



The Regulation and
Quality Improvement
Authority

Announced Premises Inspection Report 02 February 2017



Alan Parker & Associates Dental Practice

Type of Service: Independent Health Care Establishment/Dental

Address: 339 Cregagh Road, Belfast, BT6 0LE

Tel No: 028 9079 2729

Inspector: Colin Muldoon

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Alan Parker & Associates Dental Practice took place on 02 February 2017 from 10.05 to 12.20.

The inspection sought to assess if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqui Busby (Practice Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

This was the first premises inspection at this establishment.

2.0 Service Details

Registered organisation/registered provider: Alan Parker and Associates Dental Practice Mr Alan Parker	Registered manager: Alan Parker
Person in charge of the practice at the time of inspection: Alan Parker	Date manager registered: 08/11/2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Jacqui Busby (Practice Manager).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06/10/2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated

This was the first premises inspection at this establishment.

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The method used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. A fire risk assessment was presented. It was undated but is understood to have been carried out by the manager approximately three years ago. The fire risk assessment was discussed and the inspector recommended that it be reviewed. The inspector suggested relevant guidance, such as Firecode document HTM86 Part 1 and the Communities and Local Government Healthcare Premises guide (available free on NIFRS website) which could be used to inform the review of the fire risk assessment.
Refer to recommendation 1 in Quality Improvement Plan.
2. An undated legionella risk assessment was presented. It is understood that there is no stored hot or cold water and that all outlets are mains fed. Although there was no written scheme of control the inspector was informed that there are procedures in place towards the control of legionella including the cleaning of the shower. The inspector was also informed that there is a policy and arrangements in place to manage the dental unit water lines in accordance with good practice and the disinfectant manufacturer's recommendations. The inspector recommended that the legionella risk assessment be reviewed using documents published by the HSE (HSG274) which support and provide guidance on the code of practice for the control of legionella.
Refer to recommendation 2 in Quality Improvement Plan.
3. The building has a fire alarm installation and emergency lighting. The inspector was informed that these installations were serviced by a contractor in January 2017. The manager confirmed that the alarm is tested although this is not recorded.
Refer to recommendation 3 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	3
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.
This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit
This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.
This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jacqui Busby (Practice Manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Minimum Standards for Dental Care and Treatment. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

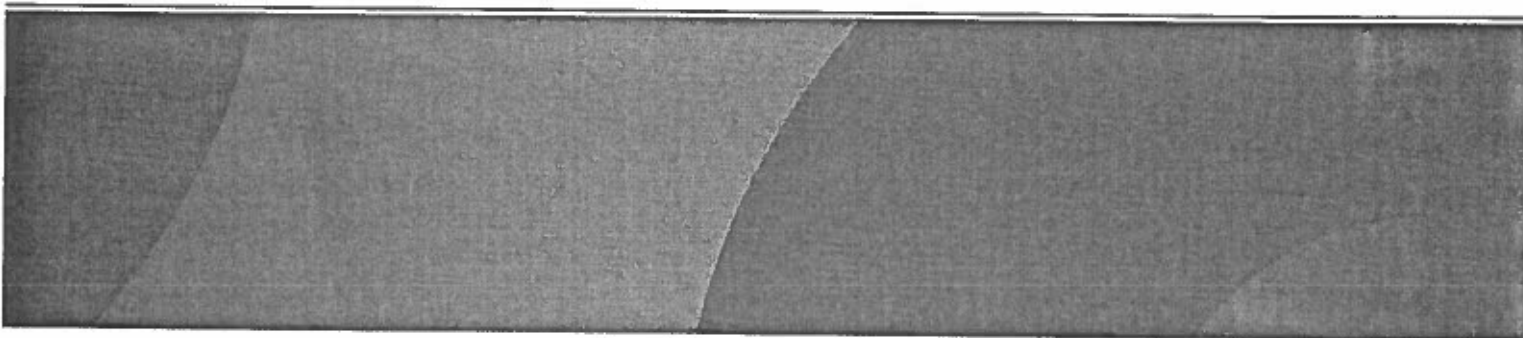
The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk by the inspector.

It should be noted that this Inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 02 April 2017</p>	<p>The fire risk assessment should be reviewed. It is recommended that relevant guidance, such as Firecode document HTM86 Part 1 and the Communities and Local Government Healthcare Premises guide (available free on NIFRS website) are used to inform the review of the fire risk assessment.</p> <p>Response by registered provider detailing the actions taken: FIRE RISK ASSESSMENT REVIEWED, AND INFORMATION DOWNLOADED TO ASSIST IN NEW FRAMEWORK 3.3.17</p>
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 02 April 2017</p>	<p>The legionella risk assessment should be reviewed. A scheme of control arising from the risk assessment should be drawn up and implemented. Reference should be made to HSG274 Parts 2 and 3.</p> <p>Response by registered provider detailing the actions taken: HSG274 PARTS 2/3 DOWNLOADED AND E-LEARNING COMPLETED. LEGIONELLA RISK ASSESSMENT REVIEWED AND EXPANDED 3.3.17</p>
<p>Recommendation 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 02 March 2017</p>	<p>It should be confirmed that the fire alarm and emergency light installations are being maintained in accordance with good practice. The regular function testing of these installations should be formalised. Reference should be made to BS5839 (fire detection and alarm system) and BS5266 (emergency lighting).</p> <p>Response by registered provider detailing the actions taken: ① EMERGENCY LIGHTING INSPECTION / TEST CERTIFICATE (19.1.17) NOW RECEIVED ② EMERGENCY LIGHTING LOG BOOK PURCHASED TO HELP FORMALISE OUR PROTOCOLS AND INFORMATION DOWNLOADED AND INTEGRATED INTO OUR POLICIES 7.2.17</p>

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