

Announced Premises Inspection Report 14 February 2017



Parkash Dental Care

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 48 Ann Street, BALLYCASTLE, BT54 6AD
Tel No: 028 2076 2113
Inspector: Phil Cunningham

1.0 Summary

An announced premises inspection of Parkash Dental Care took place on 14 February 2017 from 10:00 to 11:00.

The inspection sought to determine if the private dental practice' premises supported the delivery of 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	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Rajinder Parkash, registered Provider/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 the establishment.

2.0 Service Details

Registered organisation/registered provider: Mr Rajinder Parkash	Registered manager: Mr Rajinder Parkash
Person in charge of the establishment at the time of inspection:	Date manager registered: 07 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

3.0 Methods/processes

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

During the inspection the inspector met with Mr Rajinder Parkash, 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 13 January 2017

The most recent inspection of the Private Dental Practice was an announced care inspection. The draft report of that inspection was issued to the registered person on 3 February and the completed QIP, when returned, will be assessed by the care inspector. The QIP will also 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 the 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 an extensive fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The premises was extensively refurbished circa 2004 and appears to have been finished to a high standard in terms of both structural and engineering services related to fire precautions.

The premises are in good decorative order and finishes to floors and work surfaces in clinical areas including decontamination room and surgeries have been installed to a high standard.

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. Records relating to periodic testing and inspection of the fixed electrical wiring were not available for inspection. Mr Parkash stated that he believed that this was last carried out at the time of installation circa 2004 although the records of this testing was currently unavailable. See requirement 1 in the attached QIP.
2. The arrangements for checks to the fire safety equipment should be reviewed in line with the relevant British Standards.
See recommendation 1 in the attached QIP.

Number of requirements	1	Number of recommendations:	1
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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.

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 Mr Rajinder Parkash, 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 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
(2)(d)

Stated: First time

To be completed by:
14 April 2014

The registered provider must ensure that suitable safety checks are carried out to the fixed electrical wiring installation. Reference should be made to British Standard (BS) 7671.

Response by registered provider detailing the actions taken:
certified electrician booked to carry this out

Recommendations

Recommendation 1

Ref: Standard 14.4

Stated: First time

To be completed as
soon as practically
possible and ongoing
at appropriate intervals

The registered provider should carry out a review of the arrangements for maintenance and upkeep of the fire safety systems to include consideration of:

- Servicing of the fire alarm and detection system at intervals not exceeding 6 months (BS5839-1 refers)
- Weekly in-house checks of the fire alarm and detection system (BS5839-1 refers)
- Monthly function checks to the emergency lights (BS5266-8 refers)
- Monthly visual checks to the fire extinguishers (BS5306-3 refers)

The provider should seek the advice of the specialist contractor regarding the implementation of these as necessary.
Records should be retained accordingly.

Response by registered provider detailing the actions taken:
Systems now in place to comply with the checks

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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