

# Announced Premises Inspection Report 13 September 2016



## Linen Green Dental Practice

**Type of Service: Private Dental Practice**  
**Address: 1st Floor, The Dye House, Linen Green, Moygashel,  
Dungannon, BT71 6HB**  
**Tel No: 028 8775 0083**  
**Inspector: R Sayers**

## 1.0 Summary

An announced premises inspection of Linen Green Dental Practice took place on 13 September 2016 from 14:00 to 16:00 hrs.

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. 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. There were no issues identified as requiring attention by the registered provider. 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 attention by the registered provider. 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 attention by the registered provider. 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>2</b>     | <b>0</b>        |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Victoria Tweedie, Registered Manager "pending", as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

There was no previous premises inspection as this was the initial planned premises inspection.

## 2.0 Service Details

|   |   |
|---|---|
| <b>Registered organisation/registered provider:</b><br>Oasis Dental Care                    | <b>Registered manager:</b><br>Victoria Tweedie (Acting)                   |
| <b>Person in charge of the establishment at the time of inspection:</b><br>Victoria Tweedie | <b>Date manager registered:</b><br>Acting - application not yet submitted |
| <b>Categories of care:</b><br>Not Applicable  | <b>Number of registered places:</b><br>2                                  |

## 3.0 Methods/processes

There were no records examined prior to the inspection.

During the inspection the inspector met with Ms Victoria Tweedie, (Acting Manager).

The following records were examined during the inspection: Copies of building services competent person inspection/test certificates, building user test/inspection log books, legionellae risk assessment and fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 17 November 2015

The most recent inspection of the Private Dental Practice was an unannounced care inspection IN023635 dated 17 November 2015. The completed QIP was returned, and approved by the care inspector on 23 December 2015. 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 as this is the initial planned premises inspection.

**4.3 Is care safe?**

A range of maintenance verification documents was presented for review during this premises inspection. The documents included inspection and test reports for various elements of the building 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 BS5839 fire detection and alarm system test/inspection certificates presented for review were not dated within the previous twelve months period. Verification/clarification received 07/10/16.
- 2. The BS5266 emergency lighting certificate presented for review was not dated within the previous twelve month period.  
Verification/clarification received 07/10/16
- 3. Passenger lift: Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examination reports were not available for review.  
Refer to Quality Improvement Plan Requirement 2.
- 4. The landlord fire risk assessment recommended action plan completed works actions were not validated by manager/responsible person signature.  
Refer to Quality Improvement Plan Requirement 1.
- 5. The registered manager/person should ensure that a fire risk assessment specific to the dental practice is completed, and any subsequent recommendations implemented.  
Refer to Quality Improvement Plan Requirement 1.
- 6. The legionella risk assessment recommended works action plan completed items were not validated by manager/responsible person.  
Signature verification/clarification received 07/10/16.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>2</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

**4.4 Is care effective?**

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

This supports the delivery of effective care.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

**4.5 Is care compassionate?**

The areas of the premises reviewed during this premises inspection were well decorated, comfortable, clean, and well illuminated.

This supports the delivery of compassionate care.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

**4.6 Is the service well led?**

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

Procedures 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 are provided 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.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Victoria Tweedie, (Acting 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](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

### Statutory requirements

#### Requirement 1

Ref: Regulation  
25.(4)(a)

Stated: First time

To be completed by:  
22 November 2016

The registered provider must arrange to have a specific fire risk assessment completed for the dental practice, and implement any subsequent action plan recommendations. There should be liaison between the dental practice fire risk assessor and landlord fire risk assessor.

**Response by registered provider detailing the actions taken:**

A fire risk assessment has now been carried out in practice, an action plan has been completed and implemented. This will be reviewed on a regular basis.

#### Requirement 2

Ref: Regulation  
25.(2)(d)

Stated: First time

To be completed by:  
22 November 2016

The registered provider must submit verification that the passenger lift installation is maintained and inspected in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER).

**Response by registered provider detailing the actions taken:**

Centre management review the lift annually in accordance with LOLER, most recent report submitted.

*\*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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