

# Announced Premises Inspection Report 12 December 2016



## Newtownabbey Dental Practice

**Type of Service: Independent Hospital (IH) - Dental Treatment**  
**Address: 292 Shore Road, Whitehouse, Newtownabbey, BT37 9RW**  
**Tel No: 028 9036 5259**  
**Inspector: C Muldoon**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Newtownabbey Dental Practice took place on 12 December 2016 from 10.30 to 13.10 hrs.

An application for a variation to the registration had been submitted in relation to an additional surgery. This premises inspection included the inspection of the additional surgery.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the DHSSPS Minimum Standards for Dental Care and Treatment (2011) and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Oasis Dental Care David Andrew Relph (Responsible Person)	<b>Registered manager:</b> Sarah-Louise Fox-Bann
<b>Person in charge of the practice at the time of inspection:</b> Lynda Bailey	<b>Date manager registered:</b> 09/05/2016
<b>Categories of care:</b> IH- Dental Treatment	

## 3.0 Methods/processes

The methods/process used in this inspection included the following:

- Discussion with Lynda Bailey
- Assessment of the environment
- Review of documentation required by legislation and good practice
- Evaluation and feedback.

## 4.0 The inspection

### 4.1 Inspection Findings

The premises used for the purposes of Newtownabbey Dental Practice are the ground and part of the first floor of a traditional two storey detached building on the main Shore Road in Newtownabbey.

A specialist contractor carried out a fire risk assessment in June 2015 and recommended that a review be carried out in November 2016. The review was carried out by the manager on 29 November 2016.

From information available on the day of inspection it is understood that an exit door from the decontamination room is considered to be an alternative means of escape in the event of fire. However, it was found that this door was very difficult to open and led into a disused kitchen. The exit from the kitchen leads into an enclosed yard. The arrangements for escaping from the yard were not clear.

The arrangements for all staff to receive fire safety training could not be confirmed on the day of inspection.

The new surgery and the staff room/kitchen are on the first floor. The doors at the top of the stairs and to the staff kitchen are not fitted with automatic closing devices. A door on the first floor gives access to an unused area of this floor.

The new surgery was well presented.

The fire alarm was serviced by a specialist contractor in August 2016. The service report indicates that items on its checklist were not included in this service.

There was a legionella risk assessment dated October 2016 which had been carried out by a specialist contractor. The risk assessment found that there was no scheme in place for the control of legionella in the domestic water system and says that it should be ensured that the dental lines are maintained in accordance with good practice. No records were presented on the day of inspection to confirm that the recommendations in the legionella risk assessment had been addressed.

Apart from emergency lighting there is no artificial lighting in the stairwell to the first floor. It is understood that the practice may be open into the early evening.

The door at the top of the stairs is positioned at the last riser.

The decontamination room ventilation system has input and extract units. On the day of inspection the input unit was not working.

#### Areas for improvement

1. The fire risk assessment should be reviewed. The review should include consideration of the means of escape, the need for automatic closing devices on doors, staff fire training, the effectiveness of the emergency procedure and drills, and any fire risk associated with the unused part of the building.

It should be confirmed that the fire detection and alarm system is being serviced in line with good practice.

Refer to requirement 1 in Quality Improvement Plan.

2. Schemes for the control of legionella require to be implemented and records kept.

Refer to requirement 2 in Quality Improvement Plan.

3. It is recommended that consideration be given to repositioning the door at the top of the stairs and to the provision of artificial lighting in the stairwell

Refer to recommendation 1 in Quality Improvement Plan.

4. It should be ensured that the decontamination room ventilation operates correctly.

Refer to recommendation 2 in Quality Improvement Plan.

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynda Bailey 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 Independent Hospital – Dental Treatment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011).

They promote current good practice and if adopted by the registered provider/manager 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 and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@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

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 25.-(4)

**Stated:** First time

**To be completed by:**  
**Before registration of the new surgery and by 28 February 2017**

The fire risk assessment should be reviewed. The review should include consideration of the means of escape, the need for automatic closing devices on doors, staff fire training, the effectiveness of the emergency procedure and drills, and any fire risk associated with the unused part of the building.

Issues in the action plan arising from the fire risk assessment should be addressed within timescales acceptable to the risk assessor. The provider should ensure that the fire risk assessor has appropriate knowledge, skills and experience.

It should be confirmed that the fire detection and alarm system is being serviced in line with good practice.

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

Fire Risk Assessment completed 9/1/17 by Firesmart, means of escape agreed via the front door only, recommendation to remove the door at the top of the stairs as it has no purpose & several doors to be replaced with fire doors to protect the fire escape route, waiten on the report to receive a quote for work recommended through this report. Fire detection and alarm system is serviced in line with good practice.

#### Requirement 2

**Ref:** Regulation 25.-(2)(c) and (d)

**Stated:** First time

**To be completed by:**  
**Before registration of the new surgery and by 31 January 2017**

The action plan arising from the legionella risk assessment should be implemented within timescales acceptable to the risk assessor.

Records should be maintained of all actions and monitoring measures put in place for the control of legionella including those relating to the dental lines.

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

A monthly log is kept and all warm & cold outlet temperatures recorded in line with best practice and the work required through this report has now been completed and evidence available.

### Recommendations

#### Recommendation 1

**Ref:** Standard 14

**Stated:** First time

**To be completed by:**  
**Ongoing**

It is recommended that consideration be given to repositioning the door at the top of the stairs, particularly if the fire risk assessor considers a closer is necessary.

Consideration should be given to the provision of artificial lighting in the stairwell.

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

Fire Risk Assessment completed advised to remove this door as it has no purpose.

	Lighting has now been fitted on the stairwell
<b>Recommendation 2</b> <b>Ref:</b> Standard 14 <b>Stated:</b> First time <b>To be completed by:</b> <b>Ongoing</b>	It should be ensured that the decontamination room ventilation operates correctly.
	<b>Response by registered provider detailing the actions taken:</b> Was switched off at the wall, has now been turned back on and working as it should be

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**



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