

# Announced Premises Inspection Report 19 January 2017



## Springhill Dental Surgery

**Type of Service: Independent Hospital (IH) - Dental Treatment**  
**Address: 4A Killeen Avenue, Bangor, BT19 1NB**  
**Tel No: 028 9127 4101**  
**Inspector: Colin Muldoon**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Springhill Dental Surgery took place on 19 January 2017 from 10.00 to 12.20.

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. 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Abbe MacKenzie (Person in Charge), 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

This was the first premises inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Oasis Dental Care Mr David Andrew Relf	<b>Registered manager:</b> Mrs Linzi Crawford
<b>Person in charge of the establishment at the time of inspection:</b> Mrs Abbe MacKenzie	<b>Date manager registered:</b> 09/06/2016
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 3

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Abbe MacKenzie (Person in Charge).

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 24/10/2016

The most recent inspection of Springhill Dental Practice was an announced care inspection. The completed QIP was returned and approved by the specialist inspector. 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 dated

This was the first premises inspection.

### 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.

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. A fire risk assessment dated May 2016 was presented. The action plan arising from the fire risk assessment had not been marked up and the status of issues identified could not be confirmed. The officer in charge subsequently confirmed to the inspector that the issues in the action plan were completed on 20 January 2017.
2. On the day of inspection the records available indicated that the last fire training for staff had been in May 2013. The officer in charge subsequently confirmed to the inspector that fire training for staff was completed in July 2016.
3. No records were presented in relation to the function testing and maintenance of the fire alarm and emergency light installations.  
Refer to requirement 1 in Quality Improvement Plan.
4. A legionella risk assessment was presented. It had been carried out by a specialist contractor in December 2015. There were actions being taken towards the control of legionella. However, recommendations in the risk assessment relating to remedial works and a scheme of control had not been fully implemented. Subsequent to the inspection the officer in charge confirmed that the necessary remedial works were being carried out on 23 January and that updated legionella log books had been put in place (for the domestic water system).  
Refer to requirement 2 in Quality Improvement Plan.
5. As part of the legionella remedial works it is understood that additional thermostatic mixing valves are being installed at wash hand basins. The officer in charge confirmed that there are no showers.  
Refer to recommendation 1 in Quality Improvement Plan.
6. The officer in charge informed the inspector that the medical gas installation is no longer used and that arrangements are being made for its removal.

<b>Number of requirements</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>1</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.

<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.

<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.

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.

<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 Abbe MacKenzie (Person in Charge) 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 web portal for review 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

<b>Statutory requirements</b>	
<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> 19/02/2017 and ongoing</p>	<p>The fire detection and alarm system and the emergency lights should be regularly function tested and maintained in accordance with good practice. Records should be kept of all tests and maintenance. Reference should be made to BS5839 (alarm) and BS5266 (emergency lighting)</p> <p><b>Response by registered provider detailing the actions taken:</b> Scan Alarms attended the practice on 30/01/2017 and completed a function test and maintenance check on our Fire Alarm System and Emergency lighting. New fire log book put in place and weekly tests carried out and recorded</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15.-(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19/02/2017 and ongoing</p>	<p>The action plan arising from the legionella risk assessment should be marked up to confirm that the recommendations have been addressed. It should be ensured that a scheme for the ongoing control of legionella is fully implemented and records maintained. Reference should be made to the legionella risk assessment and the legionella code of practice documents HSG274 Parts 2 and 3.</p> <p><b>Response by registered provider detailing the actions taken:</b> Remedial work was carried out on site between 23/01/2017 and 27/01/2017 completing action points from the risk assessment. Legionella checks are put in place for our external contractor to complete. Monthly checks are in place recorded and actioned internally.</p>
<b>Statutory recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing</p>	<p>As part of the legionella controls and to help ensure the delivery of safe hot water the thermostatic mixing valves should be maintained in accordance with the Health and Safety Executive document HSG274 Part 2.</p> <p><b>Response by registered provider detailing the actions taken:</b> 25/01/2017 remedial work was carried out on site and 6 new Thermostatic Mixing valves were installed.</p>



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