

Announced Premises Inspection Report 27 October 2016



Currie and Gribben Dental Surgery Limited

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 1 Beresford Row, The Mall, Armagh BT61 9AU
Tel No: 028 3752 5266
Inspector: Raymond Sayers

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Currie and Gribben Dental Surgery Ltd took place on 27 October 2016 from 13:00 to 13:40hrs.

The inspection sought to assess 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 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
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Mel Currie, Registered Manager and Ms Gemma Gribben, Registered Responsible 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

There was no previous premises inspection conducted on this dental surgery.

2.0 Service Details

Registered organisation/registered provider: Currie and Gribben Dental Surgery Ltd Dr Gemma Gribben	Registered manager: Dr Mel Currie
Person in charge of the establishment at the time of inspection: Dr Currie and Dr Gribben	Date manager registered: 28 June 2012
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: statutory notifications over the past 12 months, concerns call log.

During the inspection the inspector met with Dr Mel Currie, Registered Manager, and Dr Gemma Gribben, Registered Responsible Person.

The following records were examined during the inspection: copies of building services maintenance certificates, building user log books relating to the maintenance and inspection 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 21 September 2016

The most recent inspection of the Private Dental Practice was an announced care inspection, IN025219, dated 21 September 2016. The completed QIP was returned, and approved by the care inspector on 12 October 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

There was no previous premises inspection conducted on this 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, plus 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 number of issues were identified for attention during this premises inspection, and are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The BS7671 periodic inspection report for the electrical installation was not available for examination.
Refer to Quality Improvement Plan, recommendation 1.
2. There was no emergency lighting provision in the means of escape routes.
Refer to Quality Improvement Plan, recommendation 2.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

There are arrangements in place for routine premises maintenance management, and emergency repair works.

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

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 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.

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 Dr Mel Currie and Dr Gemma Gribben 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: Standard 14

Stated: First time

To be completed by:
27 January 2017

The registered provider should commission an engineer to complete a BS7671 periodic inspection of the electrical installation, ensuring that the electrical system is compliant with the Electricity at Work Regulations.

Response by registered provider detailing the actions taken:
Arrangements made to have this in place for 27 Jan

Recommendation 2

Ref: Standard 14

Stated: First time

To be completed by:
22 February 2017

The registered provider should consider installing emergency lighting in the means of escape routes to safeguard service users during potential emergency evacuations. Management control precautions should be implemented until a permanent solution is implemented.

Response by registered provider detailing the actions taken:
Arrangements made to have emergency lighting in place for 22 Feb 17.

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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