

Announced Premises Inspection Report 19 June 2017



Alexander Dental Practice

Type of service: Independent Healthcare Establishment

Sub type of service: Dental Treatment

Address: 40 Northland Row, Dungannon, BT71 6AP

Tel No: 028 87722605

Inspector: Raymond Sayers

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 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 an Independent Healthcare Establishment with six dental chairs providing dental treatment to service users.

3.0 Service details

Registered Organisation/Registered Person: Alexander Dental Practice/ Mr David Gordon Mr Patrick McGeary Mr Eamonn O`Brien	Registered Manager: Mr Eamonn O`Brien
Person in Charge of the Practice at the Time of Inspection:	Date Manager Registered: 08/06/2015
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 6

4.0 Inspection summary

An announced inspection took place on 19 June 2017 from 10.00 to 11.00.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed environmental standards to determine if the service was well led, delivering safe, effective and compassionate care.

Evidence of good practice was found in relation to fire safety control precautions and legionella prevention controls.

Areas requiring improvement were identified. It was noted that the building interior decorative condition had deteriorated in some areas. The practice manager indicated that a redecoration programme was currently under consideration by the registered responsible person.

The findings of this report will provide the home with 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	0	0

Details of the inspection were discussed with Suzanne McCammick, Manager, as part of the inspection process.

There were no issues noted as requiring remedial action during the inspection.

4.2 Action/enforcement taken following the most recent care inspection

This inspection was arranged to satisfy the Independent Health Care inspector that environmental standards are in accordance with The Independent Health Care Regulations (Northern Ireland) 2005.

5.0 How we inspect

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

- recent inspection reports and returned QIPs
- recent correspondence with the service
- establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and inspection of the building and engineering services,
- legionellae risk assessment,
- fire risk assessment.

During the inspection we met with Suzanne McCammick, Manager.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 May 2017

The most recent inspection of the service IN027734 dated 25 May 2017 was an unannounced care inspection. There were some areas for improvement made as a result of the inspection.

The completed QIP was returned, and approved by the care inspector on 15 June 2017.

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last premises inspection dated 12 May 2015

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1 Ref: Regulation 25.(2)(d) Stated: Second time	Record legionella prevention control measures implemented; i.e. record location of sentinel outlet and temperature recorded at outlet.	Met
	Action taken as confirmed during the inspection: A legionella risk assessment was available and recommended control measures implemented.	
Requirement 2 Ref: Regulation 25.(2)(d) Stated: Second time	Complete a BS7671 Periodic Inspection Report for the electrical installation, assess report recommendations and implement corrective/improvement works.	Met
	Action taken as confirmed during the inspection: The BS7671 periodic inspection report for the electrical installation was completed and recommended action plan issues implemented.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A range of documents relating to the maintenance and inspection of the establishment 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 establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment.

These measures support the delivery of safe care.

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

There are arrangements in place for routine maintenance, and inspections, as well as timely breakdown/repair maintenance.

This supports the delivery of effective care.

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The areas of the establishment reviewed during this premises inspection were well maintained, comfortable, clean, well ventilated, and with adequate lighting levels.

This supports the delivery of compassionate care.

Wall finishes in some corridor/stairwell areas have sustained some superficial wear and tear damage; we are informed that a redecoration project is currently at works planning stage.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Premises related policies and documentation are retained in a manner which is accessible to authorised persons.

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. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators.

This supports a well led service.

There were no issues requiring improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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