

# Variation Application Premises Inspection Report 02 March 2017



## Cliffgar Dental Practice

**Address: 4 Newry Road, Banbridge, BT32 3HF**

**Tel No: 028 4066 2034**

**Inspector: Kieran Monaghan**

[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 Cliffgar Dental Practice took place on 02 March 2017 from 10:00hrs to 11:30hrs.

This premises inspection was carried out in relation to an application by the registered person for a variation to the conditions of registration in respect of Cliffgar Dental Practice. Variation Application VA010172 refers. This variation application relates to a proposal to provide laser services in the dental practice.

The outcome of this premises inspection is that variation VA010172 could be granted from a premises point of view when the requirement in relation to the fire risk assessment and the fire training/fire drill has been addressed. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Standards for Dental Care and Treatment issued by the Department of Health, Social Services and Public Safety in March 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr. David Little, Registered Provider and Registered Manager, 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.

## 2.0 Service details

<b>Registered Provider:</b> Dr David Little	<b>Registered Manager:</b> Dr David Little
<b>Person in charge of the dental practice at the time of inspection:</b> Dr. David Little, Registered Provider and Registered Manager	<b>Date manager registered:</b> 21 September 2011
<b>Categories of care:</b> Independent Hospital (IH) - Dental Treatment	<b>Number of dental chairs:</b> 6

### 3.0 Methods/processes

During this premises inspection discussions took place with Dr David Little, Registered Provider and Registered Manager.

### 4.0 The inspection

### 4.1 Inspection findings

#### Comments and areas for improvement

The following comments and areas for improvement should be noted in relation to this premises inspection:

1. The fixed wiring installation was inspected and tested on 30 October 2016 with a satisfactory outcome. The electrical equipment was also inspected and tested on 03 May 2016. In addition a permanent standby electricity generator is in place to provide a backup power supply.
2. The premises are equipped with a comprehensive fire detection and alarm system linked to a 24 hour monitoring service. A full inspection and service of this system was carried out in August 2016 with a satisfactory outcome. The first aid firefighting equipment was also serviced in June 2016 and emergency lights were inspected and tested on 16 June 2016. Fire risk assessments had been carried out for the premises but the report for the most recent fire risk assessment was not presented for review during this premises inspection. Dr Little agreed to forward a copy of the report for the most recent fire risk assessment along with confirmation in relation to the most recent fire safety training and fire drill. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
3. The most recent gas safety inspection was carried out on 12 October 2016. The medical gas installation was checked by a specialist engineering company on 23 June 2016 and the statutory examinations of the pressure vessels were completed on 20 April 2016 with satisfactory outcomes.
4. Reference information from the Health and Safety Executive was available in the file for the prevention or control of legionella bacteria in the water systems. A legionella risk assessment was completed on 06 August 2016. All outlets in the premises are flushed for two minutes at the start of each day and the cold water storage tank is disinfected on a regular basis. A proprietary disinfection system is used for the dental water lines (not reviewed during this premises inspection). It was agreed that a simple schematic drawing for the water systems should be added to the legionella folder and the temperatures of the unblended hot water and the cold water at the sentinel taps should be checked and recorded each month. Reference should be made to the following link to the Health and Safety Executive's website for the most recent information in relation to this subject (L8 and HSG274):

<http://www.hse.gov.uk/pubns/books/l8.htm>

<http://www.hse.gov.uk/pubns/books/hsg274.htm>

5. Although no fire doors were wedged open at the time of this premises inspection a number of wedges were observed. Fire doors should not be wedged open.

<b>Number of requirements:</b>	1	<b>Number of recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dr David Little, Registered Provider and Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 person 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 application for registration. 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 such application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person meets the 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 the Minimum Standards for Dental Care and Treatment issued by the Department of Health, Social Services and Public Safety in March 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions to be taken by the persons applying for registration

The QIP should be completed by the registered person to detail the actions taken to meet the legislative requirements stated. Once fully completed, the QIP should be returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) and assessed 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 this 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 person 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 person with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Prior to variation being granted.</p>	<p>A copy of the report for the most recent fire risk assessment should be forwarded to RQIA. The details for the most recent fire safety training and fire drill should also be confirmed to RQIA.</p> <p><b>Response by registered person detailing the actions taken:</b> Recent fire risk assessment was forwarded to Mr Kieran Monaghan on 22/03/2017. Fire training for staff was provided by K.C.S Firesafety on 16/03/2017.</p>
---	---

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews