

# Announced Premises Inspection Report 09 February 2017



## Appletree Dental Care

**Type of Service: Independent Hospital (IH) - Dental Treatment**

**Address: 1 The Old Gasworks, Kilmorey Street, Newry, BT34 2DH**

**Tel No: 028 3025 2228**

**Inspector: Kieran Monaghan**

## 1.0 Summary

An announced premises inspection of Appletree Dental Care took place on 09 February 2017 from 10:20hrs to 11:20hrs.

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. Reference should be made 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Katrina McKevitt, Responsible Person 1, 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 premises inspection to this dental practice. Actions/enforcement taken following the most recent premises inspection was not therefore relevant.

## 2.0 Service Details

<b>Registered Providers / Responsible Persons:</b> Dr Katrina McKevitt, Responsible Person one and Mr Conor McEnhill, Responsible Person two	<b>Registered manager:</b> Mr Conor McEnhill
<b>Person in charge of the establishment at the time of inspection:</b> Mr Conor McEnhill, Responsible Person two and Registered Manager	<b>Date manager registered:</b> 30 May 2012
<b>Categories of care:</b> <b>Independent</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The notifications log
- The concerns log. (No concerns logged).

During this premises inspection discussions took place with Dr Katrina McKevitt, Responsible Person one.

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 fire risk assessment report.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 12 January 2017

The most recent inspection of this private dental practice was an announced care inspection IN025366 on 12 January 2017. The completed QIP for this inspection is not due to be returned to RQIA until 20 February 2017. This QIP will 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 to this dental practice. A review of the requirements and recommendations from the last premises inspection was not therefore relevant.

### 4.3 Is care safe?

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.

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. There was a written scheme of control in place for the prevention or control of legionella bacteria in the water system. An annual check of the premises by a mechanical services engineering contractor was carried out on 05 October 2016. 'Dead legs' in the plumbing system in the boiler room were removed during this inspection. Dr McKevitt also confirmed that a proprietary system is used for disinfecting the dental water lines (not reviewed during this premises inspection). It was agreed that the standard that is used for the monthly checks to the unblended hot water would be changed to 55°C in line with the current standard and the temperatures recorded during the monthly checks should be noted in the record. In addition the cold water temperatures will also be checked each month. Subsequent to this premises inspection Ms Kelly McAteer from Appletree Dental Care confirmed to RQIA that the standard used for the monthly checks to the unblended hot water temperatures had been changed to 55°C and the temperatures were also being noted in the records.

## Areas for improvement

2. The schematic drawing for the water system in the premises did not appear to be complete. This should be reviewed and updated as necessary. The date and outcome for the most recent review of the legionella risk assessment should also be confirmed to RQIA. Subsequent to this premises inspection Ms Kelly McAteer from Appletree Dental Care confirmed to RQIA that a legionella risk assessment was carried out on 27 February 2017 and the report for this would be forwarded to RQIA when available. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
3. The date and outcome for the most recent inspection and test to the fixed wiring installation should be confirmed to RQIA. Subsequent to this premises inspection Ms Kelly McAteer from Appletree Dental Care confirmed to RQIA that the fixed wiring installation was inspected and tested on 11 February 2012 with a satisfactory outcome and a retest date of April 2017. In addition the electrical equipment was inspected and tested on 02 February 2016. The ongoing maintenance arrangements in relation to the air conditioning units and the thermostatic mixing valves should also be confirmed to RQIA. Subsequent to this premises inspection Ms Kelly McAteer from Appletree Dental Care confirmed to RQIA that the air conditioning units were serviced on 24 February 2017. This service work included a filter change and the units were left in a satisfactory condition. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.
4. A fire risk assessment was completed on 03 February 2017 by a fire officer. A fire drill and fire training are to be carried out in March 2017. The premises are equipped with a comprehensive fire detection and alarm system and emergency lights. The information in relation to the most recent inspection and service of the fire detection and alarm system and the inspection and test to the emergency lights was not presented for review during this premises inspection. Subsequent to this premises inspection M Kelly McAteer from Appletree Dental Care confirmed to RQIA that the fire detection and alarm system was inspected and serviced on 25 February 2017. A number of the emergency lights appeared to require attention. This issue should be followed up. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.
5. It was agreed that the pipe casing below the wash basin in the staff toilet would be improved (water damaged). Subsequent to this premises inspection Ms Kelly McAteer from Appletree Dental Care confirmed to RQIA that this issue had been addressed.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

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

This supports a well led service.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Dr. Katrina McKeivitt, Responsible Person 1, 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](mailto:Estates.Mailbox@rqia.org.uk)/RQIA's office (non- paperlite)/web portal for review (delete as appropriate) 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.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>The schematic drawing for the water system in the premises should be reviewed and updated as necessary. The outcome for the most recent review of the legionella risk assessment should also be confirmed to RIQA. The ongoing maintenance arrangements in relation to the thermostatic mixing valves should be confirmed to RQIA.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>Legionella Risk Assessment carried out Feb 17 and report to follow and CA confirm the probe has since been replaced.</i></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>The emergency lights should be checked and remedial works should be completed as necessary.</p> <p><b>Response by registered provider detailing the actions taken:</b>  <i>Emergency lights all in working order.</i></p>

*\*Please ensure this document is completed in full and returned to [Estates.Mallbox@rqia.org.uk](mailto:Estates.Mallbox@rqia.org.uk) from the authorised email address\**



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