivery of washer will be in use prior to inspection
7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	✓		ordered
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)		✓	All equipment will be validated during installation of new equipment prior to inspection. Arrangements made.
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)	✓		

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

Please provide any comments you wish to add regarding good practice

Building work has been on going from last inspection to become compliant. Decontamination Room will be completed and up and running prior to the 21st May. We are aware of Issues Such as Surgery floor and chair re upholstery however our main focus has been the decontamination room needing a full refit

Appendix 1



Name of practice: Radiance Oral Healthcare

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

☐