

Announced Premises Inspection Report 25 October 2016



Greenpark Dental Surgery

Type of Service: Independent Hospital (IH) - Dental Treatment

Address: 4 Greenpark Terrace, Armagh, BT61 7ER

Tel No: 028 37528089

Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Greenpark Dental Surgery took place on 25 October 2016 from 10:15 to 11:35hrs.

The inspection sought to assess progress with any issues raised during and since the last premises 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. There were however several issues identified as requiring remedial attention. Refer to section 4.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. There were no issues identified as requiring remedial attention. Refer to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. There were no issues identified as requiring remedial attention. 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. There were no issues identified as requiring remedial attention. 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
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 Carmel Donnelly, Registered Person/Manager, 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 from this 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: Ms Carmel Donnelly	Registered manager: Ms Carmel Donnelly
Person in charge of the establishment at the time of inspection: Ms Carmel Donnelly	Date manager registered: 05 November 2012

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous care inspection report, statutory notifications over the past 12 months, concerns call log.

During the inspection the inspector met with Ms Carmel Donnelly, Responsible Person/Manager.

The following records were examined during the inspection: Copies of building services certificates, building user log books relating to the maintenance and inspection 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 03 February 2016

The most recent inspection of the Private Dental Practice was an announced care inspection, IN023928, dated 03 February 2016. The completed QIP was returned, and reviewed by the care inspector on 11 April 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 was the first premises inspection of this establishment.

4.3 Is care safe?

A range of documents relating to the maintenance of the premises was presented for review during this premises inspection; the documents included inspection and test reports for various elements of the engineering services, plus relevant 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. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The fire alarm system was not maintained by a competent person at intervals compliant with BS5839.
Refer to Quality Improvement Plan Recommendation 1.
2. The electrical installation BS7671 Periodic Inspection Report, ICR1/0035474, was last tested on 24 October 2007, and was listed as valid for three years.
Refer to Quality Improvement Plan Recommendation 2.
3. Building user inspection & test records must be available for examination by authorised persons. (Fire alarm weekly tests, monthly emergency lighting functional tests and monthly firefighting equipment/ fire prevention measures inspections.
Refer to Quality Improvement Plan Recommendation 3.

Number of requirements	0	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

There are arrangements in place for routine premises management plus emergency/corrective repairs.

This supports the delivery of effective care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

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

This supports the delivery of compassionate care.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

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

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

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Carmel Donnelly, Responsible Person/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 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 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	
Recommendation 1 Ref: Standards 14.2 & 14.4 Stated: First time To be completed by: 20 December 2016	The registered provider should ensure that the fire detection and alarm system is maintained by a competent person at intervals compliant with BS5839.
	Response by registered provider detailing the actions taken: Arrangements have been made with electrical contractor to carry out maintenance of the fire detection and alarm system.
Recommendation 2 Ref: Standards 14.2 & 14.4 Stated: First time To be completed by: 20 December 2016	The registered provider should ensure that the electrical installation is tested and inspected in accordance with BS7671, and that the installation is compliant with the Electricity at Work Regulations.
	Response by registered provider detailing the actions taken: Arrangements have been made to test and inspect the electrical installations in accordance with BS7671.
Recommendation 3 Ref: Standards 14.2 & 14.4 Stated: First time To be completed by: Immediate	The registered provider should ensure that the building user fire safety checks are recorded : 1) weekly fire alarm test 2) monthly emergency lighting functional test 3) monthly fire- fighting equipment visual inspection 4) fire prevention measures /means of escape inspection.
	Response by registered provider detailing the actions taken: These have always been done in the past but not recorded. They will henceforth be recorded when done.

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



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
Web www.rqia.org.uk
 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care