

# Announced Premises Inspection Report 15 November 2016



## Gentle Dentistry Omagh

**Type of Service: Independent Hospital (IH) - Dental Treatment**  
**Address: 6 New Brighton Terrace, Kevlin Road, Omagh, BT78 1LL**  
**Tel No: 028 8224 2218**  
**Inspector: Raymond Sayers**

[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 Gentle Dentistry, Omagh took place on 15 November 2016 from 10:00 to 11:30hrs.

The inspection sought to assess progress with any issues raised during and since the last RQIA inspection and to determine if the private dental practice was well led, delivering safe, effective and compassionate care.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however 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. Refer to section 4.4.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Refer to section 4.5.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Marius Monaghan, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented as a result of the findings of this inspection.

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

This is the first premises inspection to be completed in the dental surgery.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Marius J G Monaghan	<b>Registered manager:</b> Marius J G Monaghan
<b>Person in charge of the establishment at the time of inspection:</b> Marius J G Monaghan	<b>Date manager registered:</b> 16 September 2013
<b>Categories of care:</b> Independent Hospital (IH) - Dental Treatment	<b>Number of registered places:</b> 3

## 3.0 Methods/processes

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

During the inspection the inspector met with Mr Marius Monaghan, Registered Person.

The following records were examined during the inspection: Copies of building services maintenance certificates, log books relating to the maintenance 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 27 January 2016

The most recent inspection of the Private Dental Practice was an announced care inspection, IN023926 dated 27 January 2016. The completed QIP was returned, and approved by the care inspector on 3 May 2016. This QIP will be validated by the care inspector at their next inspection.

**4.2 Review of requirements and recommendations from the last premises inspection**

This is the first premises inspection to be completed in the dental surgery.

**4.3 Is care safe?**

A range of documents related to the maintenance 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 associated 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.

A number of issues were however identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

**Areas for improvement**

- 1. The fire risk assessment action plan recommendations were not validated as completed.  
Refer to Quality Improvement Plan recommendation 1.
- 2. Building user weekly fire alarm test activations were not recorded.  
Refer to Quality Improvement Plan recommendation 1.
- 3. Fire-fighting equipment monthly visual examinations were not recorded.  
Refer to Quality Improvement Plan recommendation 1.
- 4. Staff fire drills and fire safety awareness training were not recorded.  
Refer to Quality Improvement Plan recommendation 1.
- 5. The space heating boiler and air compressor are located in the basement; a large quantity of combustible material is also stored in the basement.  
Refer to Quality Improvement Plan recommendation 1.
- 6. Legionella prevention control measures are not routinely recorded, and the risk assessment is not drafted in accordance with Health & Safety Executive guidelines.  
Refer to Quality Improvement Plan recommendation 2.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises management as well as breakdown/repair maintenance.

This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

The accommodation reviewed during this premises inspection was well maintained, comfortable, and clean, with adequate lighting levels.

This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

Premises related policies and documents are retained and accessible to authorised persons.

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. Adequate support and resources have been provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors, and statutory regulators.

This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Marius Monaghan, Registered 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, 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](mailto:Estates.Mailbox@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

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should review and evaluate the current fire safety measures, ensuring that good fire safety procedures are implemented, and recorded.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>I have reviewed our fire safety measures and set systems in place for recording relevant information in our replacement Fire Safety Log Book. All areas mentioned on page 4 have been dealt with.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should consider reviewing the legionella risk assessment, and draft a risk assessment in accordance with Health and Safety Executive guidelines (Five Steps to Risk Assessment, INDG163).</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>I have reviewed our existing legionella risk assessment and have updated it as required. Systems have been put in place for more robust recording of measures.</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\**



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