

Announced Premises Inspection Report 21 October 2016



Carleton Dental Practice

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

Address: 47 Carleton Street, Portadown, Craigavon, BT62 3EP

Tel No: 028 3839 1700

Inspector: K. Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Carleton Dental Practice took place on 21 October 2016 from 10:30hrs. to 11:30hrs.

The inspection sought to assess 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. Reference should be made 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	1

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

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent premises inspection

This was the first premises inspection of this dental practice. Actions/enforcement taken following the most recent premises inspection is not therefore relevant to this inspection.

2.0 Service Details

Registered organisation/registered provider: Dr. David McKinney	Registered manager: Dr. David McKinney
Person in charge of the establishment at the time of inspection: Dr. David McKinney, Registered Provider and Registered Manager	Date manager registered: 14 October 2011
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of dental chairs: 5

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The statutory notifications over the past 12 months (no notifications)
- The concerns log (no concerns).

During this premises inspection discussions took place with Mrs. Angela McKinney

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection on 06 May 2016

The most recent inspection of this private dental practice was an announced care inspection IN025596 on 06 May 2016. The completed QIP for this inspection has still to be returned to RQIA for approval by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection

As this was the first premises inspection of this dental practice a review of the requirements and recommendations from the last premises inspection was not therefore relevant.

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 and protection to the means of escape.

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

Comments and areas for improvement

1. A fire safety audit was completed by the Northern Ireland Fire and Rescue Service on 11 January 2012 with a satisfactory outcome. A fire risk assessment was completed on 27 April 2016. Mrs. McKinney also confirmed that the next fire risk assessment would be carried out using the template provided by the Northern Ireland Fire and Rescue Service. This next review of the fire risk assessment should include a specific focus on the staff room on the ground floor and the sources of ignition control measures in place for same. The fire extinguishers were serviced in May 2016 and a fire drill was carried out on 13 April 2016.
2. The fire detection and alarm system was inspected and serviced on 21 June 2016. There was also a procedure in place for carrying out weekly checks to the fire alarm system. In addition modifications to the fire detection and alarm system were carried out on 11 August 2016. A certificate from the fire alarm engineers for this work was available. A current inspection and test report for the emergency lighting in the premises was not presented for review during this premises inspection. The date and outcome for the most recent inspection and test to the emergency lighting should be confirmed to RQIA. In addition a review of the number of emergency lights in the premises should be carried out to ensure that this is adequate in the event of a mains electricity power failure. Reference should be made to recommendation 1 in the attached Quality Improvement Plan. Monthly function checks should also be carried out to the emergency lights. Subsequent to this premises inspection, RQIA received confirmation from Mrs. McKinney that the emergency lights were being checked on a weekly basis and a record was being kept for these checks.

Comments and areas for improvement

3. A risk assessment in relation to legionella bacteria was completed by a specialist company on 28 May 2012. The water tanks were disinfected on 19 June 2015 and arrangements were in hand to disinfect the water tanks again in November 2016. This is also a procedure in place for checking the water temperatures each month and this was last completed on 20 October 2016. The dental water lines are disinfected using a proprietary system. It was agreed that the action plan in the legionella risk assessment document should be signed off.
4. Some flaking to the paint work at low level on one wall of surgery 1 was noted. This should be made good. The timber skirting in the male staff toilet on the ground floor should also be made good.
5. The doors to surgery 1 and one of the store rooms were not closing correctly. These doors should be adjusted to ensure that they close fully into the frames. Subsequent to this premises inspection RQIA received confirmation from Mrs. McKinney that these doors were now closing properly.
6. It was agreed that the rear yard to the premises would be washed down. Subsequent to this premises inspection RQIA received confirmation from Mrs. McKinney that the rear yard had been cleaned.
7. The electrical equipment was inspected and tested on 21 April 2016. The fixed wiring installation was also inspected and tested on 21 April 2016. The report for the inspection and test to the fixed wiring installation confirmed that this installation was in a satisfactory condition. This report also identified three code C3 observations. The need to address these issues should be kept under review having regard to the risks.

Number of requirements	0	Number of recommendations:	1
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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.

The registered person deals appropriately with 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.

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 Mrs. Angela McKinney 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 in respect of this Private Dental Practice. 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 for assessment 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 Stated: First time	The date and outcome for the most recent inspection and duration test to the emergency lighting should be confirmed to RQIA. A review of the number of emergency lights in the premises should be carried out to ensure that this is adequate in the event of a mains electricity power failure.
To be completed by: 16 December 2016	Response by registered provider detailing the actions taken: As per email sent to Mr Monaghan on 16/12/2016, which included the actual duration test report and invoice for additional emergency lights being fitted, I hereby confirm once again that this work has indeed been carried out.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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