



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment:	Clogher Valley Dental Care - Fivemiletown
Establishment ID No:	11438
Date of Inspection:	4 July 2014
Inspectors' Names:	Emily Campbell and Elaine Connolly
Inspection No:	16711

The Regulation and Quality Improvement Authority
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1.0 General Information

Name of establishment:	Clogher Valley Dental Care (Fivemiletown)
Address:	86 Main Street Fivemiletown BT75 0PW
Telephone number:	028 8952 1177
Registered organisation / registered provider:	Mr Richard Graham
Registered manager:	Mrs C Graham
Person in charge of the establishment at the time of Inspection:	Mrs C Graham
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:	Pre-Registration Inspection 20 December 2013
Date and time of inspection:	4 July 2014 12.00md to 1.45pm
Name of inspectors:	Emily Campbell Elaine Connolly

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 Mrs C Graham, registered manager;
- discussion with Mr R Graham, registered provider, following inspection;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

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

5.0 Consultation Process

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

	Number	
Discussion with staff	2	
Staff Questionnaires	9 issued	0 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

Clogher Valley Dental Care, Fivemiletown is located within a two storey terrace building which has been adapted to provide a dental practice in the centre of Fivemiletown. On street and nearby public car parking is available.

The establishment is accessible for patients with a disability.

Clogher Valley Dental Care, Fivemiletown, operates two dental chairs, providing both private and NHS dental care. The practice has a reception, a waiting area on each floor, toilet facilities, a separate decontamination room and staff and storage facilities.

Mr Richard Graham, registered provider, undertakes clinical work in Clogher Valley Dental Care, Fivemiletown, one day per week. However, he attends the practice on a daily basis to oversee the running of the practice. Mr Graham is supported by three associate dentists, nursing and administration staff. Mrs C Graham is the registered manager for the practice.

Mr Graham is also the registered provider for Clogher Valley Dental Care, Clogher

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

Clogher Valley Dental Care, Fivemiletown, is registered with RQIA as an independent hospital (IH) providing dental treatment (DT).

8.0 Summary of Inspection

This announced inspection of Clogher Valley Dental Care, Fivemiletown, was undertaken by Emily Campbell and Elaine Connolly on 4 July 2014 from 12.00md to 1.45pm. Mrs C Graham was available from 12.10pm to facilitate the inspection. Mrs Graham was provided with verbal feedback at the conclusion of the inspection. Mr R Graham, registered provider, was not available during the inspection, however, an inspector had the opportunity to discuss some matters in relation to the inspection during the inspection of his other practice, Clogher Valley, Clogher, on the afternoon of this inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that all requirements and eight of the 10 recommendations made have been addressed. Two recommendations in relation to the fixed electrical wiring certification and legionella risk assessment development have not been addressed and are stated for the second time. The detail of the action taken by Mr and Mrs Graham can be viewed in the section following this summary.

Prior to the inspection, Mr Graham completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Graham in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report. Mr Graham did not rate the practice compliance levels against each criterion. This should be taken into consideration on completion of future self-assessments.

During the course of the inspection the inspectors 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; none were returned to RQIA within the timescale required. Discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles.

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 Mrs Graham and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. A dental nurse confirmed that she was aware of and adhering to the practice policy in this regard. Sharps management at the practice was observed to be in line with best practice.

The premises were clean and tidy and clutter was kept to a minimum. Satisfactory arrangements are in place for the cleaning of the general environment and dental equipment.

The 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. A recommendation was made that the hand washing sinks in the two surgeries have the overflows blanked off using a stainless steel plate sealed with antibacterial mastic. Information promoting hand hygiene is provided for staff and patients.

The practice has a legionella risk assessment in place. As discussed previously, a recommendation was made for the second time that this is further developed. An amendment was made to the legionella risk assessment [regarding](#) the flushing arrangements of dental unit water lines (DUWLs) during the inspection. Mrs Graham and the dental nurse advised that, in the main, management of the DUWL's was undertaken by Mr Graham. The management arrangements of the DUWL's for the Fivemiletown practice were discussed with Mr Graham during the Clogher practice inspection on the afternoon of this inspection.

Discussion with Mr Graham and the dental nurse confirmed that DUWLs are appropriately managed with the exception of the purging of lines. Mr Graham confirmed, during discussion that it is his belief that DUWLs should not be purged. Therefore there is no system in place for this or for periodic disinfection. HTM 01-05 states that periodical disinfection or purging of the lines should be done to remove the Biofilm build up. A recommendation was made that the practice should have a procedure to manage the infection risk from their DUWLs either compliant with the manufacturer's instructions or with the guidance form HTM01 05.

The practice has a policy and procedure in place for the use of personal protective equipment (PPE) and the dental nurse spoken with demonstrated awareness of this. Observations made confirmed that PPE was readily available and used appropriately by staff.

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate validated equipment, including washer disinfectors and steam steriliser have been provided to meet the practice requirements. Equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

The evidence gathered through the inspection process concluded Clogher Valley Dental Care, Fivemiletown, is compliant with this inspection theme.

Mr Graham 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 inspectors observed that the RQIA registration certificate was not displayed in the practice. This was discussed with Mrs Graham, who located the certificate to put on display. Mrs Graham requested that her forename and the title Mrs be removed from the certificate and inspectors advised that they would pass this information to the registration team in RQIA for their consideration and follow-up. However, Mrs Graham altered the certificate of registration; inspectors advised that the certificate could not be amended by her as this is a legal document. Mrs Graham provided the inspectors with the certificate which was returned to the registration team for consideration of her request. This matter will be followed up by the registration team and a new certificate will be issued in due course.

Four 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 inspectors wish to thank Mrs Graham 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)	<p>The decontamination process should include the processing of instruments through a washer disinfectant to ensure that a validated process is in place.</p> <p>The washer disinfectant should be validated and staff training provided on the correct use of the washer disinfectant on commissioning.</p>	<p>Observations made and discussion with a dental nurse confirmed that a validated washer disinfectant has been provided and implemented within the decontamination process. The dental nurse confirmed that staff training in the use of the washer disinfectant had been provided to staff undertaking decontamination duties.</p> <p>Requirement addressed.</p>	Compliant

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	1	Further develop the statement of purpose to include the numbers of staff employed.	Review of the statement of purpose evidenced that this recommendation has been addressed.	Compliant
2	1	<p>Further develop the patient guide to include the following:</p> <ul style="list-style-type: none"> • a review of the quality of treatment undertaken in consultation with patients and/or information regarding how patients can access the report of the findings; • the address and telephone number of RQIA; and • the most recent inspection report prepared by RQIA or information regarding how to access the report. 	<p>The patient guide was amended during the inspection to include the information recommended.</p> <p>Recommendation addressed.</p>	Compliant
3	15	Further develop the adult safeguarding policy to include the types and indicators of adult abuse and the onward referral contact details should an adult safeguarding issue arise.	<p>The practice has a joint safeguarding children and vulnerable adults policy. In addition to this supplementary information is provided detailing the referral process in the event of a concern being identified and the definitions and indicators of abuse. The inspector suggested that reference is made in the safeguarding policy to direct staff to the supplementary information.</p> <p>Recommendation addressed.</p>	Compliant

4	14	Develop a localised freedom of information publication scheme.	Review of the freedom of information publication scheme evidenced that it had been localised to the practice. Recommendation addressed.	Compliant
5	13	Hand washing facilities should be installed in the toilet on the first floor.	The inspectors observed that hand washing facilities have been installed in the toilet on the first floor. Recommendation addressed.	Compliant
6	14	A copy of the fixed wiring installation inspection and test certificate should be forwarded to RQIA when returning the quality improvement plan (QIP).	A copy of the fixed wiring installation inspection and test certificate has not been forwarded to RQIA and was not available during the inspection. This recommendation has not been addressed and is stated for the second time.	Not compliant
7	14	Further develop the legionella risk assessment to include the sources of water at the practice and the internal plumbing system. Undertake the control measures monthly as outlined in the risk assessment.	This recommendation has not been addressed and is stated for the second time. An amendment was made to the legionella risk assessment of the flushing arrangements of DUWLs during the inspection.	Not compliant
8	12	The fridge temperature should be recorded daily.	Discussion with a dental nurse and review of documentation evidenced that this recommendation has been addressed.	Compliant
9	12	Replace the needles and syringes which have exceeded their expiry dates and include the emergency oxygen and equipment in the monthly checking procedure.	A dental nurse advised that the arrangements for the management of a medical emergency have been reviewed since the previous inspection and needles and syringes are no longer required. Review of the	Compliant

			<p>checking procedures evidenced that emergency oxygen and equipment are included.</p> <p>Recommendation addressed.</p>	
10	8	<p>The joint radiation protection file for both the Fivemiletown and Clogher practices should be separated. A radiation protection file should be available in both surgeries.</p> <p>A copy of the relevant local rules and employers procedures should be available in each file.</p>	<p>Review of the radiation protection file evidenced that a separate file has been developed for both practices.</p> <p>Recommendation addressed.</p>	Compliant

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

STANDARD 13 – Prevention and Control of Infection (Safe and effective care)	
The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.	
Criteria Assessed:	
<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>	
Inspection Findings:	
<p>Mr Graham omitted to rate the practice arrangements for the prevention of blood-borne virus exposure 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 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>Mr Graham confirmed that any new staff will be referred for an occupational health check.</p> <p>Discussion with a dental nurse 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 the dental nurse evidenced that sharps are appropriately handled. Sharps boxes are wall mounted and appropriately used. New sharps boxes had been received at the practice on the day of the inspection and the appropriate information was added to the boxes during the inspection. The dental nurse confirmed sharps boxes are signed and dated on final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.</p> <p>Discussion with the dental nurse and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. She confirmed 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	No rating given
Inspector's overall assessment of the dental practice's compliance level against the standard assessed	Compliant

10.2 Environmental design and cleaning

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.1 Your dental service’s premises are clean.</p>
<p>Inspection Findings:</p> <p>Mr Graham omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Floor coverings are impervious and were covered and sealed at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>Discussion with the dental nurse confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with the dental nurse 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>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Complaint</p>

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: Mr Graham omitted to rate the practice arrangements for hand hygiene on the self-assessment.</p> <p>The practice has a hand hygiene policy and procedure in place.</p> <p>A dental nurse confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with the dental nurse 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. A recommendation was made that the hand washing sinks in the two surgeries have the overflows blanked off using a stainless steel plate sealed with antibacterial mastic. The dental nurse confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Hibiscrub was noted at the sink in the decontamination room and ground floor surgery, the dental nurse advised this was not used for general hand washing and only used by the dentist. In the decontamination room the Hibiscrub had been decanted into another bottle which did not match the content. The dental nurse discarded the bottle during the inspection.</p> <p>The inspector observed that wipe-clean posters promoting hand hygiene were on display in dental surgeries, the decontamination room and toilet facilities.</p>

<p>Provider’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>No rating given</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

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.	
Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.	
Inspection Findings:	
Mr Graham omitted to rate the practice approach to the management of dental medical devices on the self-assessment.	
The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.	
The practice has a legionella risk assessment in place. As discussed in section 9.0, a recommendation was made for the second time that this is further developed. An amendment was made to the legionella risk assessment regarding the flushing arrangements of DUWLs during the inspection.	
Mrs Graham and a dental nurse advised that management of the DUWLs was undertaken by Mr Graham on a daily basis. The dental nurse confirmed that filters are cleaned/replaced as per manufacturer’s instructions, DUWLs are drained at the end of each working day and they are flushed at the start of each working day and between every patient.	
The management arrangements of the DUWL’s for the Fivemiletown practice were discussed with Mr Graham during the Clogher practice inspection on the afternoon of this inspection. Mr Graham confirmed that:	
<ul style="list-style-type: none"> • Self-contained water bottles are removed, flushed with distilled water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; and • DUWLs and handpieces are fitted with anti-retraction valves. 	
Discussion with Mr Graham and the dental nurse confirmed that DUWLs are appropriately managed with the exception of the purging of lines. Mr Graham confirmed, during discussion that it is his belief that DUWLs should not be purged. Therefore there is no system in place for this or for periodic disinfection. HTM 01-05 states that periodical disinfection or purging of the lines should be done to remove the Biofilm build up. A recommendation was made that the practice should have a procedure to manage the infection risk from their DUWLs either compliant with the manufacturer’s instructions or with the guidance form HTM01 05.	
The dental nurse confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to laboratory and before being placed in the patient’s mouth.	

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

10.5 Personal Protective Equipment

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings: Mr Graham omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment.</p> <p>The practice has a policy and procedure in place for the use of PPE and the dental nurse spoken with demonstrated awareness of this. She 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 the dental nurse confirmed that:</p> <ul style="list-style-type: none"> • Hand hygiene is performed before donning and following the removal of disposable gloves; • Single use PPE is disposed of appropriately after each episode of patient care; • Heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and • Eye protection for staff and patients is decontaminated after each episode. <p>The dental nurse confirmed that staff are 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>No rating given</p>
<p>Inspector’s overall assessment of the dental practice’s compliance level against the standard assessed</p>	<p>Compliant</p>

10.6 Waste

STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.	
Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..	
Inspection Findings:	
Mr Graham omitted to rate the practice approach to the management of waste on the self-assessment.	
The practice has a policy and procedure in place for the management and disposal of waste in keeping with HTM 07-01. The dental nurse confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically.	
Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.	
Observations made and discussion with the dental nurse confirmed that staff are aware of the different types of waste and appropriate disposal streams.	
A pedal operated bin is available in the decontamination room. The clinical waste bins in the surgeries are located below the worktop and a pedal operated bin cannot be facilitated, a non-touch system is currently used by staff.	
Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.	
One inspector observed adequate provision of sharps containers, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report. Only sharps boxes suitable for general sharps waste were provided for use in both of the surgeries and purple lidded sharps box for the disposal of pharmaceutical waste were not available. This was discussed with Mr Graham during the inspection of Clogher Valley Dental Care, Clogher, on the afternoon of this inspection. Mr Graham confirmed that the practice policy is to fully discharge local anaesthetic cartridges into the patient's mouth; therefore, a pharmaceutical sharps box is not required. However, a small supply of purple lidded sharps boxes have recently been received in the Clogher Valley Dental Care, Clogher, practice should the practice policy change.	

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

10.7 Decontamination

<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>Mr Graham omitted to rate the decontamination arrangements of the practice 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 washer disinfectant and steam steriliser have been provided to meet the practice requirements. The dental nurse confirmed staff had received training in the use of the washer disinfectant.</p> <p>Review of documentation evidenced that equipment used in the decontamination process has been appropriately validated.</p> <p>Review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.</p>

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

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

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with a dental nurse and a dental nurse/receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. None were returned to RQIA within the timescale required.

Discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles.

11.2 Patient Consultation

Mr Graham 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. An inspector observed the summary of the most recent patient consultation survey completed in May 2014.

11.3 Registration Certificate

The inspectors observed that the RQIA registration certificate was not displayed in the practice. This was discussed with Mrs Graham, who located the certificate to put on display. Mrs Graham requested that her forename and the title Mrs be removed from the certificate and inspectors advised that they would pass this information to the registration team in RQIA for their consideration and follow-up. However, Mrs Graham altered the certificate of registration; inspectors advised that the certificate could not be amended by her as this is a legal document. Mrs Graham provided the inspectors with the certificate which was returned to the registration team for consideration of her request. This matter will be followed up by the registration team and a new certificate will be issued in due course.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs C Graham as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

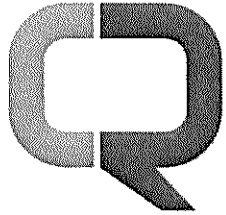
Emily Campbell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Emily Campbell
Inspector/Quality Reviewer

Date

Elaine Connolly
Senior Inspector

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Inspection

Clogher Valley Dental Care - Fivemiletown

4 July 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 Mrs C Graham or Mr R Graham 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.

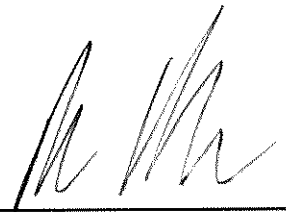
It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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	14	A copy of the fixed wiring installation inspection and test certificate should be forwarded to RQIA when returning the quality improvement plan (QIP). Ref 9.0	Two	SINCE THIS IS A NEW BUILD THE ELECTRICIAN HAS INFORMED ME THAT THE FROD WIRING DOES NOT NEED TESTING FOR A NUMBER OF YEARS YET.	On submission of quality improvement plan
2	14	Further develop the legionella risk assessment to include the sources of water at the practice and the internal plumbing system. Undertake the control measures monthly as outlined in the risk assessment. Ref 9.0	Two	THIS IS A NEW BUILD AND WAS DONE AT THE TIME OF BUILDING THE PRACTICE THIS IS ALREADY BEING DONE AND IS RECORDED IN THE LEGIONELLA RISK ASSESSMENT	Three months
3	13	The hand washing sinks in the two surgeries should have the overflows blanked off using a stainless steel plate sealed with antibacterial mastic. Ref 10.3	One	THE PLUMBER HAS BEEN CONTACTED.	Three months
4	13	The practice should have a procedure to manage the infection risk from their dental unit water lines (DUWLs) either compliant with the manufacturer's instructions or with the guidance from HTM01 05. Ref 10.4	One	WE DO MANAGE THE INFECTION RISK AND HAVE A PROCEDURE IN PLACE TO DO THIS. WE DO NOT PUT ANY CHEMICALS IN THE WATER BOTTLES AS I BELIEVE THAT CONSTANT EXPOSURE TO THESE CHEMICALS IN AEROSOL FORM COULD BE DANGEROUS BOTH TO MY STAFF + TO MY PATIENTS. IF RQIA CAN GIVE ME A 100% GUARANTEE THAT ANY OF THESE CHEMICALS ARE SAFE THEN WE WILL USE THEM.	Three months

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

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

SIGNED: 

NAME: RICHARD GRAHAM
 Registered Provider

DATE: 1/9/14

SIGNED: 

NAME: C. GRAHAM
 Registered Manager

DATE: 1/9/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable				
B	Further information requested from provider	✓		B. Campbell	19/9/14