

## **Announced Premises Inspection Report 31 October 2016**



### **Ballymena Specialist Dental Clinic**

**Type of Service: Independent Hospital (IH) - Dental Treatment**

**Address: 19 George Street, Ballymena, BT43 5AP**

**Tel No: 028 256 52044**

**Inspector: P Cunningham**

## 1.0 Summary

An announced premises inspection of Ballymena Specialist Dental Clinic took place on 31 October 2016 from 10:00 until 11:45hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the private dental practice 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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>4</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Robert Graham, Business Manager and Shirley Sheard, 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 is the first RQIA premises inspection in this establishment.



## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Dr Mark Diamond	<b>Registered manager:</b> Dr Mark Diamond
<b>Person in charge of the establishment at the time of inspection:</b> Robert Graham, Business Manager	<b>Date manager registered:</b> 04 March 2014
<b>Categories of care:</b> Not Applicable	<b>Number of registered places:</b> 2

## 3.0 Methods/processes

During the inspection the inspector met with Robert Graham, Business Manager and Shirley Sheard, 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 12 October 2015

The most recent inspection of the Private Dental Practice 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

This is the first RQIA premises inspection in 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 and first aid fire-fighting equipment. The practice has two members of staff based there, dentists attend clinics as and when required.

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

### Areas for improvement

1. The fire risk assessment was carried out in June 2016 and was undertaken by the Business Manager. During the inspection, the structural fire separation and protection to the means of escape was discussed. The practice includes one surgery on the ground floor, one on the first floor, decontamination and staff facilities on the first floor and a number of rooms containing stored items and records archives on the second (top) floor. The Stairwell is the sole means of escape from all upper areas of the building and structural separation from all areas and rooms in the building is limited in terms of protection of the means of escape. This should be assessed/reviewed by a person with specialist fire safety knowledge and any subsequent remedial actions undertaken if considered appropriate by the assessor.  
See recommendation 1 in the attached QIP.
2. The Business Manager stated that the maintenance of the fire alarm system, emergency lighting by a specialist contractor was in place although records relating to this were retained at the practice's central office in Belfast.  
See recommendation 2 in the attached QIP
3. The practice manager undertook to implement regular in-house user checks to the fire alarm system (weekly checks), emergency lights (monthly function checks) and fire extinguishers (monthly checks). Advice should be sought from a suitably qualified person regarding the specifics of these checks.  
See recommendation 3 in the attached QIP.
4. The legionella risk assessment should be reviewed to take account of the dental unit water lines (DUWLs).  
The arrangements for maintenance and upkeep of the DUWLs should be reviewed to take account of the guidance contained in HSG 274 part 3 issued by The Health & Safety Executive for Northern Ireland. This includes regular disinfection of the system components, pipework and bottles. Consideration should also be given to taking microbiological measurements to confirm the efficacy of the measures periodically.  
<http://www.hse.gov.uk/pUbns/priced/hsg274part3.pdf> refers.  
See recommendation 4 in the attached QIP.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>4</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Robert Graham, Business Manager and Shirley Sheard, 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 Private Dental Practice. 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 **Regulation and Quality Improvement Authority, Hilltop, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS** 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

#### Recommendation 1

**Ref:** Standard 14.2

**Stated:** First time

**To be completed by:**  
27 January 2017

The registered provider should consider liaising with a person possessing specialist fire safety knowledge and carry out a review of the fire risk assessment with specific focus on the single stairwell in the building and the structural separation/protection thereof.

**Response by registered provider detailing the actions taken:**

SPECIALIST FIRE SAFETY CONSULTANTS, RMCK TO BE CONTRACTED WITH REGARD TO CARRYING OUT A REVIEW OF FIRE RISK ASSESSMENT SPECIFICALLY FOCUSING ON THE STAIRWELL OF THE BUILDING.

#### Recommendation 2

**Ref:** Standard 14.4

**Stated:** First time

**To be completed by:**  
02 November 2016

The registered provider should confirm the dates of the most recent maintenance of the fire alarm system, emergency lighting by a specialist contractor.

**Response by registered provider detailing the actions taken:**

FIRE ALARM SYSTEM MAINTAINED TWICE ANNUALLY (JANUARY & JULY) BY CAPITAL ALARMS AND EMERGENCY LIGHTING WAS CHECKED ON 1/12/16 BY APG CONSTRUCTION.

#### Recommendation 3

**Ref:** Standard 14.4

**Stated:** First time

**To be completed:**  
As soon as practically possible and ongoing at appropriate frequencies

The registered provider should ensure that regular in-house user checks to the fire alarm system (weekly checks), emergency lights (monthly function checks) and fire extinguishers (monthly checks) are implemented. Advice should be sought from a suitably qualified person regarding the specifics of these checks

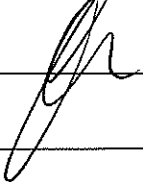
**Response by registered provider detailing the actions taken:**

WEEKLY & MONTHLY CHECKS (AS APPROPRIATE) OF THE FIRE ALARM SYSTEM, EMERGENCY LIGHTS AND FIRE EXTINGUISHERS WILL COMMENCE IN THE NEW YEAR



<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> <b>26 December 2016</b></p>	<p>The registered provider should review the legionella risk assessment to take account of the dental unit water lines (DUWLs). The arrangements for maintenance and upkeep of the DUWLs should be reviewed to take account of the guidance. This includes disinfection of the system components, pipework and bottles. Consideration should also be given to taking microbiological measurements to confirm the efficacy of the measures periodically. Reference should be made to the guidance contained in HSG 274 part 3 issued by The Health &amp; Safety Executive for Northern Ireland. <a href="http://www.hse.gov.uk/pUbns/priced/hsg274part3.pdf">http://www.hse.gov.uk/pUbns/priced/hsg274part3.pdf</a></p> <p><b>Response by registered provider detailing the actions taken:</b> ALL DUWL'S WILL BE MAINTAINED ONGOING AS PER THE MOST RECENT REGULATIONS AND GUIDANCE (INCLUDING DISINFECTION OF SYSTEMS)</p>
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<b>Name of Registered Manager/Person Completing QIP:</b>	<i>Roberta Granton</i>		
<b>Signature of Registered Manager/Person Completing QIP:</b>		<b>Date completed:</b>	<i>23.12.11.</i>
<b>Name of Registered Provider Approving QIP:</b>			
<b>Registered Provider Approving QIP:</b>		<b>Date approved:</b>	
<b>RQIA inspector Assessing Response</b>		<b>Date:</b>	

