



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** P D McGuigan Dental Surgery  
**Establishment ID No:** 11658  
**Date of Inspection:** 11 March 2015  
**Inspector's Name:** Carmel McKeegan  
**Inspection No:** 20830

**The Regulation and Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of establishment:</b>	P D McGuigan Dental Surgery
<b>Address:</b>	Unit 5 Legahory Centre Brownlow Craigavon BT65 5BE
<b>Telephone number:</b>	028 3832 2080
<b>Registered organisation / registered provider:</b>	Mr Damian McGuigan
<b>Registered manager:</b>	Ms Deirdra-Ann McConville
<b>Person in charge of the establishment at the time of inspection:</b>	Mr Damian McGuigan
<b>Registration category:</b>	IH-DT
<b>Type of service provision:</b>	Private dental treatment
<b>Maximum number of places registered: (dental chairs)</b>	1
<b>Date and type of previous inspection:</b>	Enforcement Monitoring 22 July 2014
<b>Date and time of inspection:</b>	10 March 2015 11.00–13.15
<b>Name of inspector:</b>	Carmel McKeegan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of dental care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Independent Health Care Regulations (Northern Ireland) 2005;
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices and Professional Estates Letter (PEL) (13) 13.

Other published standards which guide best practice may also be referenced during the inspection process.

#### 4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- a self-assessment was submitted prior to the inspection and has been analysed;
- discussion with Mr McGuigan, registered provider and Ms McConville, registered manager;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

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

#### 5.0 Consultation Process

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

	<b>Number</b>	
<b>Discussion with staff</b>	2	
<b>Staff Questionnaires</b>	2 issued	2 returned

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

## 6.0 Inspection Focus

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

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

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

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

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

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

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

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

- Prevention of Blood-borne virus exposure;
- Environmental design and cleaning;
- Hand Hygiene;
- Management of Dental Medical Devices;
- Personal Protective Equipment; and
- Waste.

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

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

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

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

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

## 7.0 Profile of Service

P D McGuigan Dental Surgery is located on the first floor of Legahory shopping centre, in the town of Craigavon. Public car parking is available for patients.

P D McGuigan Dental Surgery can be accessed by stairs or a lift within the shopping centre complex.

P D McGuigan Dental Surgery operates one dental chair, providing both private and NHS dental care. A combined reception and waiting area are available. Toilet facilities, including disabled toilet facilities, are not available within the dental practice but are available on the first floor of the shopping centre and can be accessed by patients on receipt of a key from the dental receptionist. A previous surgery is used for the storage of clean instruments which have been decontaminated in a Central Services Sterilisation Department (CSSD) facility. Mr McGuigan is aware of the need to apply for a variation to registration if he plans to register a second chair.

Mr McGuigan is a single handed practitioner and he is supported in his role by Ms McConville, the registered manager/dental nurse, and a receptionist.

Mr Damian McGuigan has been the registered provider and Ms Deirdra-Ann McConville, the registered manager since initial registration with RQIA on 25 July 2012.

Mr McGuigan is also the registered provider for Gransha Dental Surgery, Belfast.

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

## 8.0 Summary of Inspection

This announced inspection of P D McGuigan Dental Surgery was undertaken by Carmel McKeegan on 11 March 2015 between the hours of 11.00 and 13.15. Mr Damain McGuigan, registered provider and Ms Deirdra-Ann McConville, registered manager, were available during the inspection and for verbal feedback at the conclusion of the inspection.

The four requirements made during the inspection on 13 May 2014, which related to the decontamination of dental instruments, were assessed as compliant during the enforcement monitoring inspection on 22 July 2014, arrangements having been established to outsource the decontamination of instruments to the Central Services Sterilisation Department (CSSD) in the Ulster Hospital, Dundonald. The three recommendations made as a result of the inspection on 13 May 2014 were assessed as compliant during this inspection. The detail of the action taken by Mr McGuigan can be viewed in the section following this summary.

Prior to the inspection, Mr McGuigan completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr McGuigan in the self-assessment were not altered in any way by RQIA. Mr McGuigan omitted to rate the compliance levels against each criterion. The self-assessment is included as appendix one in this report.

During the course of the inspection the inspector met with staff, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Questionnaires were also issued to staff; two were returned to RQIA within the timescale required. Review of submitted questionnaires and discussion with staff evidenced that staff were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Staff confirmed that they are familiar with the practice policies and procedures and have received infection prevention and control training. Mr McGuigan and Ms McConville confirmed that they have been immunised against Hepatitis B.

### Inspection Theme – Cross infection control

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

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

The practice has an over-arching infection control policy which was reviewed by the inspector. The document states that the infection control policy should be read in conjunction with practice standard work procedures, however, discussion with Ms McConville indicated that practice standard work procedures/policies are not yet fully developed. A recommendation is made that a policy and procedure for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance is made. Discussion with Mr McGuigan and Ms McConville confirmed that records confirming their hepatitis B immunisation status are not retained in the practice. A recommendation was made that records should be retained regarding the Hepatitis B immunisation status of all clinical staff.

Review of documentation and discussion with Mr McGuigan and Ms McConville evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. Mr McGuigan and Ms McConville confirmed that they had received training in the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents. 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 cleaning schedule in place however a policy and procedure for cleaning and maintaining the environment is not provided, a recommendation is made in this regard.

Dedicated hand washing basins are available in the appropriate locations. Information promoting hand hygiene is provided and Ms McConville demonstrated that good practice is adhered to in relation to hand hygiene. It is recommended that a hand hygiene policy and procedure is developed.

The legionella risk assessment was reviewed, it is recommended that this risk assessment is completed to evidence that the recommendations contained therein have been addressed. A record was available to show that hot and cold water temperature recordings have been monitored. It is recommended that this monitoring record provides the specific date temperatures were recorded and the actual water temperatures measured.

Observations made and discussion with Ms McConville confirmed that dental unit water lines (DUWLs) are appropriately managed. It is recommended that a written protocol on the management of DUWLs is developed and also that written procedures are provided for the use, maintenance, service and repair of all medical devices.

Observations made confirmed that personal protective equipment (PPE) was readily available and Ms McConville demonstrated awareness of the correct use of PPE. It is recommended that a practice policy and procedure for the use of PPE is provided. A practice uniform policy was not available and a recommendation is made in this regard.

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. It is recommended that a waste management policy is developed.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process is not available in this practice. Arrangements have been established with the Central Services Sterilisation Department (CSSD) in the Ulster Hospital Dundonald for the processing of reusable dental instruments. The inspector reviewed and discussed the decontamination of dental instruments arrangements, with Mr McGuigan and Ms McConville which were found to be satisfactory. It is recommended that a policy is developed which provides guidance for staff of the arrangements for the decontamination and storage of reusable dental instruments.

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

Mr McGuigan 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. A summary report of a consultation process was displayed in the patient waiting area, the summary report was not dated, and the inspector was unable to establish when the consultation process had been undertaken. It is recommended that the summary report of the annual consultation process is dated.

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 inspector wishes to thank Mr McGuigan, Ms McConville and the receptionist for their helpful discussions, assistance and hospitality throughout the inspection process.

**9.0 Follow-up on Previous Issues**

**9.1 Enforcement monitoring inspection 22 July 2014**

No requirements or recommendations were made following this inspection

**9.2 Announced inspection Follow Up 13 May 2014**

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	15.3	The whistleblowing policy should be further developed to guide and direct staff regarding who to contact if they do not wish to raise a concern with Mr McGuigan.	Review of the whistleblowing policy confirmed that this policy has been further developed to include other points of contact should a staff member not wish to raise a concern with Mr McGuigan.  Recommendation addressed.	Compliant
2	8.1	Audits of justification and clinical evaluation recording should be undertaken on an annual basis.	Discussion with Mr McGuigan and review of records confirmed that an audit of justification and clinical evaluation recordings of X-rays is undertaken six monthly.  Recommendation addressed.	Compliant
3	11.4	The training records should include the content of the training delivered and the name of the person who delivers the training.	A record of training undertaken since the previous inspection was available, review of this record showed that the content of training and the name of the trainer had been recorded.  Recommendation addressed.	Compliant

## 10.0 Inspection Findings

### 10.1 Prevention of Blood-borne virus exposure

#### **STANDARD 13 – Prevention and Control of Infection (Safe and effective care)**

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

#### **Criteria Assessed:**

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

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

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

#### **Inspection Findings:**

Mr McGuigan omitted to rate the practice arrangements for the prevention of blood-borne virus exposure on the self-assessment.

The practice has an over-arching infection control policy which was reviewed by the inspector. The document states that this policy should be read in conjunction with practice standard work procedures, however discussion with Ms McConville stated that practice standard work procedures/policies are not yet fully developed.

The over-arching infection control policy provided a procedural guidance flow chart on the management of blood-borne virus exposure, including management of sharps and inoculation incidents. However there was no information on the preventative measures in place regarding blood borne virus exposure, and the management of body fluid /blood spillages did not refer to the body fluid spillage kit provided in the practice.

It is recommended that a policy is developed to guide staff on the prevention and management of blood borne virus exposure, including the management of spillages, sharps and inoculation injuries.

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.

Mr McGuigan confirmed that no new clinical staff have been employed within recent years and that in future newly recruited staff will receive an occupational health check.

Discussions established that Mr McGuigan and Ms McConville are the only clinical staff working in the practice and that records confirming their hepatitis B immunisation status are not retained in the practice. A recommendation was made that records should be retained regarding the Hepatitis B immunisation status of all clinical staff.

Mr McGuigan and Ms McConville confirmed that they had received infection control training in January 2015, and are aware of the procedures in place for the prevention and management of blood-borne virus exposure.

Observations made and discussion with Mr McGuigan and Ms McConville evidenced that sharps are appropriately handled. Sharps boxes are either wall mounted or safely positioned to prevent unauthorised access, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.

Discussion with Mr McGuigan and Ms McConville and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. Mr McGuigan and Ms McConville are aware of the actions to be taken in the event of a sharps injury.

<b>Provider's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>No rating given</b>
<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Substantially compliant</b>

## 10.2 Environmental design and cleaning

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.1</b> Your dental service’s premises are clean.</p>
<p><b>Inspection Findings:</b></p> <p>Mr McGuigan omitted to rate the practice arrangements for environmental design and cleaning on the self-assessment.</p> <p>The practice has a cleaning schedule in place however a policy and procedure for cleaning and maintaining the environment is not provided, a recommendation is made in this regard.</p> <p>The inspector undertook a tour of the premises which were found to be maintained to a good standard of cleanliness. The dental surgery was tidy and uncluttered and work surfaces were intact and easy to clean. Floor covering in the dental surgery is impervious, coved and sealed at the edges. Fixtures, fittings, the dental chair and equipment were free from damage, dust and visible dirt.</p> <p>Discussion with Ms McConville confirmed that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> <li>• equipment surfaces, including the dental chair, are cleaned between each patient;</li> <li>• daily cleaning of floors, cupboard doors and accessible high level surfaces;</li> <li>• weekly/monthly cleaning schedule;</li> <li>• cleaning equipment is colour coded;</li> <li>• cleaning equipment is stored in a non-clinical area; and</li> <li>• dirty water is disposed of at an appropriate location.</li> </ul> <p>Discussion with staff and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p>

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

### 10.3 Hand Hygiene

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criteria Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mr McGuigan omitted to rate the practice arrangements for hand hygiene on the self-assessment.</p> <p>The practice has posters demonstrating procedural hand hygiene guidance however a hand hygiene policy was not in place. A recommendation is made in this regard.</p> <p>Mr McGuigan and Ms McConville confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically.</p> <p>Discussion with Ms McConville 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 surgery and the clean room and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The ceramic hand washing basin in the dental surgery has an overflow, as this cannot be blanked off, consideration should be given to replacing this basin at the next planned refurbishment of the dental surgery. Ms McConville confirmed that nail brushes and bar soap are not used in the hand hygiene process in keeping with good practice.</p> <p>Laminated/wipe-clean posters promoting hand hygiene were on display in the dental surgery and in the clean room.</p>

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

## 10.4 Management of Dental Medical Devices

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>	
<p><b>Criterion Assessed:</b>  <b>13.4</b> Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>	
<p><b>Inspection Findings:</b></p> <p>Mr McGuigan omitted to rate the practice approach to the management of dental medical devices on the self-assessment.</p> <p>The over-arching infection control policy does not include procedures for the use, maintenance, service and repair of all medical devices, a recommendation is made in this regard.</p> <p>The inspector reviewed the Legionella Risk Assessment dated 04 September 2013; it is recommended that this risk assessment is completed to evidence that the recommendations contained therein have been addressed. A record was available to show that hot and cold water temperature recordings were monitored. It is recommended that this monitoring record provides the specific date temperatures were recorded and the actual water temperatures measured.</p> <p>Ms McConville confirmed that impression materials, prosthetic and orthodontic appliances are decontaminated prior to despatch to the laboratory and before being placed in the patient's mouth.</p> <p>Observations made and discussion with Mr McGuigan and Ms McConville confirmed that DUWLs are appropriately managed. This includes that:</p> <ul style="list-style-type: none"> <li>• filters are cleaned weekly as per manufacturer's instructions;</li> <li>• an independent bottled-water system is used to dispense potable water treated with disinfectant to supply the DUWLs;</li> <li>• self-contained water bottles are removed, flushed with potable water and left open to the air for drying on a daily basis in accordance with manufacturer's guidance;</li> <li>• DUWLs are drained at the end of each working day;</li> <li>• DUWLs are flushed at the start of each working day and between every patient;</li> <li>• DUWLs and handpieces are fitted with anti-retraction valves; and</li> <li>• DUWLs are purged using disinfectant as per manufacturer's recommendations.</li> </ul> <p>It is recommended that a written protocol in relation to the management of the DUWLs is provided for staff guidance.</p>	

<b>Provider's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>No rating given</b>
<b>Inspector's overall assessment of the dental practice's compliance level against the standard assessed</b>	<b>Substantially compliant</b>



## 10.5 Personal Protective Equipment

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p><b>Inspection Findings:</b>  Mr McGuigan omitted to rate the practice approach to the management of personal protective equipment (PPE) on the self-assessment.</p> <p>Ms McConville confirmed that she had received infection control training that included the use of PPE and was knowledgeable on best practice in the use and disposal of PPE.</p> <p>It is recommended that a policy and procedure for the use of PPE is developed. Ms McConville confirmed that the use of PPE is included in the induction programme.</p> <p>Observations made and discussion with Ms McConville evidenced that PPE was readily available and in use in the practice.</p> <p>Discussion with Ms McConville confirmed that:</p> <ul style="list-style-type: none"> <li>• hand hygiene is performed before donning and following the removal of disposable gloves;</li> <li>• single use PPE is disposed of appropriately after each episode of patient care;</li> <li>• heavy duty gloves are available for domestic cleaning and decontamination procedures where necessary; and</li> <li>• eye protection for staff and patients is decontaminated after each episode.</li> </ul> <p>A practice uniform policy was not available and a recommendation is made in this regard. Discussion with Ms McConville confirmed that infection control training provided in January 2015, included best practice regarding the wearing and laundering of uniforms.</p>

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

**10.6 Waste**

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b>  <b>13.2</b> Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation.  <b>13.3</b> Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p><b>Inspection Findings:</b>  Mr McGuigan omitted to rate the practice approach to the management of waste on the self-assessment.   Ms McConville confirmed that the management of waste is included in the induction programme and that waste management training is updated periodically. It is recommended that a policy and procedure is developed for the management and disposal of waste in keeping with HTM 07-01.   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 Ms McConville and the receptionist confirmed that staff are aware of the different types of waste and appropriate disposal streams.   Pedal operated bins are available throughout the practice.   Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.   The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>

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

## 10.7 Decontamination

<p><b>STANDARD 13 – Prevention and Control of Infection (Safe and effective care)</b>  <b>The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</b></p>
<p><b>Criterion Assessed:</b> 13.4          Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p><b>Inspection Findings:</b></p> <p>Mr McGuigan omitted to rate the decontamination arrangements of the practice on the self-assessment.</p> <p>As previously stated, arrangements have been established with CSSD in the Ulster Hospital Dundonald for processing reusable dental instruments.</p> <p>An unused dental surgery adjacent to Mr McGuigan’s surgery is operated as the dedicated clean room where the processed dental instruments are delivered in a sealed container until the required dental instruments are taken into Mr McGuigan’s dental surgery at the beginning of each session. The clean room was observed to be clean, tidy and free from clutter, a dedicated hand washing sink was available.</p> <p>Discussion with Mr McGuigan and Ms McConville indicated that there were some initial difficulties regarding delivery of processed dental instruments from CSSD in the Ulster Hospital. Mr McGuigan and Ms McConville confirmed that the service is now operating successfully. The inspector reviewed and discussed the decontamination of dental instruments arrangements with Ms McConville which were found to be satisfactory. Records to confirm the formal service arrangements in place are retained in the practice. It is recommended that a policy is developed which provides guidance for staff of the arrangements for the decontamination and storage of reusable dental instruments in P D McGuigan Dental Surgery.</p>

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

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

## **11.0 Additional Areas Examined**

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

During the course of the inspection, the inspector spoke with Ms McConville and the receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with Ms McConville and the receptionist evidenced that they were knowledgeable regarding the inspection theme and that they have received training appropriate to their relevant roles. Ms McConville and the receptionist confirmed that they had received infection prevention and control training and are familiar with the over-arching infection control policy. Mr McGuigan and Ms McConville confirmed that they have been immunised against Hepatitis B.

### **11.2 Patient Consultation**

Mr McGuigan 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. A summary report of a consultation process was displayed in the patient waiting area, the summary report was not dated, and the inspector was unable to establish when the consultation process had been undertaken. It is recommended that the summary report of the annual consultation process is dated.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr McGuigan and Ms McConville as part of the inspection process.

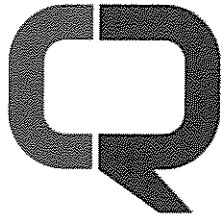
The timescales for completion commence from the date of inspection.

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

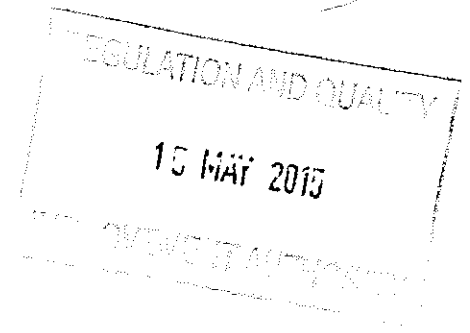
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

**Carmel McKeegan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority



## Quality Improvement Plan

### Announced Inspection

P D McGuigan Dental Surgery

11 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Damian McGuigan and Ms Deirdra-Ann McConville 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 source. 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)	TIMES CAUGHT
1	13	<p>Practice standard work policies/procedures should be developed in relation to:</p> <ul style="list-style-type: none"> <li>• prevention and management of blood borne virus exposure, including the management of spillages, sharps and inoculation injuries;</li> <li>• cleaning and maintaining the environment;</li> <li>• hand hygiene;</li> <li>• the management of the DUWLs;</li> <li>• the use maintenance, service and repair of all medical devices;</li> <li>• the use of personal protective equipment;</li> <li>• a practice uniform policy;</li> <li>• the management and disposal of waste and;</li> <li>• the arrangements for the decontamination and storage of reusable dental instruments in P D McGuigan Dental Surgery.</li> </ul> <p>Ref: 10.1, 10.2, 10.3, 10.4, 10.5, 10.6 and 10.7</p>	One	<p>All the following Policies have been Printed out for the Surgery.</p>	Three more

2	13	<p>Records should be retained regarding the Hepatitis B immunisation status of all clinical staff.</p> <p>Ref: 10.1</p>	One	<p><i>Will be done</i></p>	One month
3	13	<p>The legionella risk assessment should be completed to evidence that the recommendations contained therein have been addressed.</p> <p>Monitoring control measuring records should state the specific date temperatures were recorded and the actual water temperatures measured.</p> <p>Ref: 10.4</p>	One	<p><i>will be done</i></p>	One month
4	9	<p>The summary report of the patient consultation process should be dated to show when the consultation process occurred.</p> <p>Ref: 11.2</p>	One	<p><i>Will be done . annually</i></p>	One month



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

Name of Registered Manager Completing QIP	<i>Nevada Ann McConville</i>
Name of Responsible Person / Identified Responsible Person Approving QIP	<i>[Signature]</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>[Signature]</i>	<i>22/5/19</i>
Further information requested from provider	—		



The Regulation and  
Quality Improvement  
Authority

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

**Name of practice:** P D McGuigan Dental Surgery  
**RQIA ID:** 11658  
**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

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

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

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

<b>2.11</b> Do all floor coverings in clinical and decontamination areas have covered edges that are sealed and impervious to moisture? (6.47)	yes		
<b>2.12</b> Are keyboard covers or "easy-clean" waterproof keyboards used in clinical areas? (6.66)			
<b>2.13</b> Are toys provided easily cleaned? (6.73)		no	
<b>2.14</b> Confirm free standing or ceiling mounted fans are not used in clinical/ decontamination areas? (6.40)	yes		
<b>2.15</b> Is cleaning equipment colour-coded, in accordance with the National Patient Safety Agency recommendations as detailed in HTM 01-05? (6.53)	yes		
<b>2.16</b> Is cleaning equipment stored in a non-clinical area? (6.60)	yes		
<b>2.17</b> Where disposable single-use covers are used, are they discarded after each patient contact? (6.65)	yes		
<b>2.18</b> Are the surfaces of equipment cleaned between each patient (E.g. work surfaces, dental chairs, curing lamps, delivery units, inspection handles and lights, spittoons, external surface of aspirator and X-ray heads)? (6.62)	yes		
<b>2.19</b> Are all taps, drainage points, splash backs, sinks, aspirators, drains, spittoons, cleaned after every session with a surfactant/detergent? (6.63)	yes		
<b>2.20</b> Are floors, cupboard doors and accessible high level surfaces and floors cleaned daily? (6.63)	yes		

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

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



<p><b>3.10</b> Is there a separate dedicated hand basin available in each room where the decontamination of equipment takes place? (2.4u, 5.7, 6.10)</p>	yes		
<p><b>3.11</b> Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p>	yes		
<p><b>3.12</b> Are hand hygiene facilities clean and intact (check sinks taps, splash backs, soap and paper towel dispensers)? (6.11, 6.63)</p>	yes		
<p><b>3.13</b> Do the hand washing basins provided in clinical and decontamination areas have :</p> <ul style="list-style-type: none"> <li>• no plug; and</li> <li>• no overflow.</li> </ul> <p>Lever operated or sensor operated taps.(6.10)</p>		no	All instruments are sent to lagan valley hospital for steralization
<p><b>3.14</b> Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p>	yes		
<p><b>3.15</b> Is there good quality, mild liquid soap dispensed from single-use cartridge or containers available at each wash-hand basin?</p> <p>Bar soap should not be used. (6.5, Appendix 1)</p>	yes		
<p><b>3.16</b> Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p>	yes		
<p><b>3.17</b> Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p>	yes		

<p><b>3.18</b> Are hand-cream dispensers with disposable cartridges available for all clinical and decontamination staff? (6.7, Appendix 1)</p>			<p>no we don't have a decom room</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>

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

<p><b>4.7</b> Dental Unit Water lines (DUWLs): Is there an independent bottled-water system used to dispense distilled, reverse osmosis (RO) or sterile water to supply the DUWL? (6.84)</p>	<p>yes</p>		
<p><b>4.8</b> 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>yes</p>		
<p><b>4.9</b> Dental Unit Water lines (DUWLs): Are the DUWLs drained down at the end of every working day?(6.82)</p>	<p>yes</p>		
<p><b>4.10</b> Dental Unit Water lines (DUWLs): Are self-contained water bottles (bottled water system) removed, flushed with distilled or RO water and left open to the air for drying on a daily basis, and if necessary overnight, and in accordance with manufacturer's guidance? (6.83)</p>	<p>yes</p>		
<p><b>4.11</b> 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>yes</p>		
<p><b>4.12</b> Dental Unit Water lines (DUWLs): Are DUWLs flushed for a minimum of 2 minutes at start of each working day and for a minimum of 20-30 seconds between every patient? (6.85)</p>	<p>yes</p>		
<p><b>4.13</b> Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	<p>yes</p>		
<p><b>4.14</b> Dental Unit Water lines (DUWLs): Are DUWLs either disposable or purged using manufacturer's recommended disinfectants? (6.84-6.86)</p>	<p>yes</p>		

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

<b>5 Personal Protective Equipment</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>5.1</b> Does the practice have a policy and procedures for the use of personal protective equipment? (2.6, 6.13)	yes		
<b>5.2</b> Are staff trained in the use of personal protective equipment as part of the practice induction? (6.13)	yes		
<b>5.3</b> Are powder-free CE marked gloves used in the practice? (6.20)	yes		
<b>5.4</b> Are alternatives to latex gloves available? (6.19, 6.20)	yes		
<b>5.5</b> Are all single-use PPE disposed of after each episode of patient care? (6.21, 6.25, 6.36c)	yes		
<b>5.6</b> Is hand hygiene performed before donning and following the removal of gloves? (6.4 Appendix 1)	yes		
<b>5.7</b> Are clean, heavy duty household gloves available for domestic cleaning and decontamination procedures where necessary? (6.23)			we don't have decom room
<b>5.8</b> Are heavy-duty household gloves washed with detergent and hot water and left to dry after each use? (6.23)			we don't have decom room
<b>5.9</b> Are heavy-duty household gloves replaced weekly or more frequently if worn or torn? (6.23)			we don't have a decom room

<p><b>5.10</b> Are disposable plastic aprons worn during all decontamination processes or clinical procedures where there is a risk that clothing/uniform may become contaminated? (6.14, 6.24-6.25)</p>			<p>don't have decom room</p>
<p><b>5.11</b> Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)</p>			<p>don't have decom room</p>
<p><b>5.12</b> Are plastic aprons, goggles, masks or face shields used for any clinical and decontamination procedures where there is a danger of splashes? (6.14, 6.26-6.29)</p>			<p>don't have decom room</p>
<p><b>5.13</b> Are masks disposed of as clinical waste after each use? (6.27, 6.36)</p>	<p>yes</p>		
<p><b>5.14</b> Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)</p>	<p>yes</p>		
<p><b>5.15</b> Are uniforms worn by all staff changed at the end of each day and when visibly contaminated? (6.34)</p>	<p>yes</p>		
<p><b>5.16</b> Is eye protection for staff used during decontamination procedures cleaned after each session or sooner if visibly contaminated? (6.29)</p>			<p>don't have decom room</p>
<p><b>5.17</b> Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)</p>			<p>don't have decom room</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>

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



<b>6.9</b> Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	yes		
<b>6.10</b> Are local anaesthetic cartridges and other Prescription Only Medicines (POMs) disposed of in yellow containers with a purple lid that conforms to BS 7320 (1990)/UN 3291? (HTM 07-01 PEL (13) 14, Chapter 10 - Dental 11 (07-01))	yes		
<b>6.11</b> Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	yes		
<b>6.12</b> Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))	yes		
<b>6.13</b> Is waste awaiting collection stored in a safe and secure location away from the public within the practice premises? (5.33 (07-01), 5.96 (07-01))	yes		
<b>6.14</b> Are all clinical waste bags fully described using the appropriate European Waste Catalogue (EWC) Codes as listed in HTM 07-01 (Safe Management of Healthcare Waste)?(3.32 (07-01))	yes		
<b>6.15</b> Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	yes		
<b>6.16</b> Has the practice been assured that a "duty of care" audit has been undertaken and recorded from producer to final disposal? (6.1 (07-01), 6.9 (07-01))	yes		
<b>6.17</b> Is there evidence the practice is segregating waste in accordance with HTM 07-01? (5.86 (07-01), 5.88 (07-01), 4.18 (07-01))	yes		
Provider's level of compliance			Provider to complete

<b>7 Decontamination</b>			
<b>Inspection criteria</b>	<b>Yes</b>	<b>No</b>	<b>If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.</b>
<b>7.1</b> Does the practice have a room separate from the patient treatment area, dedicated to decontamination meeting best practice standards? (5.3–5.8)			don't have decom room
<b>7.2</b> Does the practice have washer disinfectors in sufficient numbers to meet the practice requirements? (PEL(13)13)			don't have decom room
<b>7.3</b> Are all reusable instruments being disinfected using the washer disinfectors? (PEL(13)13)			don't have decom room
<b>7.4</b> Does the practice have steam sterilisers in sufficient numbers to meet the practice requirements?			don't have a decom room
<b>7.5 a</b> Has all equipment used in the decontamination process been validated?			don't have a decom room
<b>7.5 b</b> Are arrangements in place to ensure that all equipment is validated annually? (1.9, 11.1, 11.6, 12,13, 14.1, 14.2, 15.6)			don't have a decom room
<b>7.6</b> Have separate log books been established for each piece of equipment?			don't have decom room
Does the log book contain all relevant information as outlined in HTM01-05? (11.9)			don't have decom room

<p><b>7.7 a</b> Are daily, weekly, monthly periodic tests undertaken and recorded in the log books as outlined in HTM 01-05? (12, 13, 14)</p> <p><b>7.7 b</b> Is there a system in place to record cycle parameters of equipment such as a data logger?</p>			<p>don't have decom room</p> <p>don't have decom room</p>
<p>Provider's level of compliance</p>			<p>Provider to complete</p>

<p><b>Please provide any comments you wish to add regarding good practice</b></p>
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## Appendix 1



Name of practice: P D McGuigan 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