

Announced Variation to Registration Premises Inspection Report 30 June 2017



South Down Dental Clinic

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 22 Merchant Quay, Newry, BT35 6AH
Tel No: 028 3025 1715
Inspector: Gavin Doherty

www.rqia.org.uk

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a currently registered dental practice with three registered places.

3.0 Service details

Registered organisation/registered person: Miss Paula McHenry and Mr David Linton	Registered manager: Miss Paula McHenry
Person in charge of the practice at the time of inspection: Miss Paula McHenry	Date manager registered: 13 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

4.0 Inspection summary

An announced variation to registration inspection of South Down Dental Clinic took place on 30 June 2017 from 15.00 to 16.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

An application for variation of the registration of the practice was submitted to RQIA by Miss Paula McHenry and Mr David Linton, Registered Persons. The application was in relation to a relocation of the practice to new purpose built premises and an increase in the number of registered dental chairs from three to five.

The inspection sought to assess the suitability of the premises to this end.

The findings of this report will give the provider the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Miss Paula McHenry and Mr David Linton, Registered Persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Building Control approvals for plans.
- Planning Approvals

During the inspection we met with Miss Paula McHenry and Mr David Linton, Registered Persons.

The findings of the inspection were provided to Miss Paula McHenry and Mr David Linton at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 January 2017

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last premises inspection

This was the first premises inspection to be undertaken for this service.

6.3 Inspection findings

Premises/environment

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.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting installation, portable fire-fighting equipment, structural fire separation and protection to the means of escape. A fire risk assessment had been undertaken at the conclusion of the current building works in June 2017 and was available in the premises at the time of the inspection.

Suitable procedures appear to be in place for regular cleaning and disinfection of the dental unit water lines (DUWL's) at each chair and Mr Linton has confirmed that these procedures are in accordance with the manufacturer's recommendations.

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance.

The premises were found to have been completed to a high standard throughout and no further requirements or recommendations have been made in respect of the premises.

Two items of documentation were not available in the premises at the time of the inspection. These are as follows:

- the Building Control Completion Certificate
- the Fire risk assessment.

Subsequent to the inspection and with regards to the fire risk assessment, the inspector forwarded a copy of Health Technical Memorandum 86 supplement 'Fire risk assessment in community healthcare buildings' to the practice. This document would provide a suitable framework for the registered persons to undertake a fire risk assessment.

Confirmation should be provided to RQIA once the practice is in receipt of this certificate and a fire risk assessment for the new premises is in place. This is included in the QIP attached to this report.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Miss Paula McHenry and Mr David Linton, Registered Persons, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to estates.mailbox@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 25 (1) Stated: First time To be completed by: 31 July 2017	The Registered Person shall submit to RQIA a copy of the Building Control Completion Certificate relating to building works undertaken at the premises. Response by registered person detailing the actions taken: dealt with inspector August 2018
Area for improvement 2 Ref: Regulation 25 (4) (f) Stated: First time To be completed by: 31 July 2017	The Registered Person shall confirm that a fire risk assessment has been undertaken for the new premises, and is available for inspection within the premises. Response by registered person detailing the actions taken: dealt with inspector August 2018

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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