



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Lisburn Dental Surgery
Establishment ID No: 11475
Date of Inspection: 21 October 2014
Inspector's Name: Lynn Long
Inspection No: 20461

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

1.0 General Information

| | |
|---|---|
| Name of establishment: | Lisburn Dental Surgery |
| Address: | 469 Longstone Street Lisburn BT28 1TP |
| Telephone number: | 028 9263 4444 |
| Registered organisation / responsible individual: | Dental World Ltd Mr Robert McMitchell |
| Registered manager: | Miss Jessica Larmour |
| Person in charge of the establishment at the time of Inspection: | Miss Jessica Larmour |
| 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: | Enforcement Monitoring 08 April 2014 |
| Date and time of inspection: | 21 October 2014 10.00-13.10 |
| Name of inspector: | Lynn Long |

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 Miss Jessica Larmour, registered manager;
- discussion with Ms Linda McVey, Dental World Ltd, representative;
- 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 | 4 | |
| Staff Questionnaires | 3 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

Lisburn Dental Surgery is located within commercial premises which have been converted and adapted to accommodate a dental practice. It is located on one of the main arterial routes into the City of Lisburn. Lisburn Dental Surgery forms part of the Dental World Limited group.

On street car parking is available for patients. The establishment is accessible for patients with a disability as both surgeries and disabled access toilets are located on the ground floor.

Lisburn Dental Surgery operates two dental chairs, providing both private and NHS dental care. A waiting area and toilet facilities are available for patient use. The practice has a decontamination room, a separate room which accommodates an orthopan tomogram machine and another room accommodating the plant equipment. Staff and storage facilities are also available on the ground floor. The first floor of the building is residential accommodation and the second floor provides storage space.

The practice employs one dentist, one dental nurse and one receptionist they are supported in their various roles by Miss Jessica Larmour, registered manager.

Mr Robert McMitchell has been the responsible individual since registration of the practice with RQIA in April 2013. Miss Jessica has been the registered manager since March 2014.

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

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

There is a condition on the registration of this practice which states that:

A dental nurse proficient in the area of infection prevention and control and decontamination must be on site at all times whilst dental treatment is being provided at Lisburn Dental Surgery. The proficient dental nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.

8.0 Summary of Inspection

This announced inspection of Lisburn Dental Surgery was undertaken by Lynn Long on 21 October 2014 between the hours of 10.00 and 13.10. Miss Jessica Larmour, registered manager and Ms Linda McVey, Dental World Ltd representative were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements made as a result of the previous inspection were also examined. Observations and discussion demonstrated that 10 of the 15 requirements had been addressed.

Three requirements had not been addressed and have been stated for the third and final time. These relate to recruitment of staff, AccessNI enhanced disclosure checks and ensuring that records are retained and available for inspection. Two requirements have been partially addressed. Of these, the unaddressed aspect of the requirement in relation to ensuring reusable instruments are processed appropriately has been stated for the third and final time.

Of a partially addressed requirement in relation to the periodic testing of decontamination equipment and recording of this information a number of issues were identified. As a result of these issues this requirement has been incorporated into requirements in relation to the governance and oversight arrangements in the practice and the competency of staff. A recommendation was also made during this inspection regarding the level of detail to be retained for training records.

The detail of the action taken by Miss Larmour can be viewed in the section following this summary.

Prior to the inspection, Miss Larmour completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Miss Larmour 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; none were returned to RQIA within the timescale required.

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 01 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.

The practice has a policy 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 Miss Larmour and staff evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure, with the exception of the monitoring of the Hepatitis B immunisation status of staff. 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.

Miss Larmour confirmed on the submitted self-assessment that clinical staff have been immunised with the hepatitis B vaccination. However, review of the staff recruitment records evidenced that records to this effect have not been retained. This issue was discussed with Miss Larmour and the need to ensure that confirmation of clinical staff immunisation status has been incorporated into the requirements relating to the retention of records and ensuring the relevant information is obtained prior to staff commencing employment.

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. One dental chair had a number of tears and a recommendation has been made to address this.

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

A written scheme for the prevention of legionella is available. A review of the legionella risk assessment identified that a number of recommendations had been made. However, records to confirm that the recommendations made as a result of the legionella risk assessment have been addressed have not been retained. The review also identified that the responsible personnel detailed in the risk assessment are no longer working at the practice. This was discussed with Miss Larmour and a recommendation to address these issues has been made.

Procedures are in place for the use, maintenance, service and repair of all medical devices. Observations made and discussion with staff confirmed that dental unit water lines (DUWLs) are appropriately managed.

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

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

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is available. Appropriate equipment, including a washer disinfectant and a steam steriliser have been provided to meet the practice requirements. Records to confirm that the equipment had been validated were not retained at the practice. Miss Larmour contacted Dental World Limited Head Office and requested that a copy of the validation certificates be emailed for review. The validation certificates were reviewed electronically prior to the conclusion of the inspection. As discussed previously a requirement has been stated for the third and final time to ensure that records are available for inspection. A number of issues in relation to the periodic testing for the steam steriliser and washer disinfectant were identified. It was also identified that on a number of days during October 2014 the data logger for the washer disinfectant indicated that it had not been used. These issues are discussed in more detail in sections 10.7, 11.4 and 11.5. As a result of the issues identified requirements have been made in relation to the competency of staff and the oversight and governance arrangements at the practice and a requirement has been stated for the third and final time to ensure that all reusable dental instruments are appropriately cleaned in keeping with best practice as outlined in HTM 01-05.

The evidence gathered through the inspection process concluded that Lisburn Dental Surgery is moving towards compliance with this inspection theme.

Miss Larmour 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.

Despite a requirement being made in December 2013 and stated for the second time in March 2014 Miss Larmour confirmed that an AccessNI enhanced disclosure check was not in place for one staff member. This was concerning to the inspector. The inspector discussed the concerns with Miss Larmour and confirmed that these concerns had been highlighted to Ms McVey and the former registered manager previously in relation to the identified employee. Miss Larmour informed the inspector that this information had not been shared with her when she became the registered manager of the practice.

A review of the personnel files also identified that the necessary pre-employment checks have not been undertaken for the staff employed despite a requirement in relation to the recruitment of staff being made during the inspection in December 2013 and stated for the second time in March 2014.

The inspector discussed the concerns in relation to recruitment of staff, including enhanced AccessNI checks, with Miss Larmour and advised that the safeguards to protect and minimise risk to patients, during recruitment were compromised.

Requirements in relation to obtaining a satisfactory AccessNI enhanced disclosure for staff prior to commencing employment and ensuring that staff are not employed prior to obtaining all of the relevant recruitment information as outlined in the legislation were stated for the third and final time.

Following the inspection the issues in relation to the recruitment of staff were escalated to the senior inspector in RQIA. A decision was taken that the identified employee should be relieved from their duties at this or any other Dental World practice until such times as a satisfactory AccessNI enhanced disclosure has been received. Miss Larmour was contacted by telephone on the afternoon of the inspection and was informed of the need to ensure that the identified staff member was relieved of their duties. Following the inspection confirmation was received from Miss Larmour that the identified employee was not currently working.

Requirements in relation to ensuring that the records specified in Schedule 3 Part II of the legislation are at all times available for inspection have been made on two previous occasions. Despite this a number of records were not retained or were not available for inspection. This was discussed with Miss Larmour and the requirement has been stated for the third and final time.

The inspector discussed the governance and oversight arrangements at this practice with Miss Larmour. Miss Larmour confirmed that she has not been visiting Lisburn Dental Surgery as frequently as she would wish to as a result of having to undertake dental nursing duties in another practice. The issues being identified by the inspector should be identified during regular governance and oversight visits to the practice by the responsible individual and/or the registered manager. Immediate action is needed to ensure that the expected standards of practice are being implemented at all times and to ensure that the required improvements are fully implemented and are consistently sustained. A requirement has been made in this regard.

As discussed previously it was identified that information which is key in relation to recruitment of staff and safeguarding of patients had not been shared with Miss Larmour despite staff within the Dental World Limited group being aware of it. Communication systems within the Dental World Limited group must be reviewed to ensure that important information is shared with the relevant personnel. Addressing this issue in relation to communication forms part of the overall requirement made in relation to oversight and governance arrangements.

Six requirements, four of which have been stated for the third and final time and three recommendations were made as a result of the announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

Following the inspection Miss Larmour was informed that a follow-up inspection would be undertaken in the near future to review the progress in relation to the issues identified.

The inspector wishes to thank Miss Larmour, Ms McVey and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues Enforcement Monitoring 08 April 2014.

| No | Regulation Ref. | Requirements | Action taken - as confirmed during this inspection | Inspector's Validation of Compliance |
|----|-----------------|---|--|--------------------------------------|
| 1 | 1(3) | <p>A dedicated decontamination room must be completed, fully equipped and operational to ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. This includes the following:</p> <p>The establishment of a fully functioning dedicated decontamination room separate from patient treatment areas. The layout of the room should be in keeping with best practice as outlined in HTM 01-05 (2013 edition and PEL(13) 13, which replaced PEL (12) 23).</p> | <p>A dedicated decontamination room has been established at this practice.</p> <p>This requirement has been addressed.</p> | Compliant |
| 2 | 15(3) | <p>The registered person must ensure that a validated washer disinfector of adequate capacity is installed to remove the need for manual washing dental instruments.</p> | <p>A washer disinfector has been installed and staff confirmed during discussion that it is being used in the decontamination process.</p> <p>Records of the validation of equipment were not retained at the practice. Miss Larmour contacted Dental World Limited Head Office and requested that a copy of the validation certificate be emailed for review. The validation certificate was reviewed electronically prior to</p> | Compliant |

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| | | | <p>the conclusion of the inspection.</p> <p>This requirement has been addressed.</p> <p>The issue in relation to retaining records for inspection has been included in another requirement.</p> | |
| 3 | 15(3) | <p>The registered person must ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.</p> | <p>A review of the decontamination process and discussion with staff implied that this requirement has been addressed.</p> <p>However, a random review of the downloaded data logger information from the washer disinfecter identified a number of days in the month of October 2014 when the washer disinfecter had not been used. This was concerning to note and was discussed at length with Miss Larmour.</p> <p>This requirement has been partially addressed and the relevant section has been stated for the third and final time.</p> | Moving towards compliance |
| 4 | 15(3) | <p>The registered person must review the current process for the manual cleaning of dental instruments to address the issues identified during this inspection.</p> | <p>Staff confirmed during discussion that manual cleaning is only undertaken in the event of the automated washer disinfecter being out of action. However, as discussed previously review of the data logger information from the washer disinfecter identified a number of days in the month of October 2014 when the washer disinfecter had not been used.</p> <p>A manual cleaning procedure has been established and staff were able to describe the</p> | Compliant |

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| | | | <p>process of manual cleaning should it be required.</p> <p>This requirement has been addressed.</p> | |
| 5 | 15(2)(b) | <p>The registered person must ensure that relevant periodic testing for the steriliser, in accordance with HTM 01-05, is undertaken and recorded.</p> <p>A system to record the cycle parameters must also be installed.</p> | <p>A review of the records identified that some progress in relation to the recording of periodic testing for the steriliser has been made. However, a number of issues of concern in relation to the periodic testing for the steriliser have been identified. These are discussed further in section 10.7.</p> <p>A system to record the cycle parameters has been installed.</p> <p>This requirement has been incorporated into requirements which have been made in relation to the competence of staff and the oversight and governance arrangements at the practice.</p> | Moving towards compliance |
| 6 | 18(2)(a) | <p>The registered person must ensure that all staff employed in or for the purposes of the practice receive mandatory training in infection prevention and control and decontamination.</p> <p>Training records which include the date and time of the training, the name and signature of the staff in attendance, the content of the training and the name of the person who delivers the training should be retained.</p> | <p>Miss Larmour, the dentist and the dental nurse confirmed during discussion that both the dentist and the dental nurse had attended training in infection prevention and control and decontamination on three occasions since the previous inspection.</p> <p>Records in relation to staff training had not been retained. There was nothing to confirm the staff training which had been attended in March 2014 and records of more recent training had not been retained. Ms McVey requested an electronic copy of the content of the training which had been provided by NIMDTA in October 2014. This was printed and reviewed prior to</p> | Compliant |

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| | | | <p>the conclusion of the inspection.</p> <p>The importance of retaining training records was discussed at length with Miss Larmour and Ms McVey.</p> <p>This requirement has been addressed.</p> <p>The issue in relation to retaining records for inspection has been included in another requirement and a recommendation has been made regarding the level of detail to be retained for training records.</p> | |
| 7 | 21(2)(a)(b) | Patient records must be appropriately stored and the principles of confidentiality addressed with staff. | <p>Patient records were no longer being stored in an area which was accessible to patients.</p> <p>This requirement has been addressed.</p> | Compliant |
| 8 | 25(2)(d) | Cleaning products must be stored in keeping with COSHH regulations. | <p>Cleaning products were being stored in keeping with COSHH regulations.</p> <p>This requirement has been addressed.</p> | Compliant |
| 9 | 25(4)(a) | The plant room should be tidied, patient records removed and appropriately stored and any materials which represent a fire hazard should be removed. | <p>The plant room was tidy and it was observed that the patients records previously stored in this room have been removed.</p> <p>This requirement has been addressed.</p> | Compliant |
| 10 | 18(2)(a) | The registered person must ensure that all staff employed in or for the purposes of the practice participate in a structured induction programme. Documentary evidence must be retained and available for inspection. | <p>A review of the records and discussion with Miss Larmour confirmed that a structured induction programme has been developed and completed for staff.</p> <p>This requirement has been addressed.</p> | Compliant |

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| 11 | 19(2)(d) Schedule 2 | <p>The registered person must ensure that staff currently employed without an AccessNI check are supervised at all times until such times as a satisfactory AccessNI check has been received.</p> <p>Ensure that all staff have the required AccessNI checks prior to commencing employment.</p> | <p>A review of the records and discussion with Miss Larmour confirmed that an AccessNI check has been received for two staff. However, an enhanced AccessNI disclosure check had not been obtained for one staff member currently employed.</p> <p>This is concerning to note as this requirement was first made in December 2013 and was stated for the second time in March 2014.</p> <p>This matter is discussed further in section 11.3.</p> <p>This requirement has not been addressed and has been stated for the third and final time.</p> | Not compliant |
| 12 | 19(2)(d) Schedule 2 | <p>The registered person shall not employ a person to work unless they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Records must be retained and available for inspection.</p> | <p>A review of the personnel records for three staff identified that the relevant information as outlined in the legislation is not being obtained.</p> <p>This is discussed further in section 11.3.</p> <p>This requirement has not been addressed and has been stated for the third and final time.</p> <p>Recruitment/Personnel records were not available at the practice on request. However, Miss Larmour contacted Mr McMitchell who travelled to Dental World Limited Head Office and brought the personnel records to the practice for inspection.</p> <p>The issue in relation to retaining records for inspection has been included in another requirement.</p> | Not compliant |

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| <p>13</p> | <p>21(3) Schedule 3 Part II</p> | <p>The registered provider must ensure that all records specified in Schedule 3 Part II of the legislation are at all times available for inspection in the establishment.</p> | <p>Requirements in relation to ensuring that the records specified in Schedule 3 Part II of the legislation are available for inspection have been made on two previous occasions. Despite this a number of records were not retained or were not available for inspection.</p> <p>Personnel records were not available for inspection. However, when requested, Miss Larmour requested that these were brought to the practice from Dental World Limited Head Office.</p> <p>Training records were not retained. However, some details in relation to one of the most recent training events were requested by Ms McVey and were provided prior to the conclusion of the inspection.</p> <p>Validation certificates for the equipment in the decontamination room were not retained at the practice. Miss Larmour confirmed that the certification had been retained at the practice until the week prior to the inspection when it had been taken to head office for duplication. When requested by Miss Larmour, the validation certificates were sent electronically to Miss Larmour's mobile phone and were reviewed.</p> <p>Concerns in relation to records management at this practice were discussed at length with Miss Larmour.</p> <p>This requirement has not been addressed and has been stated for the third and final</p> | <p>Not compliant</p> |
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| | | | time. | |
| 14 | 15(6) | <p>The registered person must address the following issues in relation to medications:</p> <p>Review the medications and equipment retained for use in a medical emergency in line with best practice as outlined in the Resuscitation Council (UK) guidance.</p> <p>Review the current arrangements for the storage of medications retained for use in a medical emergency.</p> <p>Ensure all staff employed are aware of where the medications for use in a medical emergency are stored.</p> | <p>A review of the medications and equipment retained for use in a medical emergency confirmed that they are being retained in line with best practice.</p> <p>Medications for use in a medical emergency are no longer being retained in a box folder and staff were aware of where the medications were stored.</p> <p>This requirement has been addressed.</p> | Compliant |
| 15 | 15(1)(b) | <p>The registered person must address the issue, regarding the beam profile for one intra-oral x-ray machine which was identified by the Radiation Protection Advisor in their most recent report.</p> <p>Retain evidence of the actions taken to address the deficits.</p> | <p>Miss Larmour confirmed that the identified intra-oral x-ray machine is no longer in use. It was confirmed that a notice to confirm that this piece of equipment was 'out of order' was in place.</p> <p>Miss Larmour also confirmed that the Orthopan Tomogram machine was no longer in use.</p> <p>Both of these pieces of equipment were confirmed as out of use in the most recent Radiation Protection Advisor's report.</p> <p>This requirement has been 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:

11.2 You receive care and treatment from a dental team (including temporary members) who have undergone appropriate checks before they start work in the service.

13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.

13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.

Inspection Findings:

Miss Larmour rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.

Review of documentation and discussion with staff evidenced that:

- the prevention and management of blood-borne virus exposure is included in the staff induction programme; and
- staff training has been provided for clinical staff.

As discussed previously records of staff training have not been retained and a recommendation has been made.

Miss Larmour confirmed on the submitted self-assessment that clinical staff have been immunised with the hepatitis B vaccination. However, records to confirm this have not been retained and review of the staff recruitment records evidenced this. One member of clinical staff had an appointment card detailing a future appointment with their General Practitioner for immunisation. This issue was discussed with Miss Larmour and the need to ensure that confirmation of clinical staff immunisation status has been incorporated into the requirements relating to the retention of records and ensuring the relevant information is obtained prior to staff commencing employment.

Discussion with staff confirmed that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.

Observations made and discussion with staff evidenced that sharps are appropriately handled. Sharps boxes are 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.

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.

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| 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 |

10.2 Environmental design and cleaning

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.1 Your dental service’s premises are clean.</p> |
| <p>Inspection Findings:</p> <p>Miss Larmour rated the practice arrangements for environmental design and cleaning as moving towards compliance 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 sealed at the edges. Fixtures and fittings were free from damage, dust and visible dirt.</p> <p>One dental chair had a number of tears. This was discussed with Miss Larmour who confirmed that Dental World Limited are currently in discussion with an organisation who repair torn dental chairs with a view to recovering the chair. A recommendation has been made to address this.</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. <p>A cleaning schedule has been developed and staff confirmed that it is being completed. It was suggested that a record to confirm when the cleaning has been undertaken is retained.</p> <p>Staff confirmed during discussion that they have received the relevant training to undertake their duties. As discussed training records have not been retained and a recommendation has been made.</p> |

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

10.3 Hand Hygiene

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

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| <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> |

10.4 Management of Dental Medical Devices

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p> |
| <p>Inspection Findings:</p> <p>Miss Larmour omitted to rate the practice approach to the management of dental medical devices as 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. The review identified that a number of recommendations had been made. However, records to confirm that the recommendations made as a result of the legionella risk assessment have been addressed have not been retained. The review also identified that the responsible personnel detailed in the risk assessment are no longer working at the practice. This was discussed with Miss Larmour and a recommendation to address these issues has been made.</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 water to supply the DUWLs; • self-contained water bottles are removed, flushed with reverse osmosis water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance; • a single use sterile water source is used for irrigation in dental surgical procedures; • DUWLs are drained at the end of each working day; • DUWLs are flushed at the start of each working day and between every patient; • DUWLs and handpieces are fitted with anti-retraction valves; and • DUWLs are purged using disinfectant as per manufacturer’s recommendations. |

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| <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> |

10.5 Personal Protective Equipment

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p> |
| <p>Inspection Findings: Miss Larmour 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.</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. |

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

10.6 Waste

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p> |
| <p>Inspection Findings: Miss Larmour 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 waste management was included in their recent infection prevention and control training.</p> <p>Review of documentation confirmed that contracted arrangements are in place for the disposal of waste by a registered waste carrier and relevant consignment notes are retained in the practice for at least three years.</p> <p>Observations made and discussion with staff confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>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> |

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| <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

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| <p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p> |
| <p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p> |
| <p>Inspection Findings:</p> <p>Miss Larmour 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 steam steriliser have been provided to meet the practice requirements.</p> <p>It was observed that the serial number for the steam steriliser recorded on the equipment log book differed from the serial number on the steriliser in use and there was no validation certificate retained at the practice. Concerns in relation to these issues were raised with Miss Larmour.</p> <p>Miss Larmour confirmed during discussion that the washer disinfector had also been validated. However, there was no validation certificate retained at the practice.</p> <p>As discussed records of the validation of the equipment were not retained at the practice. Miss Larmour confirmed that they had been at the practice until the week prior to the inspection when they had been taken to Dental World Limited Head Office for duplication. Miss Larmour contacted Dental World Limited Head Office and requested that a copy of the validation certificates be emailed for review. The validation certificates were reviewed electronically prior to the conclusion of the inspection.</p> <p>It is concerning to note that the relevant records as outlined in the legislation are not available at all times for inspection despite a requirement in relation to this having been made during inspections in March and April 2014. This was discussed at length with Miss Larmour and a requirement has been stated for the third and final time.</p> <p>A review of equipment logbooks was undertaken. The review identified that some progress in relation to the periodic testing for the steriliser has been made. However, the following issues were identified in relation to the recording of periodic testing:</p> <ul style="list-style-type: none"> • the serial number in the logbook for the steam steriliser differed from the serial number on the steriliser in use; • paper print outs from the steam steriliser have not been dated; • protein residue tests for the washer disinfector are not being carried out weekly as outlined in HTM 01-05; • an automatic control test was being recorded daily for the steam steriliser. A review of the records identified that they had not differed since July 2014. This was discussed with Miss Larmour and staff and it was confirmed that the staff member was not undertaking and |

- recording the ACT daily but was duplicating what had been written the previous day; and
- the washer disinfectant has been fitted with a data logger to record information in relation to the cycles. A review of the information which has been uploaded to the practice computer system indicated that the washer disinfectant has not been used on five days since 1 October 2014, despite the practice being open and operational on these days.

As discussed the records retained indicated that the washer disinfectant was not being used daily to process reusable dental instruments. This was discussed with Miss Larmour and a requirement has been stated for the third and final time.

As a result of the identified issues the oversight and governance arrangements within the practice and the competency of staff were discussed with Miss Larmour. These issues are discussed in more detail in section 11.0 and a requirement has been made.

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

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

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with one dentist, one dental nurse, Miss Larmour, registered manager and Ms McVey, Dental World Representative. Staff indicated during discussion that they had recently attended infection prevention and control and decontamination training. Staff also indicated that they were supported in their various roles.

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.

11.2 Patient Consultation

Miss Larmour 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.

11.3 Recruitment of Staff

Despite a requirement being made in December 2013 and stated for the second time in March 2014 Miss Larmour confirmed that an AccessNI enhanced disclosure check was not in place for one staff member.

Miss Larmour indicated that the reason for the delay in receipt of this enhanced disclosure check was due to the fact that Dental World Limited have recently changed the Umbrella Body they use to process AccessNI enhanced disclosures. However, the original umbrella body had been used to obtain a disclosure for other members of staff.

It was concerning to note that an enhanced AccessNI check had not been obtained for the identified employee. The inspector discussed the concerns with Miss Larmour and confirmed that these concerns had been highlighted to Ms McVey and the former registered manager previously in relation to the identified employee.

Miss Larmour confirmed that these concerns had not previously been shared with her. The importance of ensuring good open lines of communication are maintained within the Dental World Limited group were discussed with Miss Larmour and the importance of good communication is included in the requirement in relation to the oversight and governance arrangements in the practice.

Following a request from Miss Larmour staff personnel files were brought to the dental practice and were reviewed. The review identified that the necessary pre-employment checks have not been undertaken for the staff employed despite a requirement in relation to the recruitment of staff being made during the inspection in December 2013 and stated for the second time in March 2014.

The inspector discussed the concerns in relation to recruitment of staff, including AccessNI checks with Miss Larmour and advised that the safeguards to protect and minimise risk to patients, during recruitment were compromised.

Requirements in relation to obtaining a satisfactory AccessNI enhanced disclosure for staff prior to commencing employment and ensuring that staff are not employed prior to obtaining all of the relevant recruitment information as outlined in the legislation were stated for the third and final time.

Following the inspection the issues in relation to the recruitment of staff were escalated to the senior inspector in RQIA. A decision was taken that the identified employee should be relieved from their duties until such times as a satisfactory AccessNI enhanced disclosure has been received. Miss Larmour was contacted by telephone on the afternoon of the inspection and was informed of the need to ensure that the identified staff member was relieved of their duties. Following the inspection confirmation was received from Miss Larmour that the identified employee was not currently working.

11.4 Staff competency

A condition was placed on the registration of Lisburn Dental Surgery following a Notice of Decision being issued to Mr McMitchell on 21 May 2014. The condition states that:

A dental nurse proficient in the area of infection prevention and control and decontamination must be on site at all times whilst dental treatment is being provided at Lisburn Dental Surgery. The proficient dental nurse must continue to be on site until such times as the relevant staff are trained and deemed competent.

The condition on the registration of the practice was discussed with Miss Larmour. Miss Larmour confirmed that a proficient dental nurse had been on site until July 2014 when the dental nurse employed at Lisburn Dental Surgery had been deemed competent.

As a result of the issues identified during this inspection with the log books, periodic testing and gaps in the information contained on the data logger the inspector raised concerns in relation to the competency of the dental nurse with Miss Larmour.

Miss Larmour confirmed that the dental nurse had been deemed competent following their attendance at two training sessions relating to infection prevention and control and decontamination one of which was held in May 2014 and the other more recently. It was discussed with Miss Larmour that attendance at training alone is not sufficient to deem a person competent and the importance of developing tools to assess competence was discussed with Miss Larmour and a requirement was made.

As discussed previously the importance of ensuring records of staff training are retained to include the date and time of the training, the name and signature of the staff in attendance, the content of the training and the name of the person who delivers the training was discussed with Miss Larmour and a recommendation was made. A requirement has also been stated for the third time in relation to records being retained and available for inspection.

11.5 Governance and oversight arrangements

The inspector discussed the governance and oversight arrangements at this practice with Miss Larmour. Miss Larmour confirmed that she has not been visiting Lisburn Dental Surgery as frequently as she would wish to as a result of having to undertake dental nursing duties in another practice.

The responsibilities of a responsible individual and registered manager as outlined in the legislation were discussed with Miss Larmour and Ms McVey and both confirmed that they have a copy of the Independent Health Care Regulations (Northern Ireland) 2005.

The issues identified by the inspector should be identified during regular governance and oversight visits to the practice by the responsible individual and/or the registered manager.

It is the view of the inspector that the governance and oversight role of a registered manager is a key role in the Dental World Limited Group given the number of practices within the group and the number of practices each registered manager is responsible for.

Immediate action is needed to ensure that the expected standards of practice are being implemented at all times and to ensure that the required improvements are fully implemented and are consistently sustained. A requirement has been made.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Jessica Larmour, registered manager and Ms Linda McVey, Dental World Limited representative 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.

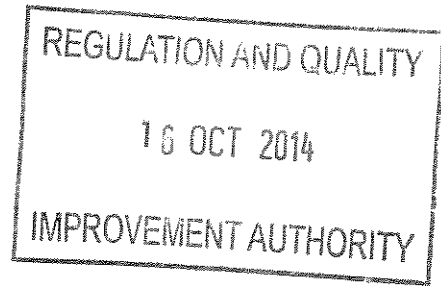
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority



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

Name of practice: Lisburn Dental Surgery
RQIA ID: 11475
Name of inspector: Lynn Long

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) | ✓ | | |
| 1.2 Have all staff received training in relation to the prevention and management of blood-borne virus exposure? (1.22, 9.1, 9.5) | ✓ | | |
| 1.3 Have all staff at risk from sharps injuries received an Occupational Health check in relation to risk reduction in blood-borne virus transmission and general infection? (2.6) | ✓ | <i>NA</i> | |
| 1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8) | ✓ | | |
| 1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74) | ✓ | | |
| 1.6 Management of sharps Any references to sharps management should be read in conjunction with The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 Are sharps containers correctly assembled? | ✓ | | |

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| 1.7 Are in-use sharps containers labelled with date, locality and a signature? | ✓ | | |
| 1.8 Are sharps containers replaced when filled to the indicator mark? | ✓ | | |
| 1.9 Are sharps containers locked with the integral lock when filled to the indicator mark? Then dated and signed? | ✓ | | |
| 1.10 Are full sharps containers stored in a secure facility away from public access? | ✓ | | |
| 1.11 Are sharps containers available at the point of use and positioned safely (e.g. wall mounted)? | ✓ | | |
| 1.12 Is there a readily-accessible protocol in place that ensures staff are dealt with in accordance with national guidance in the event of blood-borne virus exposure? (2.6) | ✓ | | |
| 1.13 Are inoculation injuries recorded? | ✓ | | |
| 1.14 Are disposable needles and disposable syringes discarded as a single unit? | ✓ | | |
| Provider's level of compliance <i>compliant.</i> | | Provider to complete | |

| 2 Environmental design and cleaning | | | |
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| Inspection criteria | Yes | No | If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05. |
| 2.1 Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54) | ✓ | | |
| 2.2 Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55) | ✓ | | |
| 2.3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6) | ✓ | | |
| 2.4 Is the dental chair cleaned between each patient? (6.46, 6.62) | ✓ | | |
| 2.5 Is the dental chair free from rips or tears? (6.62) | | ✓ | currently covered in plastic changed twice per day until repair, as per advice from Elaine Fugard |
| 2.6 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38) | | ✓ | see above. |
| 2.7 Are all work-surface joints in fact, seamless, with no visible damage? (6.46, 6.47) | ✓ | | |
| 2.8 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38) | ✓ | | |
| 2.9 Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64) | | | N/A |
| 2.10 Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64) | | ✓ | Floors in surgery need sealed. to be done Oct 2014 |

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| <p>2.11 Do all floor coverings in clinical and decontamination areas have coved edges that are sealed and impervious to moisture? (6.47)</p> | | <p>✓</p> | <p>to be completed Oct 2014</p> |
| <p>2.12 Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)</p> | <p>✓</p> | | |
| <p>2.13 Are toys provided easily cleaned? (6.73)</p> | | | <p>N/A</p> |
| <p>2.14 Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)</p> | <p>✓</p> | | |
| <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> | <p>✓</p> | | |
| <p>2.16 Is cleaning equipment stored in a non-clinical area? (6.60)</p> | <p>✓</p> | | |
| <p>2.17 Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)</p> | <p>✓</p> | | |
| <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> | <p>✓</p> | | |
| <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> | <p>✓</p> | | |
| <p>2.20 Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)</p> | <p>✓</p> | | |

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

3 Hand hygiene


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

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| <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>✓</p> | | |
| <p>3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p> | <p>✓</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>✓</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>✓</p> | <p>Yes in decontamination room.</p> <p>No in surgery - to be replaced</p> |
| <p>3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p> | <p>✓</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>✓</p> | | |
| <p>3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p> | <p>✓</p> | | |
| <p>3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p> | <p>✓</p> | | |

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

| 4 Management of dental medical devices | | | |
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| Inspection criteria | Yes | No | If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05. |
| 4.1 Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices? (1.18, 2.4a, 2.6, 2.7, 3.54) | ✓ | | |
| 4.2 Has the practice carried out a risk assessment for legionella under the Health and Safety Commission's "Legionnaires' disease - the control of legionella bacteria in water systems Approved Code of Practice and Guidance" (also known as L8)? (6.75-6.90, 19.0) | ✓ | | |
| 4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2) | ✓ | | |
| 4.4 Impression material, prosthetic and orthodontic appliances: Are impression materials, prosthetic and orthodontic appliances decontaminated in the surgery prior to despatch to laboratory in accordance with manufacturer's instructions?(7.0) | ✓ | | |
| 4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b) | ✓ | | |
| 4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90) | ✓ | | |

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|--|----------|--|----------------|
| <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>✓</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>NIA</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>✓</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>✓</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>NIA</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>✓</p> | | |
| <p>4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p> | <p>✓</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>✓</p> | | <p>Purged.</p> |

| | | | |
|---|---|--|-----------------------------|
| <p>4.15 Dental Unit Water lines (DUWLs): Are DUWL filters changed according to the manufacturer's guidelines? (6.89)</p> |  | | |
| <p>Provider's level of compliance</p> | | | <p>Provider to complete</p> |

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

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

| 6 Waste | | | |
|--|------------|-----------|--|
| Inspection criteria | Yes | No | If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 07-01. |
| 6.1 Does the practice have a policy and procedure/s for the management and disposal of waste? (2.6, 6.1 (07-01) 6.4 (07-01)) | ✓ | | |
| 6.2 Have all staff attended induction and on-going training in the process of waste disposal? (1.22, 6.43 (07-01) 6.51 (07-01)) | | ✓ | Training from comon hygiene has been arranged. |
| 6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01)) | ✓ | | |
| 6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14) | ✓ | | |
| 6.5 Are orange bags used for infectious Category B waste such as blooded swabs and blood contaminated gloves? (HTM 07-01, PEL (13) 14, 5.39 (07-01) Chapter 10 - Dental 12 (07-01)) | ✓ | | |
| 6.6 Are black/orange bags used for offensive/hygiene waste such as non-infectious recognisable healthcare waste e.g. gowns, tissues, non-contaminated gloves, X-ray film, etc, which are not contaminated with saliva, blood, medicines, chemicals or amalgam? (HTM 07-01, PEL (13) 14, 5.50 (07-01) Chapter 10-Dental 8 (07-01)) | ✓ | | |
| 6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01)) | ✓ | | |

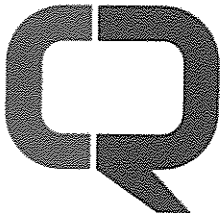
| | | | |
|--|----------|--|---|
| <p>6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))</p> | <p>✓</p> | | |
| <p>6.10 Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))</p> | | | <p>NA - taken to pharmacy for disposal.</p> |
| <p>6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))</p> | <p>✓</p> | | |
| <p>6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))</p> | <p>✓</p> | | |
| <p>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))</p> | <p>✓</p> | | |
| <p>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))</p> | <p>✓</p> | | |
| <p>6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))</p> | <p>✓</p> | | |
| <p>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))</p> | <p>✓</p> | | |
| <p>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))</p> | <p>✓</p> | | |
| <p>Provider's level of compliance</p> <p><i>Substantially compliant</i></p> | | | <p>Provider to complete</p> |

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

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

Please provide any comments you wish to add regarding good practice

Appendix 1



The Regulation and
Quality Improvement
Authority

Name of practice: Lisburn 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

No

If no or other please give details:

2 If appropriate has the feedback provided by patients been used by the service to improve?

Yes

No

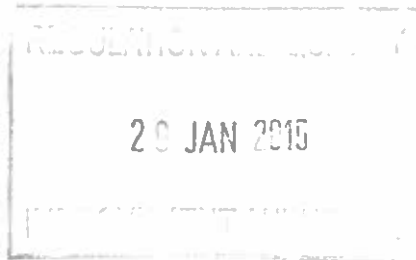
3 Are the results of the consultation made available to patients?

Yes

No



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Announced Inspection

Lisburn 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 Miss Jessica Larmour, registered manager and Ms Linda McVea, Dental World Limited representative either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

| NO. | REGULATION REFERENCE | REQUIREMENTS | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|-----|----------------------|---|------------------------|--|---|
| 1 | 15(3) | <p>The registered person must ensure that all reusable dental instruments are appropriately cleaned in keeping with best practice as outlined in HTM 01-05.</p> <p>Ensure that all reusable dental instruments are being processed using a validated washer disinfector.</p> <p>Ref: 9.0 & 10.7</p> | Third and final time | <p>Completed. Washer disinfector has been checked by technician.</p> | From the date of the inspection and ongoing |
| 2 | 17(1) | <p>The registered person must ensure that governance and oversight arrangements are implemented immediately to ensure that the expected standards of practice are being implemented at all times and to ensure that the required improvements are fully implemented and are consistently sustained.</p> <p>This includes but is not exclusive to:</p> <p>Monitoring the Hepatitis B immunisation status of staff.</p> <p>Ensuring that the relevant periodic testing for decontamination equipment, in accordance with HTM 01-05, is undertaken and recorded.</p> | One | <p>Manager is now based at Lisburn Surgery.</p> <p>✓</p> | One month |

| | | | | | |
|---|------------------------|--|----------------------|---|---|
| | | <p>Communication systems within the Dental World Limited group should also be reviewed to ensure that important information is shared with the relevant personnel.</p> <p>Ref: 9.0 & 10.7 & 11.5</p> | | | |
| 3 | 18(1) | <p>The registered person must develop tools to assess staff's competence in relation to infection prevention and control and decontamination.</p> <p>Ref: 9.0 & 10.7 & 11.4</p> | One | Staff approvals developed with performance record. | One month |
| 4 | 19(2)(d) Schedule 2 | <p>The registered person must ensure that all staff currently employed have a satisfactory AccessNI enhanced disclosure check.</p> <p>The registered person must ensure that a satisfactory AccessNI enhanced disclosure check has been received prior to commencing employment.</p> <p>Ref: 9.0 & 11.3</p> | Third and final time | All are completed and included in personnel files - one staff member is still in process - records from PSNI and umbrella body available to confirm this. | From the date of the inspection and ongoing |
| 5 | 19(2)(d) Schedule 2 | <p>The registered person shall not employ a person to work unless they have obtained all of the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Ref: 9.0 & 11.3</p> | Third and final time | All employees currently working have relevant information on file. | From the date of the inspection and ongoing |

| | | | | | |
|---|--------------------------------|---|----------------------|---|---|
| 6 | 21(3) Schedule 3 Part II | <p>The registered provider must ensure that all records specified in Schedule 3 Part II of the legislation are at all times available for inspection in the establishment.</p> <p>This includes but is not exclusive to:</p> <p>Validation certificates for decontamination equipment.</p> <p>Periodic testing and recording for the decontamination equipment in accordance with HTM 01-05.</p> <p>Training records.</p> <p>Records of clinical staff Hepatitis B immunisation status.</p> <p>Ref: 9.0, 10.1, 11.3</p> | Third and final time | <p>Now on file again.</p> <p>New system developed with Elaine Puggard</p> <p>Training file was present at last inspection, it has been developed to include more detail.</p> <p>Was included in previous files.</p> | From the date of the inspection and ongoing |
|---|--------------------------------|---|----------------------|---|---|

| 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 | 11 | Records of staff training should include the date and time of the training, the name and signature of the staff in attendance, the content of the training and the name of the person who delivers the training. Ref: 9.0, 10.1, 10.2 & 11.4 | One | Added to staff training folder + will now be obtained for all new training courses. | From the date of the inspection and ongoing |
| 2 | 13 | The identified dental chair which is torn in a number of places should be repaired or replaced to ensure effective cleaning can be undertaken. Ref: 10.2 | One | Repairs will be made. | Three months |
| 3 | 13 | A record should be retained which confirms that the recommendations made as a result of the legionella risk assessment have been addressed. The legionella risk assessment should be updated to confirm the current responsible individuals. Ref: 10.3 | One | Notes added to legionella log book. Done. | Two months |