



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Springhill Dental Surgery
Establishment ID No: 11695
Date of Inspection: 14 October 2014
Inspector's Name: Lynn Long
Inspection No: 16685

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:	Springhill Dental Surgery
Address:	4A Killeen Avenue Bangor BT19 1NB
Telephone number:	028 9127 4101
Registered organisation / registered provider:	Mr Niall Miller
Registered manager:	Mr Niall Miller
Person in charge of the establishment at the time of Inspection:	Mr Niall Miller
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	3
Date and type of previous inspection:	Announced Inspection 17 June 2013
Date and time of inspection:	14 October 2014 09.40 - 11.00
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 Mr Niall Miller, registered provider;
- examination of relevant records;
- consultation with relevant staff;
- tour of the premises; and
- evaluation and feedback.

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

5.0 Consultation Process

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

	Number	
Discussion with staff	3	
Staff Questionnaires	7 issued	7 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

Springhill Dental Surgery is a purpose built facility. The practice is located within premises which also include a medical practice and pharmacy. The practice is in a mainly residential area of the town of Bangor. Car parking is available for patients.

The establishment is accessible for patients with a disability.

Springhill Dental Surgery operates three dental chairs, providing both private and NHS dental care. A waiting area, reception, toilet facilities and a separate decontamination room are available.

Mr Niall Miller works alongside two other registered dental practitioners and they are supported by a team of staff including dental nurses and reception staff.

Mr Miller has been the registered provider of Springhill Dental Surgery since registration with RQIA in 2011.

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

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

8.0 Summary of Inspection

This announced inspection of Springhill Dental Surgery was undertaken by Lynn Long on 14 October 2014 between the hours of 09.40 and 11.00. Mr Niall Miller, registered provider, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that one of the three requirements had been addressed. The requirements in relation to validation of decontamination equipment, establishing log books for the decontamination equipment and undertaking and recording periodic testing have been partially addressed; therefore the relevant sections has been stated for the second time. Eight recommendations were made as a result of the previous inspection. Seven have been fully addressed and compliance achieved. One in relation to uploading the information contained on the data loggers of the decontamination equipment had not been addressed and has been stated as a requirement. The detail of the action taken by Mr Miller can be viewed in the section following this summary.

Prior to the inspection, Mr Miller completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by Mr Miller 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; seven 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 had received training in relation to the respective roles.

Inspection Theme – Cross infection control

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

The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance. Review of documentation and discussion with Mr Millar and a dental nurse evidenced that appropriate arrangements are in place for the prevention and management of blood-borne virus exposure. The dental nurse confirmed that staff are aware of and are adhering to the practice policy in this regard. Sharps management at the practice was observed to be in line with best practice.

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

The practice has a hand hygiene policy and procedure in place and the dental nurse confirmed that staff adhere to good practice 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.

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. A legionella risk assessment has not been undertaken. This was discussed with Mr Miller and a requirement was made to undertake a legionella risk assessment and address any recommendations which may arise from this including control measures which require to be undertaken to reduce the risk.

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. Review of documentation evidenced that one steam steriliser and the washer disinfectant have been appropriately validated. The other steam steriliser's validation expired four days prior to the inspection. A requirement had been made during the previous inspection to ensure that decontamination equipment was validated in line with the manufacturer's instructions and best practice as outlined in HTM 01-05. This requirement has been stated for the second time. A number of issues were identified in relation to undertaking and recording the periodic testing of decontamination equipment as outlined in HTM 01-

05 and uploading and reviewing the information contained on the data loggers onto the practice computer. Two requirements have been made to address these issues.

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

Mr Miller confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals and that feedback provided by patients has been used by the service to improve. However, the results of the consultation have not been made available to patients. A recommendation has been made in relation to this.

Four requirements, two of which have been stated for the second time and one recommendation have been 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 Miller and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

9.0 Follow-up on Previous Issues

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Validation of Compliance
1	15(3)	<p>Develop a procedure to be adhered to by all staff for the manual cleaning of dental instruments. The procedure should include the following:</p> <ul style="list-style-type: none"> • ensuring the correct personal protective equipment is available and used by staff when manually cleaning dental instruments; • ensuring long handled brushes are available and a system for replacement of brushes is in place; • ensuring instruments are submerged when being washed/scrubbed; • ensuring the sink is filled with water and detergent is used to the correct dilution; and • ensuring a separate sink is available for rinsing instruments following washing. 	<p>A review of the records and discussion with a dental nurse confirmed that a manual cleaning procedure has been developed and is being used by staff.</p> <p>The dental nurse confirmed that manual cleaning is only undertaken when the washer disinfectant is out of action.</p>	Compliant
2	15(2)	<p>Ensure the relevant periodic tests are being undertaken and recorded in log books for the washer disinfectant and the sterilisers.</p> <p>The log books must be established for each piece of equipment used in the decontamination process and contain the following information:</p> <ul style="list-style-type: none"> • details of the machine and location; • commissioning report; 	<p>A review of the records and discussion with Mr Millar and one dental nurse confirmed that separate log books are in use for each steriliser and the washer disinfectant.</p> <p>A review of the log books identified that not all of the relevant information has been recorded including information in relation to the periodic testing.</p> <p>This is discussed in more</p>	Moving towards compliance

		<ul style="list-style-type: none"> • daily/weekly test record sheets; • quarterly test record sheets (as appropriate); • annual service/validation certification; • fault history; • process log; • record to show staff have been trained in correct use of the machine; and • relevant contacts e.g. service engineer. <p>Ensure the log books are retained for a period of two years.</p>	<p>detail in section 10.7.</p> <p>This requirement has been partially addressed.</p> <p>The relevant issues in relation to the recording of information in log books, including periodic testing, have been stated for a second time.</p>	
3	15(2)(b)	<p>Ensure that the washer disinfectors and sterilisers are maintained and validated in line with the manufacturer's instructions and best practice as outlined in HTM 01-05 with records retained for inspection.</p>	<p>A review of the records identified that the washer disinfectors and sterilisers had been validated following the previous inspection. However, the validation for one of the sterilisers had expired four days prior to the inspection.</p> <p>This requirement has not been fully addressed and has been stated for the second time.</p>	Moving towards compliance

No	Minimum Standard Ref.	Recommendations	Action Taken – as confirmed during this inspection	Inspector's Validation of Compliance
1	14.4	Review the manufacturer's guidance for the x-ray machines and ensure they are being maintained in line with it.	A review of the records and discussion with Mr Miller confirmed that the x-ray equipment had been serviced. This recommendation has been addressed.	Compliant
2	13	Work surfaces, floor surfaces and the tops of cabinetry in the decontamination room should be cleared of the current storage and should remain uncluttered at all times to allow for effective cleaning to take place.	A review of the surfaces and tops of cabinetry in the decontamination room confirmed that it had been cleared of storage and was clutter free. This recommendation has been addressed.	Compliant
3	13	Review the current arrangements for the dedicated hand washing sink. Consideration should be given to the flow from dirty to clean and the necessity for two sinks for manual cleaning.	The identified hand washing sinks are in surgery one and surgery 2. A clear flow from dirty to clean has been identified and staff are familiar with the flow. The dental nurse confirmed during discussion that both of the sinks in the decontamination are used for manual cleaning. This recommendation has been addressed.	Compliant
4	14.2	Contact health estates at the Department of Health for advice and guidance in regards to the layout and flow within the decontamination room. Any recommendations made	The dental nurse confirmed that the layout and flow within the decontamination room was reviewed following the previous inspection. The dental nurse described a dirty to clean flow in	Compliant

		should be implemented and records retained.	keeping with best practice guidance. This recommendation has been addressed.	
5	13	Unwrapped dental burs which have not been used within the working day on which they were processed should be reprocessed.	The dental nurse confirmed during discussion that all unwrapped dental burs are reprocessed at the end of each day. This recommendation has been addressed.	Compliant
6	13	Ensure canisters of oil for use with clean instruments are kept in the clean area to avoid cross contamination.	The dental nurse confirmed that there is clear segregation between the dirty and clean sides of the decontamination room and that the dirty and clean oil remain on the relevant side of the decontamination room. This recommendation has been addressed.	Compliant
7	13	Replace the cloths being used to dry clean instruments with disposable non-linting cloths.	The dental nurse confirmed during discussion that only disposable non-linting cloths are used to dry instruments. This recommendation has been addressed.	Compliant
8	13	Develop a system to record information in relation to the testing, servicing, maintenance and repair of instruments. The information should be retained at the practice for at least two years.	Mr Miller confirmed that a system has been developed. A review of the information confirmed that records are being retained. This recommendation has been addressed.	Compliant

9	13	The information contained on the data loggers should be uploaded onto the computer and reviewed on a monthly basis.	Mr Miller and staff confirmed that they have been experiencing encryption issues with the information contained on the data loggers. This information has not therefore been uploaded on the computer and is not being reviewed. This recommendation has not been addressed and a requirement has been made.	Not compliant
---	----	---	--	---------------

10.0 Inspection Findings

10.1 Prevention of Blood-borne virus exposure

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>	
<p>Criteria Assessed: 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.</p>	
<p>Inspection Findings: Mr Miller rated the practice arrangements for the prevention of blood-borne virus exposure as compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for the prevention and management of blood-borne virus exposure, including management of spillages, sharps and inoculation incidents in accordance with national guidance.</p> <p>Review of documentation and discussion with the dental nurse evidenced that:</p> <ul style="list-style-type: none"> • the prevention and management of blood-borne virus exposure is included in the staff induction programme; • staff training has been provided for clinical staff; • all recently appointed staff have received an occupational health check; and • records are retained regarding the Hepatitis B immunisation status of clinical staff. <p>The dental nurse confirmed during discussion that staff are aware of the policies and procedures in place for the prevention and management of blood-borne virus exposure.</p> <p>Observations made and discussion with the dental nurse evidenced that sharps are appropriately handled. Sharps boxes are wall mounted, appropriately used, signed and dated on assembly and final closure. Used sharps boxes are locked with the integral lock and stored ready for collection away from public access.</p> <p>Discussion with the dental nurse and review of documentation evidenced that arrangements are in place for the management of a sharps injury, including needle stick injury. The dental nurse confirmed that staff are aware of the actions to be taken in the event of a sharps injury.</p>	

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

10.2 Environmental design and cleaning

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.1 Your dental service’s premises are clean.</p>
<p>Inspection Findings:</p> <p>Mr Miller rated the practice arrangements for environmental design and cleaning as substantially compliant on the self-assessment.</p> <p>The practice has a policy and procedure in place for cleaning and maintaining the environment.</p> <p>The inspector undertook a tour of the premises including one dental surgery 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 coved and sealed at the edges. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt.</p> <p>The dental nurse confirmed during discussion that appropriate arrangements are in place for cleaning including:</p> <ul style="list-style-type: none"> • Equipment surfaces, including the dental chair, are cleaned between each patient; • Daily cleaning of floors, cupboard doors and accessible high level surfaces; • Weekly/monthly cleaning schedule; • Cleaning equipment is colour coded; • Cleaning equipment is stored in a non-clinical area; and • Dirty water is disposed of at an appropriate location. <p>Discussion with the dental nurse and review of submitted questionnaires confirmed that staff had received relevant training to undertake their duties.</p> <p>The practice has a local policy and procedure for spillage in accordance with the Control of Substances Hazardous to Health (COSHH) and staff spoken with demonstrated awareness of this.</p>

<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>

10.3 Hand Hygiene

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criteria Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times.</p>
<p>Inspection Findings: Mr Miller rated the practice arrangements for hand hygiene as compliant on the self-assessment. The practice has a hand hygiene policy and procedure in place. The dental nurse confirmed that hand hygiene is included in the induction programme and that hand hygiene training is updated periodically as part of the infection control training undertaken by staff. The dental nurse confirmed during discussion 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 adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. The dental nurse 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 the dental surgeries.</p>

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

10.4 Management of Dental Medical Devices

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr Millar rated the practice approach to the management of dental medical devices as compliant on the self-assessment.</p> <p>The practice has an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices.</p> <p>The inspector discussed the arrangements in place for the prevention of legionella contamination in water pipes and other water lines and discussion with the dental nurse and Mr Miller confirmed that systems and processes are in place. However, a legionella risk assessment has not been undertaken. This was discussed with Mr Miller and a requirement was made to undertake a legionella risk assessment and address any recommendations which may arise from this including control measures which require to be undertaken to reduce the risk.</p> <p>A review of the self-assessment 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 the dental nurse 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.

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

10.5 Personal Protective Equipment

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

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

10.6 Waste

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.2 Your dental service adheres to the appropriate infection control policies and procedures in line with current best practice and legislation. 13.3 Your dental service has systems in place, including induction and ongoing training, to make sure these policies and procedures are known, and are being appropriately applied to the service at all times..</p>
<p>Inspection Findings: Mr Miller rated the practice approach to the management of waste as 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. The dental nurse confirmed that waste management training is included in their periodic training updates in relation to infection prevention and control.</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 the dental nurse confirmed that staff are aware of the different types of waste and appropriate disposal streams.</p> <p>Pedal operated bins are available throughout the practice.</p> <p>Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste.</p> <p>The inspector observed adequate provision of sharps containers including those for pharmaceutical waste, throughout the practice. These were being appropriately managed as discussed in section 10.1 of the report.</p>

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

10.7 Decontamination

<p>STANDARD 13 – Prevention and Control of Infection (Safe and effective care) The dental service takes every reasonable precaution to make sure you are not exposed to risk of infection.</p>
<p>Criterion Assessed: 13.4 Your dental service meets current best practice guidance on the decontamination of reusable dental and medical instruments.</p>
<p>Inspection Findings:</p> <p>Mr Miller 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 disinfectant and two steam steriliser/s have been provided to meet the practice requirements.</p> <p>Review of documentation evidenced that one steam steriliser and the washer disinfectant have been appropriately validated. The other steam steriliser's validation expired four days prior to the inspection. A requirement had been made during the previous inspection to ensure that decontamination equipment was validated in line with the manufacturer's instructions and best practice as outlined in HTM 01-05. This requirement has been stated for the second time.</p> <p>Following the previous inspection equipment log books have been established. However, the relevant periodic testing as outlined in HTM 01-05 is not being undertaken and recorded. The following issues need to be addressed:</p> <ul style="list-style-type: none"> • The log books must contain the relevant information about the equipment and the responsible persons; • The Automatic Control Test (ACT) must be undertaken for both sterilisers and recorded daily; • A steam penetration test (Helix or Bowie-Dick) must be undertaken and recorded each day for both sterilisers; • Daily tests must be undertaken and recorded; and • Specific details including the cycle number, test used, batch number and expiry dates must be recorded when the protein residue and soil tests are undertaken on the washer disinfectant. <p>A requirement in relation to undertaking a periodic testing and recording the information had been made during the previous inspection. This requirement has been stated for the second time.</p> <p>A recommendation had been made previously to upload and review the information contained on the data loggers onto the practice computer. However, Mr Miller and staff confirmed that they have been experiencing encryption issues with the information contained on the data loggers, therefore the information which has been uploaded onto the computer system cannot be reviewed. This recommendation has been stated as a requirement.</p> <p>As a result of the issues with the periodic testing, recording of information and issues in relation</p>

to the data loggers, Mr Miller is unable to check that the decontamination equipment is working effectively.

During a telephone call with Mr Miller, following the inspection, the benefits of staff attending training in relation to periodic testing was discussed.

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

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

11.0 Additional Areas Examined

11.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with one dental nurse and reception staff. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Seven 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 they confirmed that they had received training in relation to their relevant roles.

11.2 Patient Consultation

Mr Miller confirmed on the submitted self-assessment that arrangements are in place for consultation with patients, at appropriate intervals and that feedback provided by patients has been used by the service to improve. However, the results of the consultation have not been made available to patients. A recommendation has been made in relation to this.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Miller 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

Lynn Long
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

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

Name of practice: Springhill Dental Surgery
RQIA ID: 11695
Name of inspector: Philip Colgan

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)	Y		
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)	Y		
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)	Y		
1.4 Can decontamination and clinical staff demonstrate current immunisation with the hepatitis B vaccine e.g. documentation? (2.4s, 8.8)	Y		
1.5 Are chlorine-releasing agents available for blood /bodily fluid spillages and used as per manufacturer's instructions? (6.74)	Y		
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?	Y		

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

2 Environmental design and cleaning			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
2.1 Does the practice have a policy and procedure for cleaning and maintaining the environment? (2.6, 6.54)	Y		
2.2 Have staff undertaking cleaning duties been fully trained to undertake such duties? (6.55)	Y		
2.3 Is the overall appearance of the clinical and decontamination environment tidy and uncluttered? (5.6)	Y		
2.4 Is the dental chair cleaned between each patient? (6.46, 6.62)	Y		
2.5 Is the dental chair free from rips or tears? (6.62)	Y		
2.6 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from damage and abrasion? (6.38)	Y		
2.7 Are all work-surface joints intact, seamless, with no visible damage? (6.46, 6.47)	Y		
2.8 Are all surfaces i.e. walls, floors, ceilings, fixtures and fittings and chairs free from dust and visible dirt? (6.38)	Y		
2.9 Are the surfaces of accessible ventilation fittings/grills cleaned at a minimum weekly? (6.64)		N	NOT EASILY ACCESSIBLE
2.10 Are all surfaces including flooring in clinical and decontamination areas impervious and easy to clean? (6.46, 6.64)	Y		

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

<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>Y</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>Y</p>		
<p>Provider's level of compliance</p>			<p>Substantially compliant</p>

3 Hand hygiene			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
3.1 Does the practice have a local policy and procedure for hand hygiene? (2.6 Appendix 1)	Y		
3.2 Is hand hygiene an integral part of staff induction? (6.3)	Y		
3.3 Is hand hygiene training provided periodically throughout the year? (1.22, 6.3)	Y		
3.4 Is hand hygiene carried out before and after every new patient contact? (Appendix 1)	Y		
3.5 Is hand hygiene performed before donning and following the removal of gloves? (6.4, Appendix 1)	Y		
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)	Y		
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)	Y		
3.8 Are there laminated or wipe-clean posters promoting hand hygiene on display? (6.12)	Y		
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)	Y		

<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>	Y		
<p>3.11 Are wash-hand basins free from equipment and other utility items? (2.4g, 5.7)</p>	Y		
<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>	Y		
<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>	Y		
<p>3.14 Confirm nailbrushes are not used at wash-hand basins? (Appendix 1)</p>	Y		
<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>	Y		
<p>3.16 Is skin disinfectant rub/gel available at the point of care? (Appendix 1)</p>	Y		
<p>3.17 Are good quality disposable absorbent paper towels used at all wash-hand basins? (6.6, Appendix 1)</p>	Y		

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

4 Management of dental medical devices			
Inspection criteria	Yes	No	If NO provide rationale and actions to be taken with timescales to achieve compliance with HTM 01-05.
4.1 Does the practice have an infection control policy that includes procedures for the use, maintenance, service and repair of all medical devices? (1.18, 2.4a, 2.6, 2.7, 3.54)	Y		
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)	Y		
4.3 Has the practice a written scheme for prevention of legionella contamination in water pipes and other water lines?(6.75, 19.2)	Y		
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)	Y		
4.5 Impression material, prosthetic and orthodontic appliances: Are prosthetic and orthodontic appliances decontaminated before being placed in the patient's mouth? (7.1b)	Y		
4.6 Dental Unit Water lines (DUWLs): Are in-line filters cleaned/replaced as per manufacturer's instructions?(6.89, 6.90)	Y		

<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>Y</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>Y</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>N</p>	<p>1 DENTAL CHAIR CANNOT REMOVE BOTTLE</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>DOES NOT APPLY</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>Y</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>Y</p>		
<p>4.13 Dental Unit Water lines (DUWLs): Are all DUWL and hand pieces fitted with anti-retraction valves? (6.87)</p>	<p>Y</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>Y</p>		

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

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

<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>Y</p>		
<p>5.11 Are single-use plastic aprons disposed of as clinical waste after each procedure? (6.25)</p>	<p>Y</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>Y</p>		
<p>5.13 Are masks disposed of as clinical waste after each use? (6.27, 6.36)</p>	<p>Y</p>		
<p>5.14 Are all items of PPE stored in accordance with manufacturers' instructions? (6.14)</p>	<p>Y</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>Y</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>Y</p>		
<p>5.17 Is eye protection provided for the patient and staff decontaminated after each episode of patient care? (6.29)</p>	<p>Y</p>		
<p>Provider's level of compliance</p>			<p>Compliant</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))	Y		
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))	Y		
6.3 Is there evidence that the waste contractor is a registered waste carrier? (6.87 (07-01) 6.90 (07-01))	Y		
6.4 Are all disposable PPE disposed of as clinical waste? (6.26, 6.27, 6.36, HTM 07-01 PEL (13) 14)	Y		
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))	Y		
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))	Y		
6.8 Are black/clear bags used for domestic waste including paper towels? (HTM 07-01, PEL (13) 14, 5.51 (07-01))	Y		

6.9 Are bins foot operated or sensor controlled, lidded and in good working order? (5.90 (07-01))	Y		
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))	Y		
6.11 Are clinical waste sacks securely tied and sharps containers locked before disposal? (5.87 (07-01))	Y		
6.12 Are all clinical waste bags and sharps containers labelled before disposal? (5.23 (07-01), 5.25 (07-01))			CANNON HYGIENE DOES THIS
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))			DOES NOT APPLY
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))	Y		
6.15 Are all consignment notes for all hazardous waste retained for at least 3 years?(6.105 (07-01))	Y		
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))	Y		
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))	Y		
Provider's level of compliance			Compliant

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

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

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

Appendix 1



Name of practice: Springhill 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?

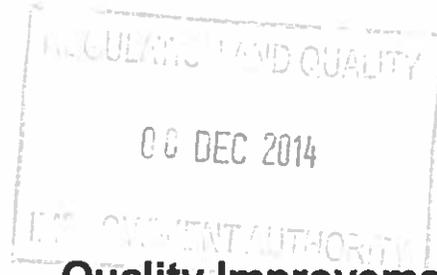
Yes No

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

Yes No



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Announced Inspection

Springhill Dental Surgery

14 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 Mr Niall Miller 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 (2)	<p>Ensure the relevant periodic tests are being undertaken and recorded in log books for the washer disinfectant and the sterilisers.</p> <p>The log books for each piece of equipment used in the decontamination process must contain the following information:</p> <ul style="list-style-type: none"> • The log books must contain the relevant information about the equipment and the responsible persons; • The Automatic Control Test (ACT) must be undertaken for both sterilisers and recorded daily; • A steam penetration test (Helix or Bowie-Dick) must be undertaken and recorded each day for both sterilisers; • Daily tests must be undertaken and recorded; and • Specific details including the cycle number, test used, batch number and expiry dates must be recorded when the protein residue and soil tests are undertaken on the washer disinfectant. <p>Ref: 9.0 & 10.7</p>	Two	STRIVING TO GET ALL THE TESTS AND LOG BOOKS INTO ORDER	One month

2	15 (2) (b)	<p>Ensure that the identified steriliser is maintained and validated in line with the manufacturer's instructions and best practice as outlined in HTM 01-05 with records retained for inspection.</p> <p>Ref: 9.0 & 10.7</p>	Two	<p>ARRANGING VALIDATION APPOINTMENT WITH HENRY SCHEIN ASAP.</p>	Three months
3	15 (7)	<p>A legionella risk assessment must be undertaken and recorded. Any recommendations which may arise from it must be addressed including control measures which require to be undertaken to reduce the risk.</p> <p>Ref: 10.4</p>	One	<p>WILL SET UP MORE DETAILED LEGIONELLA SCHEME PERSONALISED TO SPRINGHILL DENTAL SURGERY</p>	Three months
4	15 (2)	<p>Address the encryption issues identified with the data loggers and memory stick which retain the data from the washer disinfectant and sterilisers.</p> <p>The information contained on the data loggers should be uploaded onto the computer and reviewed on a monthly basis.</p> <p>Ref: 9.0 & 10.7</p>	One	<p>GETTING HENRY SCHEIN TO SORT OUT OUR DATA LOGGERS AND MEMORY STICK. SOMETHING THEY SHOULD HAVE DONE PREVIOUSLY</p>	One month

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	9	The report of the findings of the most recent patient satisfaction consultation should be made available for patients. Ref: 11.2	One	RESULTS OF MOST RECENT PATIENT SATISFACTION SURVEY OUR UP ON THE NOTICEBOARD	One month