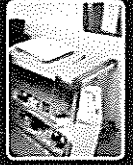
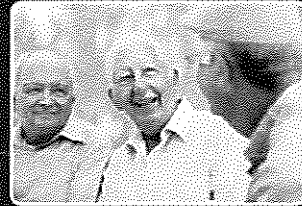
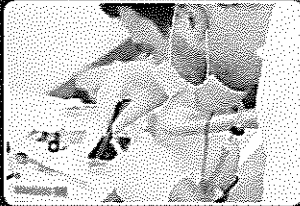




The Regulation and  
Quality Improvement  
Authority

# Announced Premises Inspection Report 22 September 2016



## Downe Dental Care Ltd

**Type of Service: Independent Health Care Establishment**

**Sub type of service: Dental Treatment**

**Address: 10 English Street, Downpatrick, BT30 6AB**

**Tel No: 028 4461 4422**

**Inspector: Gavin Doherty**

REGULATION AND QUALITY

18 NOV 2016

IMPROVEMENT AUTHORITY

[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 Downe Dental Care Ltd took place on 22 September 2016 from 10:00 to 11:00.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and 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 two 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 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>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Fay Micklethwaite, 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Downe Dental Care Ltd/Mrs Fay Micklethwaite	<b>Registered manager:</b> Mrs Fay Micklethwaite
<b>Person in charge of the establishment at the time of inspection:</b> Mrs Fay Micklethwaite	<b>Date manager registered:</b> 10 January 2012
<b>Categories of care:</b>	<b>Number of registered places:</b> 2

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mrs Fay Micklethwaite, Registered 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, and fire risk assessment.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 23/10/15

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 routine premises inspection of the practice since its first registration in April 2012.

### 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 standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment and this supports the delivery of safe care.

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

#### Areas for improvement

1. At the time of the inspection, the fire alarm & detection system was being tested monthly with no records being maintained. It is recommended that this important test is increased to weekly, with suitable records being maintained in accordance with current best practice guidance.
2. There was also no evidence to show that the fire alarm and detection system was being inspected and maintained in accordance with current best practice guidance. It is therefore recommended that suitable service arrangements are put in place to ensure that this system is subject to regular inspection, at intervals not exceeding six months. (Refer to recommendation 2 in the attached Quality Improvement Plan.)
3. The most recent inspection of the premises fixed wiring installation was undertaken on 12 May 2011. Inspection of the premises fixed wiring installation should be carried out within a period not exceeding five years in accordance with current best practice guidance. It is therefore recommended that a suitable inspection of the same is carried out in a timely manner. (Refer to recommendation 3 in the attached Quality Improvement Plan.)

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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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.

No areas for improvement were identified during the inspection.

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.

No areas for improvement were identified during the inspection.

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.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

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.

No areas for improvement were identified during the inspection.

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 Fay Micklethwaite, Registered 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 Care Standards for Independent Healthcare Establishments July 2014. 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 The Regulation and Quality Improvement Authority, Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS 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	
<b>Recommendation 1</b> Ref: Standard 24.2  Stated: First time  To be completed by: Immediate & ongoing	The registered provider should ensure that the fire alarm & detection system is tested weekly with suitable records being maintained in accordance with current best practice guidance.  <b>Response by registered provider detailing the actions taken:</b> <i>Our fire alarm and detection system is now being tested on a weekly basis</i>
<b>Recommendation 2</b> Ref: Standard 24.2  Stated: First time  To be completed by: 15 December 2016	The registered provider should ensure that suitable service arrangements are put in place to ensure that the premises fire alarm and detection system is subject to regular inspection, at intervals not exceeding six months.  <b>Response by registered provider detailing the actions taken:</b> <i>Procedures now in place to ensure fire alarm detection system is inspected on a 6 monthly basis.</i>
<b>Recommendation 3</b> Ref: Standard 22.3  Stated: First time  To be completed by: 15 December 2016	The registered provider should ensure that the premises fixed wiring installation is suitably inspected in accordance with current best practice guidance and in a timely manner.  <b>Response by registered provider detailing the actions taken:</b> <i>UK safety management are booked to complete a fixed wire installation test on 9<sup>th</sup> December 2016. Relevant paperwork will be forwarded to RQIA.</i>

<b>Name of Registered Manager/Person Completing QIP:</b>	FAY MICKLETHWATE		
<b>Signature of Registered Manager/Person Completing QIP:</b>	<i>Fay Micklethwaite</i>	<b>Date completed:</b>	13/11/16
<b>Name of Registered Provider Approving QIP:</b>	FAY MICKLETHWATE		
<b>Registered Provider Approving QIP:</b>	<i>Fay Micklethwaite</i>	<b>Date approved:</b>	17/11/16
<b>RQIA inspector Assessing Response</b>	Gavin Doherty	<b>Date:</b>	08/12/16



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