

Announced Premises Inspection Report

07 February 2017



Jordan Dental Care

Type of Service: Independent Health Care Establishment/Dental

Address: 41-43 Holywood Road, Belfast, BT4 3BA

Tel No: 028 9047 1266

Inspector: Colin Muldoon

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Jordan Dental Care took place on 07 February 2017 from 10.10 to 11.25.

The inspection sought to assess 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 some 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 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 David Jordan (Registered Responsible Person and Registered Manager), as part of the inspection process. The timescales for completion commence from the date of 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: Jordan Dental Care David Jordan	Registered manager: David Jordan
Person in charge of the establishment at the time of inspection: David Jordan	Date manager registered: 22/12/2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

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

During the inspection the inspector met David Jordan (Registered Responsible Person and 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, fire risk assessment.

4.0 The inspection**4.1 Review of requirements and recommendations from the most recent inspection dated 21/12/2015.**

The most recent announced care inspection of the establishment was on 21/12/2015.

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 dated

This was the first premises inspection of this establishment.

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 method used by the fire risk assessor 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 supports the delivery of safe care.

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. A fire risk assessment was presented. It had been carried out by a specialist contractor on 19 January 2017. Several issues were identified by the fire risk assessor including the need to have the electrical installation tested and inspected and for some doors and the underside of the stairs to be upgraded for fire containment and to facilitate escape. The assessor also noted that staff fire training was required. The manager informed the inspector that arrangements had been made for the fire risk assessor to lead fire safety training on 22/02/2017.
Refer to recommendation 1 in Quality Improvement Plan.
2. The manager informed the inspector that a new fire detection and alarm system had been installed in January 2017 and that arrangements had been made for the installation to be maintained and function tested. There is emergency lighting in the building. There is no formal arrangement for this installation to be function tested and maintained.
Refer to recommendation 2 in Quality Improvement Plan.
3. A legionella risk assessment was presented. It had been carried out by a specialist contractor on 19 January 2017 and contained some recommendations. The manager informed the inspector that arrangements are in place to manage the dental unit water lines in accordance with good practice and the disinfectant manufacturer's recommendations.
Refer to recommendation 3 in Quality Improvement Plan.

4. There was a contractor's service report dated October 2015 relating to the maintenance of the piped medical gas installation. The manager informed the inspector that the service checks cover apparatus in the surgeries, the cylinder installation and pipework. The manager also confirmed that another service visit has been arranged for March 2017.

Number of requirements	0	Number of recommendations:	3
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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.

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.

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.

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.

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 David Jordan (Registered Responsible Person and 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 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 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: Standard 14 Stated: First time To be completed by: Ongoing	<p>The issues in the action plan resulting from the fire risk assessment should be fully addressed within timescales acceptable to the fire risk assessor.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>Electrical installation to be verified. Door chimes to be fitted. Plaster boarding below stairs.</i></p>
Recommendation 2 Ref: Standard 14 Stated: First time To be completed by: Ongoing	<p>It should be ensured that all fire safety installations are function tested and maintained in accordance with good practice. Reference should be made to BS5839 (fire alarm) and BS5266 (emergency lighting)</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>Protocol devised for testing of alarm & emergency lighting.</i></p>
Recommendation 3 Ref: Standard 13 Stated: First time To be completed by: Ongoing	<p>The recommendations made in the legionella risk assessment should be addressed within timescales acceptable to the risk assessor.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>Thermostat adjusted on hot water cylinder. Insulation on cold storage tank.</i></p>

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



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