

Announced Premises Inspection Report 29 November 2016



Central Dental Practice

Type of Service: Independent Hospital (IH) - Dental Treatment
Address: 19 Central Avenue, Portstewart, BT55 7BP
Tel No: 028 7083 4555
Inspector: P Cunningham

1.0 Summary

An announced premises inspection of Central Dental Practice took place on 29 November 2016 from 10:00 to 11:30 hours.

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. 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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ivor Paul, registered person, 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

There were no previous premises inspections carried out at this establishment.

2.0 Service Details

Registered organisation/registered provider: Mr William Ivor Paul	Registered manager: Mr William Ivor Paul
Person in charge of the establishment at the time of inspection: Ivor Paul	Date manager registered: 07 March 2012
Categories of care:	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 the registered person Mr William Ivor Paul.

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 1 March 2016

The most recent inspection of the Private Dental Practice was an announced care inspection. The completed QIP was returned and approved by the specialist inspector on 15 April 2016. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection

There were no previous premises inspections carried out at this 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 a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. It is good to note that the registered carried out a fire risk assessment using comprehensive guidance published by the Northern Ireland Fire & Rescue Service.

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. The practice occupies a two storey premises with one surgery and associated spaces on each floor. The upper floor is served by a single open stairway. There are a number of self-contained fire detectors provided in the building and these are checked weekly by staff. It is recommended that the provider considers liaising with a person with specialist fire safety knowledge to review the fire risk assessment with particular focus on the means of escape and the appropriateness of the protective measures around this.
2. The cold water storage tank was last inspected in 2014.
3. While records were not available relating to testing of the fixed wiring installation, the registered person stated that it was last checked in 2011. It is recommended that the installation is checked by a competent person.

Number of requirements	0	Number of recommendations:	3
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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.

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 the registered person Ivor Paul 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

No requirements were made as a result of this inspection.

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

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered provider should consider liaising with a person with specialist fire safety knowledge to review the fire risk assessment with particular focus on the means of escape.</p> <p>Response by registered provider detailing the actions taken: FURTHER FIRE RISK ASSESSMENT CARRIED OUT BY "REX-FIRE SAFETY" + REPORT IS PENDING</p>
<p>Recommendation 2</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered provider should ensure that the premises' cold water storage tank is inspected and cleaned and disinfected where found necessary.</p> <p>Response by registered provider detailing the actions taken: COLD WATER TANK HAS BEEN INSPECTED + FOUND TO BE SATISFACTORY.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered provider should ensure that the premises' fixed wiring installation is checked by a competent person and any subsequent remedial actions implemented accordingly.</p> <p>Response by registered provider detailing the actions taken: FIXED WIRE INSTALLATION CHECK SCHEDULED FOR 27.1.17.</p>

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

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