



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Waterside Dental Surgery
Establishment ID No: 12183
Date of Inspection: 21 October 2014
Inspector's Name: Emily Campbell
Inspection No: 20188

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Waterside Dental Surgery
Address:	Unit 8 Spencer House 14-22 Spencer Road Londonderry BT47 6QA
Telephone number:	028 7131 1333
Registered organisation / registered provider:	Ms Claire Hughes
Registered manager:	Ms Claire Hughes
Person in charge of the establishment at the time of inspection:	Ms Claire Hughes
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	2
Date and type of previous inspection:	Announced Inspection 22 January 2014
Date and time of inspection:	21 October 2014 10.05am – 11.50am
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 Ms Claire Hughes, 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	3	
Staff Questionnaires	5 issued	4 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

Waterside Dental Surgery was established on 10 June 2013 under the ownership of Ms Claire Hughes. Waterside Dental Surgery previously operated in a different location, under a different owner.

Waterside Dental Surgery is located in a ground floor unit within a commercial property in the Waterside area of Londonderry. The premises have been adapted to provide a dental surgery. An additional unit within the commercial property provides staff and storage facilities for the practice.

Public car parking is available for patients nearby.

Waterside Dental Surgery operates two dental chairs, providing both private and NHS dental care. A reception, waiting area, decontamination room and office are available. Toilet facilities are available for patients and staff in the atrium of the commercial property. The establishment is accessible for patients with a disability.

Ms Hughes is supported in her role by a practice manager, dental nursing and reception staff. The practice is in the process of recruiting an associate dentist.

Ms Hughes has been the registered provider/manager of the practice since registration with RQIA in September 2013.

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

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

8.0 Summary of Inspection

This announced inspection of Waterside Dental Surgery was undertaken by Emily Campbell on 21 October 2014 between the hours of 10.05am and 11.50am. Ms Claire Hughes, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that these have been addressed. Review of a recommendation regarding fire safety identified that fire drills have not been undertaken and a recommendation was made during this inspection in this regard. The detail of the action taken by Ms Hughes can be viewed in the section following this summary.

Prior to the inspection, Ms Hughes completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Ms Hughes 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; four 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 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. However, the Infection Prevention Society (IPS) HTM 01-05 audit tool in use is not the current tool for use with the 2013 edition of HTM 01-05 and a recommendation was made in this regard.

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 Ms Hughes 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. Currently only surgery one is in operation with surgery two undergoing refurbishment. Ms Hughes informed the inspector that she intends to also refurbish surgery one in the future, which is showing signs of wear and tear. A recommendation was made that the refurbishment plan should be progressed/developed to complete the refurbishment of surgery two and for the refurbishment of surgery one.

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 dental surgeries and the decontamination room. The hand washing basins in the surgeries have overflows and a recommendation was made to address this within the refurbishment programme. Information promoting hand hygiene is provided for staff.

A written scheme for the prevention of legionella is available. Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with 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 have been retained in the practice since it was established in June 2013 and it was confirmed that these will be retained for at least three years.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including a washer disinfectant and a steam steriliser, has been provided to meet the practice

requirements. The washer disinfectant and steriliser were due for revalidation in June 2014; however, this was not carried out until 23 October 2014. Copies of the validation certificates confirming that the equipment had been validated on this date were emailed to the inspector on the same date. A recommendation was made to establish arrangements to ensure that decontamination equipment is revalidated in a timely manner on an annual basis. Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of a weekly protein residue test, and soil test if required, for the washer disinfectant. A recommendation was made in this regard. There is no printer or data logger facility for the steriliser to ensure that the cycle parameters for every cycle of the steriliser are retained. A recommendation was made in this regard. Ms Hughes confirmed by email on 23 October 2014, that a data logger has been ordered for the steriliser with a provisional date of 11 November 2014 for installation.

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

Ms Hughes 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.

As discussed previously, surgery two is currently being refurbished and a dental chair and intra-oral x-ray unit have yet to be installed, the old ones having been recently removed. Ms Hughes confirmed that a critical examination of the intra-oral x-ray unit would be undertaken, by the radiation protection advisor (RPA), prior to it being made operational and any recommendations made by the RPA would be implemented.

An associate dentist is currently being recruited and Ms Hughes confirmed that an enhanced AccessNI check has been applied for in respect of the dentist and that the dentist will not commence working in the practice until it is received.

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 Ms Hughes 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	15 (3)	Dental handpieces should be decontaminated in line with the manufacturer's instructions and any handpieces which are compatible with the washer disinfectant should be decontaminated using this process.	Ms Hughes and staff confirmed that all compatible dental handpieces are processed through the washer disinfectant within the decontamination process. Requirement addressed.	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	11.4	<p>Training records should be retained for all in-house training to include the following:</p> <ul style="list-style-type: none"> • The date training was provided • The name of the person providing the training • The names and signatures of staff who attended • The topics covered 	<p>Random review of training records confirmed that this recommendation has been addressed.</p>	Compliant
2	8	<p>Further develop the records management policies to include the arrangements for manual records and record keeping and disposal schedules.</p>	<p>The inspector observed that the records management policies had been further developed to include the arrangements for manual records and record keeping and disposal schedules.</p> <p>Recommendation addressed.</p>	Compliant
3	13	<p>The Infection Prevention Society HTM 01-05 audit tool which has been endorsed by the Department of Health should be completed and a subsequent action plan generated from any identified deficits.</p>	<p>Review of documentation confirmed that the Infection Prevention Society (IPS) HTM 01-05 audit tool was completed and an action plan generated.</p> <p>Recommendation addressed.</p> <p>The IPS audit tool in use is not the current tool for use with the 2013 edition of HTM 01-05 and a recommendation was made during this inspection that the revised IPS audit tool should be completed on a six monthly basis and action plan generated from any identified deficits.</p>	Compliant

4	14	Details of fire safety checks and training etc. should be documented in the fire safety logbook.	<p>Review of the fire safety logbook and discussion with Ms Hughes confirmed that the necessary checks have been undertaken and documented.</p> <p>Recommendation addressed.</p> <p>A fire drill has not been undertaken and a recommendation was made during this inspection that a fire drill should be undertaken. Fire drills should be carried out at least on an annual basis.</p>	Compliant
5	11	Establish a system to monitor the registration status of dental nurses.	<p>Discussion with Ms Hughes confirmed that the registration status of clinical staff is checked on the General Dental Council (GDC) website and records were retained to this effect.</p> <p>Recommendation addressed.</p>	Compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>	
<p>Criteria Assessed:</p> <p>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.</p> <p>13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.</p> <p>13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>	
<p>Inspection Findings:</p> <p>Ms Hughes rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with Ms Hughes and staff evidenced that:</p> <ul style="list-style-type: none"> • the prevention and management of blood-borne virus exposure is included in the staff induction programme; • staff training has been provided for clinical staff; and • records are retained regarding the Hepatitis B immunisation status of clinical staff. <p>Ms Hughes confirmed that all newly appointed staff will receive an occupational health check.</p> <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 wall mounted, 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>	

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

10.2 Environmental design and cleaning

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.1 Your dental service's premises are clean.</p>
<p>Inspection Findings:</p> <p>Ms Hughes rated the practice arrangements for environmental design and cleaning as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. Currently only surgery one is in operation with surgery two undergoing refurbishment. A dental chair and intra-oral x-ray unit have yet to be installed in surgery two. Ms Hughes informed the inspector that she intends to also refurbish surgery one in the future, which is showing signs of wear and tear. The operational surgery and decontamination room were tidy and uncluttered and work surfaces were easy to clean. Floor coverings in surgery two and the decontamination room are impervious and were coved at the edges, and sealed where cabinetry meets the flooring in the decontamination room. Ms Hughes confirmed that cabinetry will be sealed where it meets the flooring in surgery two on completion of the refurbishment. Mr Hughes also confirmed that new flooring will be laid in surgery one on refurbishment to replace the current laminate flooring. Fixtures, fittings, the dental chair and equipment were free from damage, dust and visible dirt.</p> <p>A recommendation was made that the refurbishment plan should be progressed/developed to complete the refurbishment of surgery two and for the refurbishment of surgery one to include the following:</p> <ul style="list-style-type: none"> • Work surfaces should be intact and easy to clean; • Flooring in surgery one should be impervious and easy to clean; • Flooring should be coved at the edges and sealed where cabinetry meets the flooring; and • Dedicated hand washing basins should not have plugs or overflows; the overflow of the stainless steel hand washing basin in surgery two should be blanked off using a stainless steel plate sealed with antibacterial mastic. <p>The inspector advised that the sealant on the overflows of the washing and rinsing sinks in the decontamination room, used for the manual cleaning of instruments if and when required, should be removed in the interest of health and safety to prevent accidental flooding.</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 colour coded; • Cleaning equipment is stored in a non-clinical area; and

- Dirty water is disposed of at an appropriate location.

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

The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.

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

10.3 Hand Hygiene

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>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.</p>
<p>Inspection Findings: Ms Hughes rated the practice arrangements for hand hygiene as compliant on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>Staff confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with staff confirmed that hand hygiene is performed before and after each patient contact and at appropriate intervals. Observations made evidenced that clinical staff had short clean nails and jewellery such as wrist watches and stoned rings were not worn in keeping with good practice.</p> <p>Dedicated hand washing basins are available in the dental surgeries and the decontamination room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The stainless steel hand washing basins in the surgeries have overflows and a recommendation was made to address this within the refurbishment programme as discussed in section 10.2 of the report. Staff confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>The inspector observed that laminated posters promoting hand hygiene were on display in the dental surgery and the decontamination room.</p>

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

10.4 Management of Dental Medical Devices

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings: Ms Hughes rated the practice approach to the management of dental medical devices as substantially compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector reviewed the written scheme for the prevention of legionella contamination in water pipes and other water lines and discussion with 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 reverse osmosis (RO) water to supply the DUWLs; • Self-contained water bottles are removed, flushed with RO water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer’s recommendations.

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

10.5 Personal Protective Equipment

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings: Ms Hughes rated the practice approach to the management of personal protective equipment (PPE) as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and 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>

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

10.6 Waste

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p>Inspection Findings: Ms Hughes rated the practice approach to the management of waste as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. Staff confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes have been retained in the practice since it was established in June 2013. The practice manager confirmed consignment notes will be retained for at least three years.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>

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

10.7 Decontamination

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>	
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>	
<p>Inspection Findings:</p> <p>Ms Hughes rated the decontamination arrangements of the practice as compliant on the self-assessment.</p> <p>A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available.</p> <p>Appropriate equipment, including a washer disinfector and a steam steriliser has been provided to meet the practice requirements.</p> <p>The washer disinfector and steriliser were due for revalidation in June 2014 and arrangements had been established for revalidation on 23 October 2014. Copies of the validation certificates confirming that the equipment had been validated on this date were emailed to the inspector on the same date. A recommendation was made to establish arrangements to ensure that decontamination equipment is revalidated in a timely manner on an annual basis.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05, with the exception of a weekly protein residue test for the washer disinfector. A recommendation was made in this regard. Ms Hughes should also check with the manufacturer/supplier of the washer disinfector to establish if a soil test should be undertaken and implement same if required.</p> <p>A paper print-out facility is attached to the washer disinfector which records the cycle parameters of every cycle of the washer disinfector; however, there is no paper print-out or data logger facility for the steriliser. A recommendation was made in this regard. Ms Hughes confirmed by email on 23 October 2014, that a data logger has been ordered for the steriliser with a provisional date of 11 November 2014 for installation.</p> <p>A copy of the 2013 edition of HTM 01-05 Decontamination in primary dental care practices is available at the practice for staff reference and a recent IPS audit had been completed. However, the IPS HTM 01-05 audit tool in use is not the current tool for use with the 2013 edition of HTM 01-05 and a recommendation was made that the revised IPS audit tool should be completed on a six monthly basis and action plan generated from any identified deficits.</p>	

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

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 the practice manager and two trainee dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Four 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 also confirmed that they have been immunised against Hepatitis B. One staff member who submitted a questionnaire response stated that there were “no problems” in the practice.

11.2 Patient Consultation

Ms Hughes 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. The inspector reviewed the summary of the most recent patient satisfaction survey completed in January 2014. The inspector suggested that the date of the patient consultation is included in future patient satisfaction survey summaries.

11.3 Refurbishment of Surgery Two

Currently only surgery one is in operation with surgery two undergoing refurbishment. A dental chair and intra-oral x-ray unit have yet to be installed in surgery two, the old ones having been recently removed. Ms Hughes confirmed that a critical examination of the intra-oral x-ray unit would be undertaken, by the radiation protection advisor (RPA), prior to it being made operational and any recommendations made by the RPA would be implemented.

An associate dentist is currently being recruited to work in the refurbished surgery. Ms Hughes confirmed that an enhanced AccessNI check has been applied for in respect of the dentist and that the dentist will not commence working in the practice until it is received.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Claire Hughes 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



Quality Improvement Plan

Announced Inspection

Waterside Dental Surgery

21 October 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 Ms Claire Hughes either during or after the inspection visit.

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

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

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

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

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13	The Infection Prevention Society (IPS) HTM 01-05 2013 edition audit tool should be completed on a six monthly basis and action plan generated from any identified deficits. Ref 9.0 & 10.7	One	Has been carried out using the new audit tool and an action plan formulated	Three months
2	12.5	A fire drill should be undertaken. Fire drills should be carried out at least on an annual basis. Ref 9.0	One	Fire training was undertaken 24 November 2014 and a fire drill then,	One month
3	13	The refurbishment plan should be progressed/developed to complete the refurbishment of surgery two and for the refurbishment of surgery one to include the following: <ul style="list-style-type: none"> • Work surfaces should be intact and easy to clean; • Flooring in surgery one should be impervious and easy to clean; • Flooring should be coved at the edges and sealed where cabinetry meets the flooring; • Dedicated hand washing basins should not have plugs or overflows; 	One	Both surgeries have been refurbished and have intact work surfaces and are easy to clean. Flooring is impervious and easily cleaned in surgery one as in surgery two. Flooring is coved to walls and sealed where cabinetry meets the floor. there are dedicated handwashing sinks without overflows or plugs. surgery two's overflow has been blanked off.	Three months

		<p>the overflow of the stainless steel hand washing basin in surgery two should be blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <p>Ref 10.2 &10.3</p>			
4	13	<p>Establish arrangements to ensure that decontamination equipment is revalidated in a timely manner on an annual basis.</p> <p>Ref 10.7</p>	One	<p>A note has been put in the diary for to have revalidation of equipment. There has been 6 weeks notice so time to get organised. New decontamination equipment has been ordered 5 January 2015.</p>	Three months
5	13	<p>Undertake and record a weekly protein residue test for the washer disinfectant.</p> <p>Ms Hughes should check with the manufacturer/supplier of the washer disinfectant to establish if a soil test should be undertaken and implement same if required.</p> <p>Ref 10.7</p>	One	<p>The weekly protein test has been carried out and new washer disinfectant to be installed February 2015 with full staff training on operation and testing to happen on installation day.</p>	One month
6	13	<p>A paper print-out or data logger facility should be installed for the steriliser to ensure that the cycle parameters for every cycle of the steriliser are retained.</p> <p>Records of cycle parameters should be retained for at least two years.</p> <p>Ref 10.7</p>	One	<p>A data logger was unable to be purchased for the steriliser. A new model steriliser has been ordered and we are awaiting delivery, installation and training. This new steriliser has a data logger facility.</p>	Two months

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

Name of Registered Manager Completing QIP	Dr Claire Hughes
Name of Responsible Person / Identified Responsible Person Approving QIP	Dr Claire Hughes

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Emily Campbell	3.2.15
Further information requested from provider			



The Regulation and
Quality Improvement
Authority

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

Name of practice: Waterside Dental Surgery
RQIA ID: 12183
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 <i>(Numbers in brackets reflect HTM 01-05/policy reference)</i>	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)	yes		
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)	yes		
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)			has not yet been offered to staff
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	yes		
1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	yes		
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?	yes		

1.7 Are in-use sharps containers labelled with date, locality and a signature?	yes		
1.8 Are sharps containers replaced when filled to the indicator mark?	yes		
1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed?	yes		
1.10 Are full sharps containers stored in a secure facility away from public access?	yes		
1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)?	yes		
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)	yes		
1.13 Are inoculation injuries recorded?	yes		
1.14 Are disposable needles and disposable syringes discarded as a single unit?	yes		
Provider's level of compliance			Compliant

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

<p>2.11 Do all floor coverings in clinical and decontamination areas have covered edges that are sealed and impervious to moisture? (6.47)</p>		no	not in sugery one. plans to change
<p>2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)</p>	yes		
<p>2.13 Are toys provided easily cleaned? (6.73)</p>	yes		
<p>2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)</p>			ceiling mounted extractor fans in decon room
<p>2.15 Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)</p>	yes		
<p>2.16 Is cleaning equipment stored in a non-clinical area? (6.60)</p>	yes		
<p>2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)</p>	yes		
<p>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)</p>	yes		
<p>2.19 Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)</p>	yes		
<p>2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)</p>	yes		

<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>yes</p>		<p>drain outside</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>yes</p>		
<p>Provider's level of compliance</p>			<p>Substantially compliant</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)	yes		
3.2 Is hand hygiene an integral part of staff induction? (6.3)	yes		
3.3 Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	yes		
3.4 Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	yes		
3.5 Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	yes		
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)	yes		
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)	yes		
3.8 Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	yes		
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)	yes		

<p>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)</p>	<p>yes</p>		
<p>3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p>	<p>yes</p>		
<p>3.12 Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)</p>	<p>yes</p>		
<p>3.13 Do the hand washing basins provided in clinical and decontamination areas have :</p> <ul style="list-style-type: none"> • no plug; and • no overflow. <p>Lever operated or sensor operated taps.(6.10)</p>	<p>yes</p>		
<p>3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p>	<p>yes</p>		
<p>3.15 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>yes</p>		
<p>3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p>	<p>yes</p>		
<p>3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p>	<p>yes</p>		

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

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)	yes		
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)	Yes		
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	Yes		
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)	Yes		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	Yes		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	Yes		

<p>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)</p>	<p>Yes</p>		
<p>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)</p>		<p>No</p>	<p>Do not carry out surgical dental treatment</p>
<p>4.9 Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)</p>	<p>Yes</p>		
<p>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)</p>	<p>Yes</p>		
<p>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)</p>			<p>N/A</p>
<p>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)</p>	<p>Yes</p>		
<p>4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	<p>Yes</p>		
<p>4.14 Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)</p>	<p>Yes</p>		

4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)	Yes		
Provider's level of compliance			Substantially compliant

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)	Yes		
5.2 Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	Yes		
5.3 Are powder-free CE marked gloves used in the practice? (6.20)	Yes		
5.4 Are alternatives to latex gloves available? (6.19, 6.20)	Yes		
5.5 Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	Yes		
5.6 Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	Yes		
5.7 Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)	Yes		
5.8 Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)	yes		
5.9 Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)	Yes		

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)	Yes		
5.11 Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)	Yes		
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)	Yes		
5.13 Are masks disposed of as clinical waste after each use? (6.27, 6.36)	yes		
5.14 Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)	Yes		
5.15 Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)	Yes		
5.16 Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)	Yes		
5.17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)	yes		
Provider's level of compliance			Compliant

6 Waste			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01.
6.1 Does the practice have a policy and procedure/s for the management and disposal of waste? (2.6, 6.1 (07-01) 6.4 (07-01))	Yes		
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))	Yes		
6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	Yes		
6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	Yes		
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))	yes		
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))		No	do not have black/orange bags
6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	Yes		

6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	Yes		
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))	Yes		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	Yes		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	Yes		
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))	yes		
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))	Yes		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	Yes		
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))	yes		
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))	Yes		
Provider's level of compliance			Substantially compliant

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)	yes		
7.2 Does the practice have washer disinfector(s) in sufficient numbers to meet the practice requirements? (PEL(13)13)	Yes		
7.3 Are all reusable instruments being disinfected using the washer disinfector? (PEL(13)13)	Yes		
7.4 Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?	Yes		
7.5 a Has all equipment used in the decontamination process been validated?	Yes		
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)	Yes		
7.6 Have separate log books been established for each piece of equipment?	Yes		
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)	Yes		

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

<p>Please provide any comments you wish to add regarding good practice</p>
<p></p>

Appendix 1



Name of practice: **Waterside Dental Surgery**

Declaration on consultation with patients

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

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

Yes 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 Yes No

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

Yes Yes No