



The **Regulation** and
Quality Improvement
Authority

Lisburn Square House Dental Practice
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Inspector: Gavin Doherty
Inspection ID: IN023430

Announced Estates Inspection
of
Lisburn Square House Dental Practice
3 July 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

1. Summary of Inspection

An announced pre-registration estates inspection took place on 3 July 2015 from 10.00 to 11.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Any 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Healthcare Regulations (Northern Ireland) 2005
- Minimum Standards for Dental Care and Treatment (DHSSPS) 2011.

1.1 Actions/Enforcement Resulting from this Inspection

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

1.2 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

The details of the QIP within this report were discussed with Miss Tracey McElvanna, registered manager as part of the inspection process. The timescales for completion commence from the date of the inspection.

2. Service Details

Registered Organisation/Registered Person: Mr David Andrew Relf Oasis Dental Care	Registered Manager: Miss Tracey McElvanna
Person in Charge of the Practice at the time of inspection: Miss Tracey McElvanna	Date Registered: 21 May 2012
Registration Category: Independent Hospital (IH) – Dental Treatment	Number of Registered Chairs: Four

3. Inspection Focus

The inspection sought to assess the suitability of the premises and to determine if the following standards have been met:

Standard 13: Prevention and Control of infection

Standard 14: Your care environment

4. Methods/Process

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

During the inspection the inspector met with Miss Tracey McElvanna.

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services,
- Risk assessment with regards to the control of legionella bacteria in hot and cold water systems,
- Fire risk assessment and associated fire safety documentation.

5. The Inspection

5.1 Standard 13: Prevention and Control of infection

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

A suitable range of accommodation and facilities are provided in the premises. The building works had been completed to a very high standard. These support the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

Areas for Improvement

No improvements are required as a result of this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.2 Standard 14: Your care environment

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care. Several issues were however identified for attention during this estates inspection. These are detailed in the 'areas for improvement' section below and in the quality improvement plan included with this report.

Is Care Effective? (Quality of Management)

The nature and needs of the service users are considered as part of the risk assessment processes and this is reflected in the management of the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

A fire risk assessment was undertaken for the practice on the 19 June 2015. The manager must ensure that the significant findings outlined within this assessment are fully implemented and signed-off within the timescales stipulated.

(Requirement 1 in the attached quality improvement plan)

It would appear from the records provided at the time of the inspection that the fire alarm and detection system is currently serviced annually. Current best practice guidance (BS5839-1:2013 Fire detection and alarm systems for buildings) states that such systems should be serviced at an interval not exceeding 6 months.

(Requirement 2 in the attached quality improvement plan)

It would appear from the records provided at the time of the inspection that the monthly function check of the premises emergency lighting installation has lapsed since 21 June 2014. Current best practice guidance (BS5266-8:2004 Emergency escape lighting systems) states that such systems should be subject to monthly function checks undertaken in-house and an annual full discharge test undertaken by a suitably qualified electrician.

(Requirement 3 in the attached quality improvement plan)

No records were available at the time of the inspection for the inspection and testing of the premises electrical fixed wiring. Confirmation should be provided to RQIA that such testing has been undertaken within the last five years, and that the electrical systems are in a 'satisfactory' condition.

(Requirement 4 in the attached quality improvement plan)

Number of Requirements	4	Number Recommendations:	0
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5.3 Additional Areas Examined

No additional areas were examined during this inspection.

6. Quality Improvement Plan (QIP)

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Miss Tracey McElvanna, Registered 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 Healthcare 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 (DHSSPS) 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 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 [RQIA's office](#) and assessed 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 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 person/manager 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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan

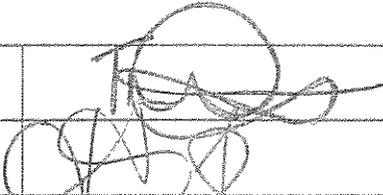
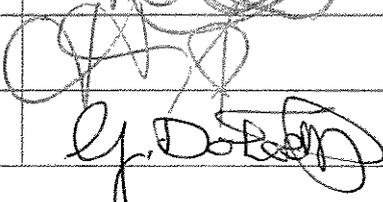
REGULATION AND QUALITY

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IMPROVEMENT AUTHORITY

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 25(4)</p> <p>Stated: First time</p> <p>To be Completed by: as stipulated in fire risk assessment</p>	<p>The manager must ensure that the significant findings outlined within the fire risk assessment undertaken on the 19 June 2015 are fully implemented and signed-off within the timescales stipulated.</p> <p>Response by Registered Manager Detailing the Actions Taken: All actions from the fire risk assessment have now been implemented and signed off.</p>
<p>Requirement 2</p> <p>Ref: Regulation 25(4)</p> <p>Stated: First time</p> <p>To be Completed by: 25 September 2015</p>	<p>Ensure that the fire alarm and detection system is inspected and tested at an interval not exceeding six months, in accordance with current best practice guidance (BS5839-1:2013 Fire detection and alarm systems for buildings).</p> <p>Response by Registered Manager Detailing the Actions Taken: Fire detection and alarm systems have been inspected and tested. These test are scheduled now for every 6 months.</p>
<p>Requirement 3</p> <p>Ref: Regulation 25(4)</p> <p>Stated: First time</p> <p>To be Completed by: 25 September 2015</p>	<p>Ensure that the monthly function check of the premises emergency lighting installation is reinstated and an annual full discharge test is undertaken by a suitably qualified electrician in accordance with current best practice guidance (BS5266-8:2004 Emergency escape lighting systems).</p> <p>Response by Registered Manager Detailing the Actions Taken: Emergency lighting has been checked and tested by a suitably qualified electrician. Monthly checks are now carried out in practice.</p>
<p>Requirement 4</p> <p>Ref: Regulation 25(2)</p> <p>Stated: First time</p> <p>To be Completed by: 25 September 2015</p>	<p>Confirmation should be provided to RQIA that suitable inspection and testing of the premises electrical fixed wiring has been undertaken within the last five years, and that the electrical systems are in a 'satisfactory' condition.</p> <p>Response by Registered Manager Detailing the Actions Taken: Fixed Wiring testing has been carried out throughout the practice. Certificate on site.</p>

Registered Manager Completing QIP		Date Completed	12/10/15
Registered Person Approving QIP		Date Approved	17/10/15
RQIA Inspector Assessing Response		Date Approved	2/11/2015

Please ensure the QIP is completed in full and returned to RQIA's Office.

