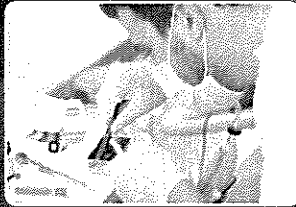


The Regulation and  
Quality Improvement  
Authority

## Announced Premises Inspection Report 18 October 2016



### Mulgrew Orthodontics

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

**Address: 100 Strand Road, Timberquay, Derry, BT48 7NR**

**Tel No: 028 7136 7464**

**Inspector: P Cunningham**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Mulgrew Orthodontics took place on 18 October 2016 from 10:00 to 11:30hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and 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>	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Audrienne Mulgrew, Practice Manager, 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 is the first routine scheduled premises inspection of the practice since registration in April 2012.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Brian Mulgrew	<b>Registered manager:</b> Brian Mulgrew
<b>Person in charge of the establishment at the time of inspection:</b> Brian Mulgrew	<b>Date manager registered:</b> 30 April 2012
<b>Categories of care:</b> Independent Healthcare (IH) – Dental Treatment	<b>Number of registered places:</b> 2

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

During the inspection the inspector met with Audrienne Mulgrew, Practice Manager and Brian Mulgrew, Registered Manager.

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 20 January 2016

The most recent inspection of the Private Dental Practice was an announced care inspection. The completed QIP was returned and approved by the care inspector on 23 March 2016. 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

This is the first routine scheduled premises inspection of the practice since registration in April 2012.

### 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. Records indicate that practice fire evacuation drills are carried out in the premises at approximately annual intervals. While staff fire safety training is carried out for staff at induction, this is not routinely repeated during employment. See recommendation 1 in the attached QIP.
2. Records indicate that the fire extinguishers are checked annually by a specialist service contractor and the practice manager stated that these are visually checked regularly by staff. The practice manager undertook to begin recording these visual checks which should be carried out on a monthly basis in accordance with the provisions of BS5306-3:2003 section 4.
3. Records indicate that weekly testing of the automatic fire alarm and detection system is ongoing by staff and an invoice indicated that system has been checked by a specialist contractor although a certificate confirming this was not available. The practice manager confirmed that the system is serviced by a specialist contractor and undertook to obtain copy of relevant certificate relating to this. Servicing should be carried out on a six monthly basis in line with the provisions of BS 5839.
4. There were no records relating to the servicing and checking of the emergency lighting installation. The practice manager stated that the system is serviced by a specialist contractor and undertook to obtain copy of relevant certificate relating to this. The inspector recommended that the system be subjected to monthly function checks and that this is recorded. See recommendation 2 in the attached QIP.
5. The fire risk assessment was reviewed by the practice manager on 1 April 2016. The inspector recommended that at the next review, consideration be given to using the services of a person specialising in fire safety to conduct the review. See recommendation 3 in the attached QIP.
6. Records indicate that the legionella risk assessment was reviewed in January 2016. Procedures for upkeep of the dental unit water lines are in place and these appear to be in line with current good practice guidelines using a proprietary brand of disinfection. The

inspector recommended that consideration be given to undertaking microbiological measurements/sampling periodically to confirm the efficacy of the procedures in line with the guidance contained in HSG 274 part 3 issued by The Health and Safety Executive Northern Ireland. See recommendation 4 in the attached QIP.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>4</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.

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 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 Audrienne Mulgrew, Practice Manager and Brian Mulgrew, Registered Manager 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

No Requirements were made as a result of this inspection.

## 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) 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 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

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 12.5</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2016</p>	<p>The registered provider should make arrangements for staff working in the practice to receive fire awareness training which should be repeated annually.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Scheduled for 12<sup>th</sup> November 2016</i></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2016</p>	<p>The registered provider should carry out monthly function checks to the emergency lighting installation in accordance with the provisions of BS5266 and keep records relating to this.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Records are being kept</i></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 14.2</p> <p>Stated: First time</p> <p>To be completed by: At the time of next review</p>	<p>The registered provider should consider using the services of a person possessing specialist fire safety knowledge to undertake the next review of the fire risk assessment.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>will also be done on 12<sup>th</sup> November</i></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed: To be determined by risk assessment</p>	<p>The registered provider should consider undertaking microbiological measurements/sampling to the water at dental unit water lines periodically to confirm the efficacy of the procedures in line with the guidance contained in HSG 274 part 3 issued by The Health and Safety Executive Northern Ireland.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p><i>Scheduled for Jan 2017</i></p>

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



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