

Announced Premises Inspection Report 02 September 2016



R S Haugh Dental Practice

Type of Service: Private Dental Practice
Address: 5 Newcastle Street, Kilkeel, BT34 4AF
Tel No: 028 4176 4210
Inspector: Kieran Monaghan

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of R S Haugh Dental Practice took place on 02 September 2016 from 10:45hrs to 11:30hrs.

The inspection sought 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.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr. Raymond S. Haugh, Registered Provider and Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent premises inspection

This was the first routine premises inspection of this dental practice.

2.0 Service Details

Registered organisation/registered provider: Mr. Raymond S. Haugh	Registered manager: Mr. Raymond S. Haugh
Person in charge of the establishment at the time of inspection: Mr. Raymond S. Haugh, Registered Provider and Registered Manager	Date manager registered: 25 July 2012
Categories of care: Independent Hospital (IH) - Dental Treatment	Number of dental chairs: 2

3.0 Methods/processes

During this premises inspection discussions took place with Mr. Raymond S. Haugh, Registered Provider and Registered Manager.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection on 02 March 2016

The most recent inspection of this dental practice was an announced care inspection IN024002 on 02 March 2016. The completed QIP for this inspection was returned to RQIA on 12 April 2016 and approved by the care inspector on the same day. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last premises inspection

This was the first routine premises inspection of this dental practice. A review of the requirements and recommendations for the last premises inspection was not therefore relevant.

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 a fire detection and alarm system, emergency lighting and first aid fire-fighting equipment.

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

Comments and areas for improvement

1. The electrical equipment was inspected and tested in February 2016. The fixed wiring installation was also inspected and tested on 28 May 2014. The report for this inspection and test confirmed that overall the condition of the installation was satisfactory. This report however included two code C2 issues. A check should be carried out to establish if these issues have been addressed. Subsequent to this premises inspection Mr. Haugh confirmed that he had checked with the electrician and these two issues had been addressed.
2. The first aid fire-fighting equipment was serviced on 21 January 2016. The fire detection and alarm system was serviced on 30 August 2016 with a satisfactory outcome. A comprehensive fire risk assessment using the PAS 79 fire risk assessment methodology was completed in April 2012. The report for this fire risk assessment included a number of recommendations which Mr. Haugh confirmed had been addressed. This fire risk assessment was also reviewed in 2014, 2015 and most recently on 20 June 2016. The date and outcome for the most recent inspection and test to the emergency lights should be confirmed to RQIA. Subsequent to this premises inspection Mr. Haugh confirmed that the emergency lights were checked along with the portable electrical equipment by the electrician in February 2016.
3. The risks associated with legionella bacteria had been considered and had been assessed as low. A schematic had been drawn up for the water system in the premises. The water system is checked annually with the most recent check having been carried out in July 2016. There is also a procedure in place for checking the hot and cold water temperatures. The actual temperatures noted during these checks are not however noted in the record for this activity and one of the dates on this record was not correct. The procedure for checking the water temperatures should be reviewed and amended as required. The legionella risk assessment and the written scheme of control should also be dated. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

Comments and areas for improvement continued

4. The most pressure vessel examination in accordance with the pressure safety regulations was carried out on 21 August 2015 with the date for the next examination being noted as 21 September 2016.

Number of requirements	0	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.

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.

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. Raymond S. Haugh, Registered Provider and Registered 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

Recommendations

Recommendation 1

Ref: Standard 14


Stated: First time

To be completed by:
04 November 2016

The procedure for checking the water temperatures should be reviewed and amended as required. The actual hot and cold water temperatures noted during the checks should be recorded. The legionella risk assessment and the written scheme of control should also be dated.

Response by registered provider detailing the actions taken:

*Water temperatures recorded, dated & signed
Legionella RA + scheme dated*



REGULATION AND QUALITY
03 OCT 2016
IMPROVEMENT AUTHORITY

RS Haugh

Please ensure this document is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address

Name of Registered Manager/Person Completing QIP:	[REDACTED]		
Signature of Registered Manager/Person Completing QIP:	[REDACTED]	Date completed:	29/9/16
Name of Registered Provider Approving QIP:	[REDACTED]		
Registered Provider Approving QIP:	[REDACTED]	Date approved:	29/9/16
RQIA inspector Assessing Response	[REDACTED]	Date:	30/10/16

REGULATION AND QUALITY
03 OCT 2015
IMPROVEMENT AUTHORITY



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