



The Regulation and  
Quality Improvement  
Authority

Harper Dental Care  
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Carrickfergus  
BT38 7AQ

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**Announced Estates Inspection**  
  
**of**  
  
**Harper Dental Care, Carrickfergus**  
  
**11 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 11 May 2015 from 2:00pm. to 3:10pm. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Minimum Standards for Dental Care and Treatment, March 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	0

The details of the QIP within this report were discussed with the Mr. William Neil Harper, Registered Responsible Person and Registered Manager and Ms. Deirdre. Herdman, Dental Practice Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Responsible Individual:</b> Mr. William Neil Harper	<b>Registered Manager:</b> Mr. William Neil Harper
<b>Person in Charge of the Dental Practice at the Time of Inspection:</b> Mr. William Neil Harper	<b>Date Manager Registered:</b> 08 February 2013
<b>Categories of Care:</b> Not applicable	<b>Number of Dental Chairs:</b> 2

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

### Standard 14 - Your care environment

## 4. Methods/Process

Specific methods/processes used in this inspection included the following:

A review of the areas of the premises on the ground and first floors that are being used for the purposes of this dental care practice. The supporting documentation in relation to the premises presented for review during this Estates inspection was also reviewed during this Estates inspection. In addition the issues in relation to the premises were discussed with Mr. William Neil Harper, Registered Responsible Person and Registered Manager, and Ms. Deirdre. Herdman, Dental Practice Manager.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this dental practice was an announced primary care inspection on 16 October 2014. The completed QIP was returned to RQIA on 04 December 2014 and approved by the inspector on 12 December 2014.

### 5.2 Review of Requirements and Recommendations from the last Estates Inspection

This was the first premises inspection to this dental practice. The review of requirements and recommendations from the previous Estates inspection was not therefore relevant to this Estates inspection.

## 5.3 Standard 14 - Your care environment

### Is Care Safe? (Quality of Life)

Documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included the report for the risk assessment in relation to fire safety. This supports the delivery of safe care.

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

### Is Care Effective? (Quality of Management)

A range of facilities and support services is provided in the premises. This supports the delivery of effective care.

### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were clean and generally in reasonable decorative order. This supports the delivery of compassionate care.

### Areas for Improvement

1. It is good to report that a fire risk assessment was completed for the premises on 08/09 December 2014. The report for this fire risk assessment which assessed the overall risk from fire in the premises as 'Tolerable' was presented for review during this Estates inspection. The issues identified for attention in the report for this fire risk assessment should be reviewed and any remaining issues should be addressed and signed off. Reference should be made to requirement 1 in the attached Quality Improvement Plan. Guidance in relation to fire safety in health care premises can be obtained from the Northern Ireland Fire and Rescue Service via the following link:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/14892/fsra-healthcare.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/14892/fsra-healthcare.pdf)
2. The electrical equipment was inspected and tested in May 2015. A current report for the inspection and testing of the fixed wiring installation in the premises was not presented for review during this Estates inspection. A current inspection and test report for the fixed wiring installation should be obtained for the premises. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
3. There was some staining to the plasterwork in the toilet. Two of the stair nosings were also damaged. Remedial works should be completed to address these issues. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

## Areas for Improvement Continued

4. The premises are equipped with smoke alarms and emergency lighting. Mr. Harper carried out a function check to the emergency lights during this Estates inspection. This check indicated that all of the emergency lights were illuminating with the batteries. This is to be commended. Similar function checks should be carried out once each month and a record should be kept for this activity. In addition to the function checks, a duration test of the emergency lights should also be completed once each year. Advice should be sought from an electrician on this issue. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
5. The information noted on the service records attached to the fire extinguishers indicated that the most recent service of this equipment was completed in 2013. All first aid fire-fighting equipment should be serviced at least once each year. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
6. A comprehensive risk assessment for the prevention or control of legionella bacteria in the water systems had been completed for the premises on 17 July 2014. Mr. Harper also confirmed that, following this risk assessment, new cold water storage tanks with lids and insulation had been installed in the premises. In addition, all of the mains water supply pipework to these tanks had been renewed. These are valuable improvements to the water system in the premises. During this Estates inspection sample cold and sample unblended hot water temperatures were checked with satisfactory results. The action plan in the legionella risk assessment report should be reviewed and any remaining issues identified for attention should be addressed and signed off. Reference should be made to requirement 4 in the attached Quality Improvement Plan. Guidance in relation to legionella bacteria risks and controls can be obtained from the Health and Safety Executive via the following link:

<http://www.hseni.gov.uk/..guidance/topics/legionella.htm>

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.4 Additional Areas Examined

No additional areas were examined during this Estates inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. William Neil Harper, Registered Responsible Person and Registered Manager and Ms. Deirdre. Herdman, Dental Practice Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Independent Health Care Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Minimum Standards for Dental Care and Treatment, March 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered responsible person should review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP should be returned to [estates.mailbox@rqia.org.uk](mailto: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 weaknesses that exist in the dental practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered persons from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the dental practice.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 25(4)(a)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 11 August 2015 and ongoing</p>	<p>The issues identified for attention in the report for the fire risk assessment should be reviewed and any remaining issues should be addressed and signed off. Function checks should be carried out once each month to the emergency lights and a record should be kept for this activity. In addition to the function checks, a duration test of the emergency lights should also be completed once each year. Advice should be sought from an electrician on this issue. All first aid fire-fighting equipment should be serviced at least once each year.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 25(2)(d)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 11 August 2015</p>	<p>A current inspection and test report for the fixed wiring installation should be obtained for the premises.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 25(2)(d)</p> <p><b>Stated:</b> First Time</p> <p><b>To be Completed by:</b> 11 July 2015</p>	<p>Remedial works should be carried out to resolve the staining to the plasterwork in the toilet and to make good the stair nosings.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b></p>

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 4</b>	The action plan in the legionella risk assessment report should be reviewed and any remaining issues identified for attention should be addressed and signed off.		
<b>Ref:</b> Regulation 25(2)(d)	<b>Response by Registered Manager Detailing the Actions Taken:</b>		
<b>Stated:</b> First Time			
<b>To be Completed by:</b> 11 August 2015	<b>Response by Registered Manager Detailing the Actions Taken:</b>		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**