

Announced Premises Inspection Report 20 February 2017



Comber Dental Practice

Type of Service: Independent Health Care Establishment

Sub type of service: Dental Treatment

Address: 18 Killinchy Street, Comber, BT23 5AP

Tel No: 028 9187 2482

Inspector: Colin Muldoon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Comber Dental Practice took place on 20 February 2017 from 10.00 to 12.15.

This premises inspection sought to determine 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 2011.

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 Mr M Mooney and Mr I Blair (Registered Persons), Mrs J Bailie (Practice Manager) and Mr S Coates, (Business 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 of this establishment.

2.0 Service Details

Registered organisation/registered provider: Mr M Mooney and Mr I Blair	Registered manager: Ian Blair
Person in charge of the establishment at the time of inspection: Mr I Blair	Date manager registered: 30/08/2011
Categories of care: IH – Dental Treatment	Number of registered places: 4

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 Mr M Mooney and Mr I Blair (Registered Persons), Mrs J Bailie (Practice Manager) and Mr S Coates, (Business 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 9 August 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

This was the first premises inspection of 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.

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. The conclusion of the assessment was that the overall risk was low. The assessment was not dated and it could not be confirmed when it was last reviewed or what standards were referenced. The assessment was discussed and the inspector recommended that it be reviewed using relevant guidance from the Northern Ireland Fire and Rescue Service, for example, the Communities and Local Government document - Fire Safety and risk assessment guide for healthcare premises. Refer to recommendation 1 in Quality Improvement Plan.
2. There was a legionella risk assessment and records of actions and monitoring measures in place towards the control of legionella. The legionella risk assessment was dated 2011 and the inspector drew attention to guidance (HSG274) subsequently published by the Health and Safety Executive to support the Code of Practice for the control of legionella. HSG274 parts 2 and 3 may be particularly relevant. Refer to recommendation 2 in Quality Improvement Plan.
3. There is a piped medical gas installation. There were no records to confirm the tightness and satisfactory condition of the installation. Refer to recommendation 3 in Quality Improvement Plan.
4. Records relating to a check of the electrical installation in 2016 confirm that the installation was found to be in unsatisfactory condition. The inspector was informed by the registered persons that arrangements have been made to carry out the work required to restore the installation to a satisfactory condition.

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 Mr M Mooney and Mr I Blair (Registered Persons), Mrs J Bailie (Practice Manager) and Mr S Coates, (Business 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 2011. 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: 20 April 2017	The fire risk assessment should be reviewed using standards and guidance available from the NIFRS. Any issues identified in the risk assessment should be addressed within appropriate timescales.
	Response by registered provider detailing the actions taken: Fire risk assessment reviewed and actions will be addressed accordingly.
Recommendation 2 Ref: Standard 14 Stated: First time To be completed by: 20 April 2017	The legionella risk assessment should be reviewed and arrangements made to address any issues identified. Reference should be made to HSG274.
	Response by registered provider detailing the actions taken: Legionella risk assessment reviewed and actions will be addressed accordingly.
Recommendation 3 Ref: Standard 14 Stated: First time To be completed by: 20 April 2017	A competent person should check and verify that the medical gas installation is gas tight and in satisfactory condition.
	Response by registered provider detailing the actions taken: Engineer has been requested to action his ASAP.

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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