

Announced Premises Inspection Report 02 November 2016



Kilrea Dental Surgery

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 33 Maghera Street, Kilrea, BT51 5QL
Tel No: 028 2954 0248
Inspector: P Cunningham

1.0 Summary

An announced premises inspection of Kilrea Dental Surgery took place on 02 November 2016 from 10:00 to 11:00hrs.

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 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. However a number of issues were identified for attention by the registered provider and these are included in the section 'Is care safe' and section 4.3.

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	3	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with the Registered Manager Roger Moles, 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 to this establishment.

2.0 Service Details

Registered organisation/registered provider: Mr Roger S Moles	Registered manager: Mr Roger S Moles
Person in charge of the establishment at the time of inspection: Mr Roger S Moles	Date manager registered: 27 February 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: One

3.0 Methods/processes

During the inspection the inspector met with Mr Roger S Moles, Registered Provider/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 19/10/2015

The most recent inspection of the Private Dental Practice was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next.

4.2 Review of requirements and recommendations from the last premises inspection

This was the first premises inspection to 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.

The practice is located on the first floor of a commercial building and is served by a single stairwell which opens directly onto the street. A range of fire protection measures are in place for the premises. This includes a number of stand-alone battery operated smoke detectors and first aid fire-fighting equipment.

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

Areas for improvement

1. The fire risk assessment was carried out by the registered manager. The level of detail contained in the assessment report is considered to be low. Refer to Recommendation 1 in the attached QIP.
2. A number of self-contained battery operated smoke detectors are provided in the premises. The registered manager stated that these have not been subjected to regular checks. Refer to Requirement 1 in the attached QIP
3. The registered manager stated that while he considers that staff working in the practice are aware of the actions to be taken in relation to fire safety, formal training and instruction has not been carried out to this effect in recent times. Refer to Requirement 2 in the attached QIP
4. The registered manager stated that the fixed wiring installation has not been subjected to formal periodic checks for approximately 10 years. Refer to Requirement 3 in the attached QIP.
5. Records indicated that the portable electrical equipment was last subjected to safety checks in May 2011. The Registered Manager stated that arrangements have been made for these to be carried out within the next two weeks. Refer to Recommendation 3 in the attached QIP.
6. The legionella risk assessment was carried out by the registered manager and the control measures include procedures for the dental unit water lines and temperature checks to the domestic water system. The level of detail in the assessment relating to the domestic water system was considered to be low and attention to inspection and upkeep of cold water storage tank was not included. Refer to Recommendation 4 in the attached QIP.

Number of requirements	3	Number of recommendations:	4
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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.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section in 4.3 above.

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 Roger Moles, Registered Provider/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

Statutory requirements

Requirement 1

Ref: Regulation 25
(4)(a)

Stated: First time

To be completed by:
On a weekly basis

The registered provider must carry out regular checks to the smoke detectors provided in the premises. This should be carried out on a weekly basis and records retained.
Consideration should be given to the adequacy of the fire detection provided and where deemed appropriate, provide additional detectors (also refer to recommendation 1 below).

Response by registered provider detailing the actions taken:
Additional smoke alarms in place in plant room, hot press and staff common room. These have been checked to be functioning and procedures are in place to check and record same on regular basis.

Requirement 2

Ref: Regulation 25
(4)(c)

Stated: First time

To be completed by:
01 November 2016

The registered provider must provide staff fire safety awareness training and instruction to staff and retain records. This should be repeated periodically.

Response by registered provider detailing the actions taken:
fire safety and awareness policy drafted and discussed with staff. Arrangements in place for extinguishers to be visually checked and recorded regularly.

Requirement 3

Ref: Regulation 25
(2)(a)

Stated: First time

To be completed by:
30 December 2016

The registered provider must arrange for the fixed wiring installation to be suitably maintained. This should include formal periodic testing and inspection of the installation by a competent person. This should include the fixed electrical heaters which are connected to the installation. Any subsequent remedial measures identified should be suitably addressed.

Response by registered provider detailing the actions taken:
Electrical contractors have been engaged to carry out checks as required

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should carry out a comprehensive review of the fire risk assessment for the premises. Reference should be made to the guidance contained on the Northern Ireland Fire & Rescue Service website, reference https://www.nifrs.org/wp-content/uploads/2013/05/Offices-and-Shops-NI-Fire-Safety-Guide-Final-Draft-from-TSO-9-April-2013.pdf</p> <p>The review should include assessment of the following:</p> <ul style="list-style-type: none"> • Adequacy of protection of the single direction means of escape and containment of rooms containing electrical equipment • Adequacy of fire detection provided • Need to provide emergency lighting in the premises <p>Consideration should be given to using the services of a person possessing specialist fire safety knowledge and experience to assist with this assessment.</p> <p>Response by registered provider detailing the actions taken: illuminated emergency exit sign has been fitted at head of stairs Complete fire assessment being undertaken.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should carry out regular visual checks to the fire extinguishers in the premises and retain records. These should be carried out on a monthly basis.</p> <p>Response by registered provider detailing the actions taken: policy in place to do same.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should confirm that he safety checks to the portable electrical equipment have been completed.</p> <p>Response by registered provider detailing the actions taken: contractor engaged to do same.</p>
<p>Recommendation 4</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should carry out a review of the legionella risk assessment referring to the guidance issued by The Health & Safety Executive, reference http://www.hse.gov.uk/pUbns/books/hsg274.htm</p> <p>Response by registered provider detailing the actions taken: contractor engaged to do same and install RO water supply for all water used in relation to patient's clinical care. Water sampling being done for testing by Clean Water Systems. Initial assessment has been carried out and risk of legionella being contracted been assessed as zero.</p>



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