

Announced Premises Inspection Report 17 January 2017



Hazeldene Dental Practice

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

Address: 64 Donaghadee Road, Bangor, BT20 4QX

Tel No: 02891 463352

Inspector: Colin Muldoon

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Hazeldene Dental Practice took place on 17 January 2017 from 10.00 to 12.10.

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. 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Alan Todd (Registered Manager and Registered Responsible Person), 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.

2.0 Service Details

Registered organisation/registered provider: Hazeldene Dental Practice Dr Alan Todd	Registered manager: Dr Alan Todd
Person in charge of the establishment at the time of inspection: Dr Alan Todd	Date manager registered: 23/07/2012.
Categories of care: Independent Hospital (IH)– Dental Treatment	Number of registered places: 1

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 Dr Alan Todd.

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 21 December 2016

The most recent inspection of Hazeldene Dental Practice was an announced care inspection. The completed QIP will be assessed by the specialist inspector and validated at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection

This was the first premises inspection.

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 premises were clean, tidy and well presented.

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 carried out in 2011 has been reviewed annually by the manager. The risk assessment was discussed and 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 next review of the risk assessment.
2. There are arrangements in place for the periodic test of the fire alarm and emergency light systems. There are no arrangements for the installations to be formally serviced. The inspector recommended that the arrangements for testing and servicing the fire safety installations be reviewed.
Refer to recommendation 1 in Quality Improvement Plan.
3. A legionella risk assessment was presented. It had been carried out by a specialist contractor in January 2014. The assessor considered the overall risk to be low and recommended that a review of the assessment be carried out in two years. There are measures and checks in place towards the control of legionella. A review of the assessment was discussed and the inspector recommended that reference be made to HSE document HSG274 which supports the code of practice for the control of legionella. Refer to recommendation 2 in Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	2
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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 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.

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 Dr Alan Todd (Registered Manager and Registered Responsible Person) 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 and 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 review 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 To be completed by: 17 March 2017	The arrangements for testing and maintaining the fire safety installations should be reviewed. Reference should be made to BS5839 (fire detection and alarm system) and BS5266 (emergency lighting). Response by registered provider detailing the actions taken: Arrangements have been made to have the fire alarm and emergency light systems formally tested by an external organisation.
Recommendation 2 Ref: Standard 13 Stated: First time To be completed by: 17 March 2017	The legionella risk assessment should be reviewed. Arrangements should be made to implement any updates to the scheme of control and address any issues identified. Reference should be made to HSG274 Parts 2 and 3. Response by registered provider detailing the actions taken: The legionella risk assessment has been reviewed with reference to HSG274 Parts 2 and 3.

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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