



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** Waterside Dental  
**Establishment ID No:** 11728  
**Date of Inspection:** 20 August 2014  
**Inspector's Name:** Stephen O'Connor  
**Inspection No:** 18293

**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**

<b>Name of establishment:</b>	Waterside Dental
<b>Address:</b>	7 Waterside COLERAINE BT51 3DP
<b>Telephone number:</b>	028 7034 2934
<b>Registered organisation / registered provider:</b>	Mr Owen Thompson
<b>Registered manager:</b>	Mr Owen Thompson
<b>Person in charge of the establishment at the time of Inspection:</b>	Mr Owen Thompson
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	5
<b>Date and type of previous inspection:</b>	Announced Inspection 18 July 2013
<b>Date and time of inspection:</b>	20 August 2014 09:55 – 12:50
<b>Name of inspector:</b>	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 Owen Thompson, registered provider;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

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

#### 5.0 Consultation Process

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

	<b>Number</b>	
<b>Discussion with staff</b>	3	
<b>Staff Questionnaires</b>	6 issued	6 returned

Prior to the inspection the registered person/s were asked, in the form of a declaration, to confirm that they have a process in place for consulting with service users and that a summary of the findings has been made available. The consultation process may be reviewed during this inspection.

## 6.0 Inspection Focus

The inspection sought to establish the level of compliance achieved with respect to the selected DHSSPS Minimum Standards for Dental Care and Treatment and a thematic focus incorporating selected standards and good practice indicators. An assessment on the progress in relation to the issues raised during and since the previous inspection was also undertaken.

In 2012 the DHSSPS requested that RQIA make compliance with best practice in local decontamination, as outlined in HTM 01-05 Decontamination in Primary Care Dental Premises, a focus for the 2013/14 inspection year.

The DHSSPS and RQIA took the decision to review compliance with best practice over two years. The focus of the two years is as follows:

- Year 1 – Decontamination – 2013/14 inspection year
- Year 2 - Cross infection control – 2014/15 inspection year

### **Standard 13 – Prevention and Control of Infection [Safe and effective care]**

**The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.**

The decontamination section of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health, was used as a framework for development of a self-assessment tool and for planned inspections during 2013/14.

The following sections of the 2013 edition of the Infection Prevention Society Audit tool, which has been endorsed by the Department of Health have been used as a framework for the development of a self-assessment tool and for planned inspections in 2014/15:

- prevention of Blood-borne virus exposure;
- environmental design and cleaning;
- hand Hygiene;
- management of Dental Medical Devices;
- personal Protective Equipment; and
- waste.

A number of aspects of the Decontamination section of the Audit tool have also been revisited.

RQIA have highlighted good practice guidance sources to service providers, making them available on our website where possible. Where appropriate, requirements will be made against legislation and recommendations will be made against DHSSPS Minimum Standards for Dental Care and Treatment (2011) and other recognised good practice guidance documents.

The registered provider/manager and the inspector have each rated the practice's compliance level against each section of the self-assessment.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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

## 7.0 Profile of Service

Waterside Dental is a mid-terrace property located in the Waterside area of Coleraine town centre. Nearby public car parking is available for patients.

Formerly a bank, the property has been extensively converted and refurbished to provide a dental practice. The building consists of four storeys from basement level to the third floor. Commercial properties also occupy part of the ground floor level of the terrace building.

Waterside Dental provides private dental care, including cosmetic and implant surgery, and NHS dental care to children.

The practice has five surgeries, a decontamination room, reception area, waiting areas, toilet, staff and storage facilities. The establishment is accessible for patients with a disability.

Mr Thompson has been the registered provider and manager of Waterside Dental since initial registration with RQIA during November 2011.

Mr Thompson works alongside one oral surgeon, a team of hygienists, dental nurses and administration staff.

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

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

## 8.0 Summary of Inspection

This announced inspection of Waterside Dental was undertaken by Stephen O'Connor on 20 August 2014 between the hours of 09:55 and 12:50. Mr Owen Thompson, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that two of the three recommendations have been addressed and compliance achieved. One recommendation is relation to data loggers and cycle parameters has been partially addressed and the unaddressed component is now stated as a requirement. The detail of the action taken by Mr Thompson can be viewed in the section following this summary.

Prior to the inspection, Mr Thompson completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Thompson in the self-assessment were not altered in any way by RQIA. Mr Thompson omitted to rate the practices level of compliance on the submitted self-assessment; however, compliance levels were verbally rated during the inspection by Mr Thompson. 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; six were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and 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. 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 Thompson 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 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. It was observed that porous noticeboards are wall mounted in all clinical areas, and that surgery two houses fabric covered chairs. This was discussed with Mr Thompson and a recommendation was made to address these issues.

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including a washer disinfectant, a DAC Universal, two non-vacuum sterilisers and a Statim steriliser have been provided to meet the practice requirements. Logbooks have been established for each piece of equipment. Discussion with staff confirmed that in the main periodic testing is undertaken in keeping with HTM 01-05, however, these were not all being recorded, and a system to record the cycle parameters for the non-vacuum sterilisers and the Statim

steriliser has not been established. A requirement was made to address these issues.

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

Mr Thompson 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.

One requirement and one recommendation 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 Thompson and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

## 9.0 Follow-up on Previous Issues

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	13	Consideration should be given to the use of transport containers to transport sterilised instruments between the decontamination room and the surgeries.	<p>Observation and discussion with the lead dental nurse confirmed that separate clean and dirty transport containers are used to transport instruments throughout the practice.</p> <p>This recommendation has been addressed.</p>	Compliant
2	13.2	Ensure that sterilised unwrapped instruments stored in covered trays or instrument stands at the end of the clinical session are decontaminated before use.	<p>The lead dental nurse confirmed that sterilised unwrapped instruments that have not been used by the end of the clinical session are reprocessed.</p> <p>This recommendation has been addressed.</p>	Compliant
3	13.4	<p>Ensure the information recorded on the data logger for the DAC Universal and washer disinfectant is replicated either electronically or in hard copy and records retained for not less than two years.</p> <p>Establish a system to record the cycle parameters of the N Type sterilisers and ensure records are retained for not less than two years.</p>	<p>Mr Thompson confirmed that arrangements are in place to upload the information recorded on the washer disinfectant and DAC Universal data loggers to the practice computer system on a regular basis.</p> <p>Discussion with Mr Thompson and staff demonstrated that a system to record the cycle parameters of the two non-vacuum sterilisers and the Statim steriliser has not been established. Additional information in this regard can be found in section 10.7 of this report.</p> <p>This recommendation has been partially addressed. The unaddressed component is now stated as a requirement.</p>	Substantially addressed.

## 10.0 Inspection Findings

### 10.1 Prevention of Blood-borne virus exposure

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>	
<p><b>Criteria Assessed:</b>  <b>11.2</b> You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>	
<p><b>Inspection Findings:</b>                  Mr Thompson verbally rated the practice arrangements for the prevention of blood-borne virus exposure as compliant during the inspection.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with Mr Thompson and staff evidenced that:</p> <ul style="list-style-type: none"> <li>• the prevention and management of blood-borne virus exposure is included in the staff induction programme;</li> <li>• staff training has been provided for clinical staff;</li> <li>• all recently appointed staff have received an occupational health check; and</li> <li>• records are retained regarding the Hepatitis B immunisation status of clinical staff.</li> </ul> <p>Discussion with staff confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.</p> <p>Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are 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.</p> <p>Discussion with staff and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Staff are aware of the actions to be taken in the event of a sharps injury.</p>	

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

## 10.2 Environmental design and cleaning

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.1</b> Your dental service's premises are clean.</p>
<p><b>Inspection Findings:</b></p> <p>Mr Thompson verbally rated the practice arrangements for environmental design and cleaning as compliant during the inspection.</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 which were found to be maintained to a high standard of cleanliness. The inspector had the opportunity to review the arrangements in the decontamination room and surgeries two and five. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were either coved or sealed at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>It was observed that surgery two houses fabric covered chairs, and that in all clinical areas reviewed felt covered noticeboards, which are porous are wall mounted. Best practice in regards to these issues was discussed with Mr Thompson and a recommendation was made.</p> <p>It was observed that the walls in surgery two are wall papered. Mr Thompson informed the inspector that most surgeries in the practice are wall papered, with a wipeable wall paper. The use of wall paper in clinical areas was discussed with Mr Thompson. The inspector advised that in accordance with HTM 01-05 wall surfaces should be non-porous, suitable for frequent cleaning, tolerate the use of cleaning agents, and the use of joints should be avoided. The inspector advised that on the next refurbishment of surgeries the use of wall paper should be avoided, and that finished walls surfaces should adhere to the specifications as outlined in HTM 01-05.</p> <p>Discussion with staff confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> <li>• Equipment surfaces, including the dental chair, are cleaned between each patient;</li> <li>• Daily cleaning of floors, cupboard doors and accessible high level surfaces;</li> <li>• Weekly/monthly cleaning schedule;</li> <li>• Cleaning equipment is colour coded;</li> <li>• Cleaning equipment is stored in a non-clinical area; and</li> <li>• Dirty water is disposed of at an appropriate location.</li> </ul> <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>

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

### 10.3 Hand Hygiene

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criteria Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mr Thompson verbally rated the practice arrangements for hand hygiene as compliant during the inspection.   The practice has a hand hygiene policy and procedure in place.   Review of documentation and discussion with staff demonstrated that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.   Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.   Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. It was observed that the ceramic hand washing basins all had overflows. This was discussed with Mr Thompson and the inspector advised that on next refurbishment all dedicated hand washing basins should be replaced with clinical hand washing basins. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.   The inspector observed that laminated /wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

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

## 10.4 Management of Dental Medical Devices

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.4</b> Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>Mr Thompson verbally rated the practice approach to the management of dental medical devices as compliant during the inspection.</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 Thompson and 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"> <li>• Filters are cleaned/replaced as per manufacturer's instructions;</li> <li>• An independent bottled-water system is used to dispense potable water to supply the DUWLs in surgeries one, two, four and five;</li> <li>• 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;</li> <li>• Water supply to the DUWLs in surgery three is provided through the direct mains water supply. Mr Thompson confirmed on discussion that there is a physical air gap separating DUWLs from mains water systems;</li> <li>• A single use sterile water source is used for irrigation in dental surgical procedures;</li> <li>• DUWLs are drained at the end of each working day;</li> <li>• DUWLs are flushed at the start of each working day and between every patient;</li> <li>• DUWLs and handpieces are fitted with anti-retraction valves; and</li> <li>• DUWLs are purged using disinfectant as per manufacturer's recommendations.</li> </ul>

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

## 10.5 Personal Protective Equipment

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mr Thompson verbally rated the practice approach to the management of personal protective equipment (PPE) as compliant during the inspection.</p> <p>The practice has a policy and procedure in place for the use of PPE and staff spoken with demonstrated awareness of this. Review of documentation and discussion with staff demonstrated that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with staff evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with staff confirmed that:</p> <ul style="list-style-type: none"> <li>• Hand hygiene is performed before donning and following the removal of disposable gloves;</li> <li>• Single use PPE is disposed of appropriately after each episode of patient care;</li> <li>• Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and</li> <li>• Eye protection for staff and patients is decontaminated after each episode.</li> </ul> <p>Staff confirmed that they were aware of the practice uniform policy.</p>

<b>Provider's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Compliant</b>
<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Compliant</b>

**10.6 Waste**

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p><b>Inspection Findings:</b>  Mr Thompson verbally rated the practice approach to the management of waste as compliant during the inspection.</p> <p>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 staff demonstrated that the use of PPE is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Clinical waste bins are either pedal operated or housed in cupboards. Discussion with a dental nurse demonstrated that clinical waste bins housed in cupboards can be accessed using a non-touch technique.</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 suitable for general clinical waste throughout the practice. A sharps box suitable for pharmaceutical waste is available in the decontamination room. These were being appropriately managed as discussed in section 10.1 of the report.</p>

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

**10.7 Decontamination**

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b> 13.4          Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>Mr Thompson verbally rated the decontamination arrangements of the practice as compliant during the inspection.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including a including washer disinfector, a DAC Universal, two non-vacuum sterilisers and a Statim steriliser have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>Logbooks have been established for each piece of equipment used to decontaminate instruments. However, as discussed in section 9.0 of this report, a system to record the cycle parameter of the two non-vacuum sterilisers and the Statim steriliser has not been established. This was discussed with Mr Thompson who informed the inspector that as these machines successfully pass a TST test strip daily this verifies that the machine has reached the required cycle parameters. Discussion with staff and review of machine logbooks demonstrated that, in the main, periodic testing is undertaken in keeping with HTM 01-05; however, as cycle parameters are not recorded, the results of the automatic control test (ACT) are not recorded for the non-vacuum sterilisers and the DAC Universal and no daily steam penetration test is undertaken in regards to the DAC Universal. A requirement was made to address these issues.</p>

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

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

## **11.0 Additional Areas Examined**

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

During the course of the inspection, the inspector spoke with three dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Six were returned to RQIA within the timescale required.

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 confirmed that they have been immunised against Hepatitis B.

### **11.2 Patient Consultation**

Mr Thompson 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 Thompson 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**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Announced Inspection

**Waterside Dental**

**20 August 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 Owen Thompson 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 (3)	<p>The following issues in relation to machines used during the decontamination process should be addressed.</p> <ul style="list-style-type: none"> <li>• Establish a system to record the cycle parameters of the two non-vacuum sterilisers and the Statim steriliser. Ensure records are retained for not less than two years; and</li> <li>• Ensure that the logbooks for the machines used during the decontamination process fully reflect the periodic testing regime as outlined in HTM 01-05.</li> </ul> <p>Ref: 9.0 &amp; 10.7</p>	One	Data loggers being sourced and will be retro fitted	Two months

**RECOMMENDATIONS**

This recommendation is based on The Minimum Standards for Dental Care and Treatment (2011), research or recognised sources. It promotes 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>In the interests of infection prevention and control the following issues should be addressed:</p> <ul style="list-style-type: none"> <li>• Fabric covered chairs should be removed from all clinical areas; and</li> <li>• Porous notice boards should be removed from all clinical areas.</li> </ul> <p>Ref: 10.2</p>	One	<p>Fabric covered chairs removed from surgeries. Parents of children advised remain outside the surgery.</p> <p>The wall paper will be replaced at the next refurbishment which is probably 18 months to 2 years away.</p> <p>The notice boards may be integrally connected to the radiation protection lead lining, in the walls. I have a radiographic overview in February next year and I will highlight the situation with Estelle Walker to avoid any potential breach in the radiation protection by proceeding with undue care and attention</p>	One month

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@rgia.org.uk](mailto:independent.healthcare@rgia.org.uk)

Name of Registered Manager Completing QIP	
Name of Responsible Person / Identified Responsible Person Approving QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	STEPHEN O'CONNOR	13.10.14
Further information requested from provider	No	STEPHEN O'CONNOR	13.10.14

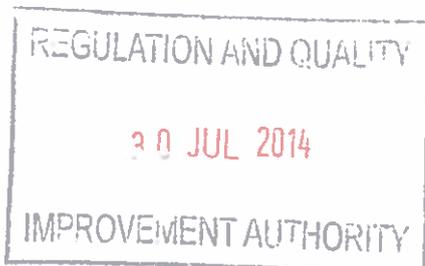


The Regulation and  
Quality Improvement  
Authority

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

**Name of practice:** Waterside Dental  
**RQIA ID:** 11728  
**Name of inspector:** Stephen O'Connor

**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

<b>1 Prevention of bloodborne virus exposure</b>			
<b>Inspection criteria</b> <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>1.1</b> Does the practice have a policy and procedure/s in place for the prevention and management of blood borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance? (2.6)	X		Appendices 33, 34, 35
<b>1.2</b> Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5)	X		
<b>1.3</b> Have all staff at risk from sharps injuries received an Occupational Health check in relation to risk reduction in blood-borne virus transmission and general infection? (2.6)	X		Section 2.5.1 - Cross Infection Manual Appendix 29
<b>1.4</b> Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	X		Appendix 29
<b>1.5</b> Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	X		
<b>1.6 Management of sharps</b>  <b>Any references to sharps management should be read in conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013</b>  Are sharps containers correctly assembled?	X		

1.7 Are in-use sharps containers labelled with date, locality and a signature?	X		See containers in surgery
1.8 Are sharps containers replaced when filled to the indicator mark?	X		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	X		
1.10 Are full sharps containers stored in a secure facility away from public access?	X		ON chairside assistants side, in an inaccessible area
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	X		Adjacent to decontamination sink in surgery. Sitting securely on a stable surface in an inaccessible surface.
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)	X		Adverse incident outcome Appendix C34
1.13 Are inoculation injuries recorded?	X		Adverse incident outcome Appendix C34
1.14 Are disposable needles and disposable syringes discarded as a single unit?	X		
Provider's level of compliance			Provider to complete

<b>2 Environmental design and cleaning</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>2.1</b> Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)	X		Appendix 39
<b>2.2</b> Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	X		
<b>2.3</b> Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	X		
<b>2.4</b> Is the dental chair cleaned between each patient? (6.46, 6.62)	X		Appendix C6
<b>2.5</b> Is the dental chair free from rips or tears? (6.62)	X		
<b>2.6</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	X		
<b>2.7</b> Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	X		
<b>2.8</b> Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	X		
<b>2.9</b> Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)	X		
<b>2.10</b> Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	X		Section 2.1.1 - Cross Infection Manual

<b>2.11</b> Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)	X		Section 2.1.1 - Cross Infection Manual
<b>2.12</b> Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)	X		
<b>2.13</b> Are toys provided easily cleaned? (6.73)	X		
<b>2.14</b> Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	X		Air conditioning units are regularly serviced under contract with installation company
<b>2.15</b> Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)	X		Appendix C43
<b>2.16</b> Is cleaning equipment stored in a non-clinical area? (6.60)	X		Materials Storage room
<b>2.17</b> Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)	X		Headrest , light covers LCU and microscope
<b>2.18</b> Are the surfaces of equipment cleaned between each patient (E.g. work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surface of aspirator and X-ray heads)? (6.62)	X		Appendix C6
<b>2.19</b> Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)	X		Appendix C7
<b>2.20</b> Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	X		Chairside Assistants clean clinical floors daily and a cleaner cleans the complete practice on Tuesday, Thursday, Friday

<p><b>2.21</b> Is there a designated area for the disposal of dirty water, which is outside the kitchen, clinical and decontamination areas; for example toilet, drain or slop-hopper (slop hopper is a device used for the disposal of liquid or solid waste)?</p>	<p>X</p>		<p>Clinical Waste Storage Area</p>
<p><b>2.22</b> Does the practice have a local policy and procedure/s for spillage in accordance with COSHH? (2.4d, 2.6)</p>	<p>X</p>		<p>Appendix 35</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>

<b>3 Hand hygiene</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>3.1</b> Does the practice have a local policy and procedure for hand hygiene? (2.6 Appendix 1)	X		Appendix C31
<b>3.2</b> Is hand hygiene an integral part of staff induction? (6.3)	X		Induction Manual
<b>3.3</b> Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	X		
<b>3.4</b> Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	X		
<b>3.5</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	X		
<b>3.6</b> Do all staff involved in any clinical and decontamination procedures have short nails that are clean and free from nail extensions and varnish? (6.8, 6.23, Appendix 1)	X		Appendix 31
<b>3.7</b> Do all clinical and decontamination staff remove wrist watches, wrist jewellery, rings with stones during clinical and decontamination procedures? (6.9, 6.22)	X		Appendix 31
<b>3.8</b> Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	X		Appendix 32
<b>3.9</b> Is there a separate dedicated hand basin provided for hand hygiene in each surgery where clinical practice takes place? (2.4g, 6.10)	X		Figure C3 Page 8

<p><b>3.10</b> Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)</p>	<p>X</p>		<p>Figure C8 Page 13</p>
<p><b>3.11</b> Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p>	<p>X</p>		
<p><b>3.12</b> Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)</p>	<p>X</p>		
<p><b>3.13</b> Do the hand washing basins provided in clinical and decontamination areas have :</p> <ul style="list-style-type: none"> <li>• no plug; and</li> <li>• no overflow.</li> </ul> <p>Lever operated or sensor operated taps.(6.10)</p>			<p>Overflows present but in placed sinks in 2008 before regulations final draft completed. They will be corrected at refurbishment.</p> <p>Sensor operated</p>
<p><b>3.14</b> Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p>	<p>X</p>		
<p><b>3.15</b> Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?</p> <p>Bar soap should not be used. (6.5, Appendix 1)</p>	<p>X</p>		<p>Figure C3 Page 8</p>
<p><b>3.16</b> Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p>	<p>X</p>		<p>Figure C3 Page 8</p>
<p><b>3.17</b> Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p>	<p>X</p>		<p>Figure C3 Page 8</p>

<b>3.18 Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</b>	<b>X</b>		
<b>Provider's level of compliance</b>			<b>Provider to complete</b>

<b>4 Management of dental medical devices</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>4.1</b> 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)	X		Section 2.3.2 Page 26 Appendix C22
<b>4.2</b> Has the practice carried out a risk assessment for legionella under the Health and Safety Commission's "Legionnaires' disease - the control of legionella bacteria in water systems Approved Code of Practice and Guidance" (also known as L8)? (6.75-6.90, 19.0)	X		Appendix C40
<b>4.3</b> Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	X		Appendix C41
<b>4.4</b> Impression material, prosthetic and orthodontic appliances: Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturer's instructions?(7.0)	X		Section 2.3.1 Page 25 Appendices C20, 21
<b>4.5</b> Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	X		
<b>4.6</b> Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	X		Appendix C42

<p><b>4.7 Dental Unit Water lines (DUWLs):</b> Is there an independent bottled-water system used to dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)</p>	<p>X</p>		<p>Independent bottled water contain Steriox (hypochlorous acid) specifically used to dissolve biofilms Appendix C43</p>
<p><b>4.8 Dental Unit Water lines (DUWLs):</b> For dental surgical procedures involving irrigation; is a separate single-use sterile water source used for irrigation? (6.91)</p>	<p>X</p>		<p>Surgical motors supplied by sterile saline bags cooled in a drug fridge</p>
<p><b>4.9 Dental Unit Water lines (DUWLs):</b> Are the DUWLs drained down at the end of every working day?(6.82)</p>	<p>X</p>		<p>Lines cleaned as per Sironas instructions Appendix C42</p>
<p><b>4.10 Dental Unit Water lines (DUWLs):</b> 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)</p>	<p>X</p>		<p>Lines cleaned as per Sironas instructions Appendix C42</p>
<p><b>4.11 Dental Unit Water lines (DUWLs):</b> 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)</p>	<p>X</p>		<p>Installed in the dental units by the manufacturer (Sirona)</p>
<p><b>4.12 Dental Unit Water lines (DUWLs):</b> 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)</p>	<p>X</p>		<p>Lines cleaned as per Sironas instructions Appendix C42</p>
<p><b>4.13 Dental Unit Water lines (DUWLs):</b> Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	<p>X</p>		<p>Installed in the dental units by the manufacturer (Sirona)</p>
<p><b>4.14 Dental Unit Water lines (DUWLs):</b> Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)</p>	<p>X</p>		<p>Lines cleaned as per Sironas instructions Appendix C8, 42</p>

<p><b>4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)</b></p>	<p>X</p>		<p>Lines cleaned as per Sironas instructions Appendix C42</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>

<b>5 Personal Protective Equipment</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>5.1</b> Does the practice have a policy and procedures for the use of personal protective equipment? (2.6, 6.13)	X		Section 2.5.2 - Cross Infection Manual Appendix C30
<b>5.2</b> Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	X		
<b>5.3</b> Are powder-free CE marked gloves used in the practice? (6.20)	X		
<b>5.4</b> Are alternatives to latex gloves available? (6.19, 6.20)	X		Latex free surgery on ground floor and nitrile gloves in every surgery
<b>5.5</b> Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	X		
<b>5.6</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	X		Section 2.5.3 - Cross Infection Manual
<b>5.7</b> Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	X		
<b>5.8</b> Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	X		
<b>5.9</b> Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	X		

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

<b>6 Waste</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01.</b>
<b>6.1</b> Does the practice have a policy and procedure/s for the management and disposal of waste? (2.6, 6.1 (07-01) 6.4 (07-01))	X		Section 2.4 - Cross Infection Manual Appendices C23 - 28
<b>6.2</b> Have all staff attended induction and on-going training in the process of waste disposal? (1.22, 6.43 (07-01) 6.51 (07-01))	X		
<b>6.3</b> Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	X		Appendice C24, 25
<b>6.4</b> Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	X		
<b>6.5</b> 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))	X		Section 2.2.2 - Cross Infection Manual Figure C24 - NB Bins updated to pedal bins
<b>6.6</b> Are black/orange bags used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam? (HTM 07-01, PEL (13) 14, 5.50 (07-01) Chapter 10-Dental 8 (07-01))	X		2 bins per surgery Clinical waste and household waste
<b>6.8</b> Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	XX		2 bins per surgery Clinical waste and household waste

<b>6.9</b> Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	X		Section 2.4 - Cross Infection Manual Figure C24 - NB Bins updated to pedal bins
<b>6.10</b> Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))		X	Yellow containers with purple lids are specified for cytotoxic and cytostatic medicines (hazardous waste). The partially used local anaesthetic cartridges are disposed into a yellow container and lid with a blue label which is designed for non hazardous waste
<b>6.11</b> Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	X		
<b>6.12</b> Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	X		Dated and signed
<b>6.13</b> Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	X		Clinical Waste Storage Area - Basement
<b>6.14</b> Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)?(3.32 (07-01))	X		
<b>6.15</b> Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	X		See separate Consignment folder
<b>6.16</b> Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal? (6.1 (07-01), 6.9 (07-01))	X		Cannon Hygiene authorised by Department of Health as they allow reimbursement of fees - reasonable assumption that this process has been audited by the Department as part of their financial governance procedures
<b>6.17</b> Is there evidence the practice is segregating waste in accordance with HTM 07-01? (5.86 (07-01),	X		

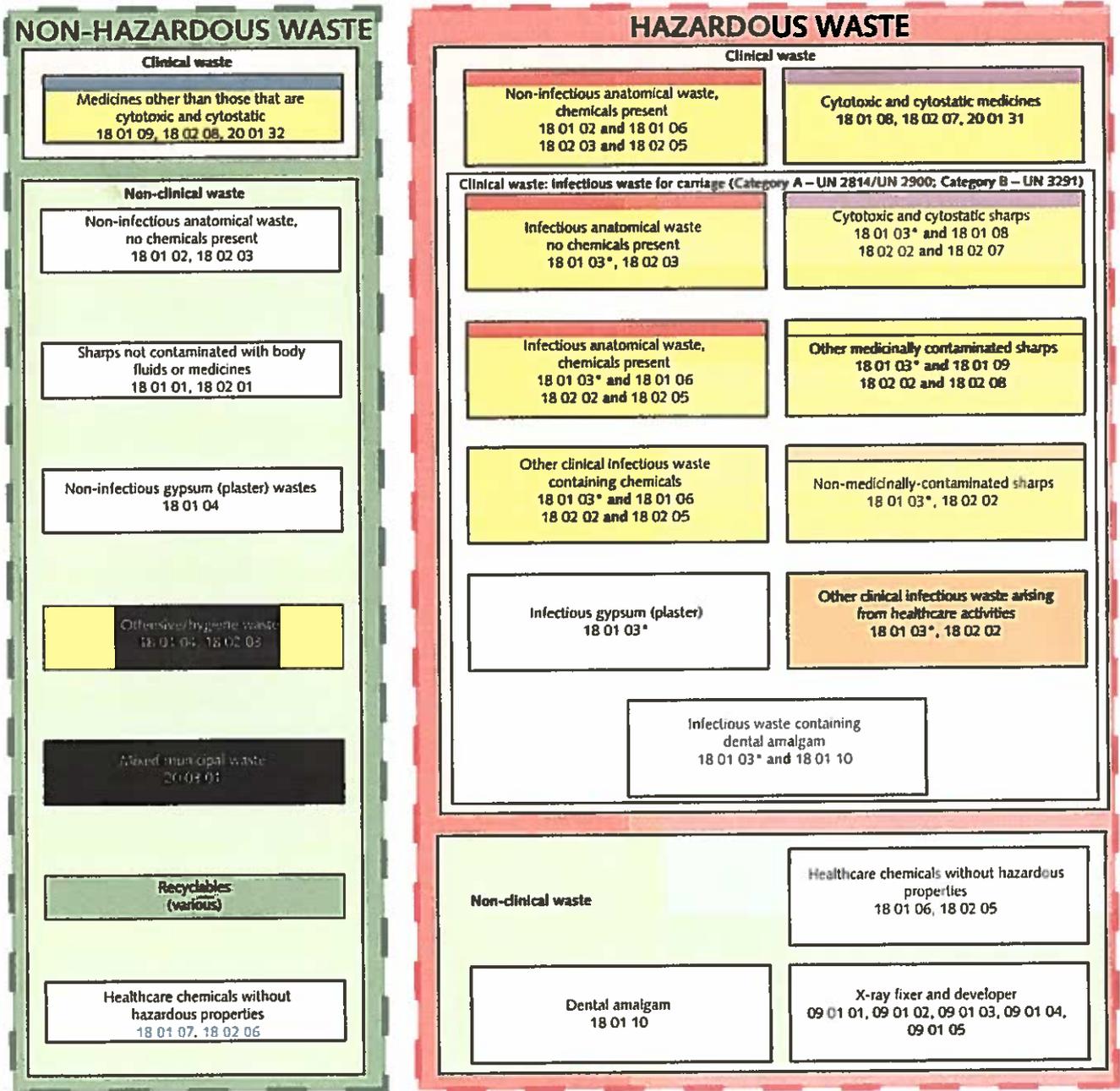


Figure 2 Healthcare waste: examples and breakdown of clinical and hazardous in line with regulatory definitions

5.88 (07-01), 4.18 (07-01))			
Provider's level of compliance			Provider to complete

<b>7 Decontamination</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>7.1</b> Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3–5.8)	X		Section 2.2 - Cross Infection Manual
<b>7.2</b> Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)	X		
<b>7.3</b> Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)	X		
<b>7.4</b> Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	X		
<b>7.5 a</b> Has all equipment used in the decontamination process been validated?	X		Appendix C38
<b>7.5 b</b> Are arrangements in place to ensure that all equipment is validated annually? (1.9, 11.1, 11.6, 12,13, 14.1, 14.2, 15.6)	X		Annual due date stored in Microsoft Outlook diary to remind the Practice Manger to arrange
<b>7.6</b> Have separate log books been established for each piece of equipment?	X		Appendix C16
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	X		

<p><b>7.7 a</b> Are daily, weekly, monthly periodic tests undertaken and recorded in the log books as outlined in HTM 01-05? (12, 13, 14)</p>	X		
<p><b>7.7 b</b> Is there a system in place to record cycle parameters of equipment such as a data logger?</p>	X		
<p>Provider's level of compliance</p>			<p>Provider to complete</p>

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

**Appendix 1**



**Name of practice: Waterside Dental**

**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:  
 Courtesy calls after treatments

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