

**Announced Care Inspection  
of  
P V Crooks and Associates**

**27 November 2015**

## 1. Summary of Inspection

An announced care inspection took place on 27 November 2015 from 10.00 to 12.30. On the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. The management of recruitment and selection was found to be generally safe, effective and compassionate. A recommendation was also made regarding the application of the DHSSPS policy directive outlined in Professional Estates Letter (PEL) (13) 13 issued on the 1 October 2013 relating to the processing of dental hand pieces. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections ) (Amendment) Regulations (Northern Ireland) 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 21 October 2014.

### 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>	0	3

The details of the QIP within this report were discussed with Mr Crooks, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Peter Crooks	<b>Registered Manager:</b> Mr Peter Crooks
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mr Peter Crooks	<b>Date Manager Registered:</b> 8 November 2011
<b>Categories of Care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of Registered Dental Chairs:</b> 2

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

## 4. Methods/Process

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

Prior to inspection the following records were analysed: staffing information, patient consultation report and complaints declaration.

During the inspection the inspector met with Mr Crooks, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment and the procedure for obtaining and reviewing patient medical histories.

## 5. The Inspection

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

The previous inspection of the practice was an announced care inspection dated 21 October 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 21 October 2014

Last Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15 (3)  <b>Stated:</b> First time	Dental hand pieces should be decontaminated in line with the manufacturer's instructions and any hand pieces which are compatible with the washer disinfectors should be decontaminated using this process.	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following the previous inspection Mr Crooks advised RQIA that he intended to provide a DAC Universal for the decontamination of dental hand pieces, however during this inspection Mr Crooks stated that he had since decided not to purchase a DAC Universal.</p> <p>Mr Crooks confirmed that dental hand pieces were not being decontaminated using the washer disinfectors as he was concerned that dental hand pieces were damaged as a result of this process.</p> <p>Mr Crooks stated that following the previous inspection he had taken advice and had written correspondence with health estates who were satisfied with his current processes.</p> <p>In the interim a DHSSPS policy directive outlined in Professional Estates Letter (PEL) (13) 13 issued on the 1 October 2013 states that should the dental practice experience instances of reduced hand piece service intervals or increased frequency of repairs in relation to processing compatible reusable dental instruments using an automated validated process, such problems should be reported to the Northern Ireland Adverse Incident Centre (NIAIC) as outlined in Addendum 1 of the PEL (13) 13 issued on 24 March 2015.</p> <p>Mr Crooks confirmed that he had not reported directly to the NIAIC and understood this had been completed by health estates. It is recommended that Mr Crooks seeks assurance from the NIAIC that they have received notification from P V Crooks and Associates regarding dental hand pieces, documented confirmation of this should be available for inspection.</p>	

Last Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	In the interests of infection prevention and control the following issues should be addressed; <ul style="list-style-type: none"> <li>• The damaged dentist's stool in Surgeries 1 and 2 should be reupholstered;</li> <li>• Fabric covered chairs should be removed from clinical areas.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation made during the inspection confirmed that the identified dentist stool had been reupholstered and fabric chairs had been removed from clinical areas.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The use of Hibiscrub should be reviewed and a mild liquid soap dispensed from single use cartridge or containers should be provided at each wash hand basin.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mild liquid soap containers were observed at hand washing basins in both dental surgeries and the decontamination room.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The overflows of dedicated hand washing basins in dental surgeries and the decontamination room should be blanked off with a stainless steel plate sealed with antibacterial mastic.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of dedicated hand washing basins in dental surgeries and the decontamination room confirmed that the overflows had been blanked off as recommended.	
<b>Recommendation 4</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	In keeping with best practice guidance as outlined in the 2013 edition of HTM 01-05 the Infection Prevention Society (IPS) audit tool must be completed every six months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The IPS audit tool had been completed in November 2015 and Mr Crooks confirmed this would be undertaken six monthly.	

### 5.3 Medical and other emergencies

#### Is Care Safe?

Review of training records and discussion with Mr Crooks and staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr Crooks and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice. It was observed the format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Crooks was advised that when the current format of buccal Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Crooks and staff and review of documentation demonstrated that recording and reviewing patients' medical histories is given high priority in this practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be safe.

#### Is Care Effective?

The policy for the management of medical emergencies reflected best practice guidance. Protocols are available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Discussion with Mr Crooks and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr Crooks and staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

On the day of the inspection the arrangements for managing a medical emergency were found to be effective.

#### Is Care Compassionate?

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

On the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

### Areas for Improvement

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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## 5.4 Recruitment and selection

### Is Care Safe?

Review of the recruitment policy and procedure available in the practice identified that further development was needed to ensure the policy was comprehensive and reflective of best practice guidance. The revised policy should include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and state the arrangements for applicants to provide a criminal conviction declaration

Three personnel files of staff recruited since registration with RQIA were examined. The following was noted:

- positive proof of identity, including a recent photograph
- evidence that an enhanced AccessNI check was received prior to commencement of employment
- two written references
- details of full employment history, including an explanation of any gaps in employment
- documentary evidence of qualifications, where applicable
- evidence of current GDC registration, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties and
- evidence of professional indemnity insurance, where applicable

A criminal conviction declaration made by applicants had not been provided. Discussion with Mr Crooks demonstrated that he had understood that the Access NI enhanced disclosure covered this area. Advice was provided and Mr Crooks was referred to The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 19 (2) Schedule 2, which states the information required in respect of employees.

A staff register was retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Mr Crooks confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of a sample of records demonstrated that the appropriate indemnity cover is in place.

On the day of the inspection recruitment and selection procedures were generally found to be safe.

### **Is Care Effective?**

The dental service's recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide. As discussed, a criminal conviction declaration should be obtained.

Three personnel files were reviewed. It was noted that each file included a contract of employment/agreement and job description.

Induction programme templates are in place relevant to specific roles within the practice. A sample of three evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mr Crooks and staff confirmed that staff have been provided with a job description, contract of employment/agreement and have received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

On the day of the inspection recruitment and selection procedures were found to be effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements.

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice.

Discussion with staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

On the day of the inspection recruitment and selection procedures were found to be compassionate.

### **Areas for Improvement**

The recruitment policy should include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and state the arrangements for applicants to provide a criminal conviction declaration.



A criminal conviction declaration should be obtained for new staff commencing employment and retained in staff personnel files.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with Mr Crooks and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Eight were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff evidenced that they were provided with a job description and contract of employment/agreement on commencing work in the practice. Staff also confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that annual training is provided on the management of medical emergencies.

### **5.5.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

### **5.5.3 Patient consultation**

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by RQIA to the practice for completion. A copy of the most recent patient satisfaction report was submitted to RQIA prior to the inspection.

Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Peter Crooks, registered person 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 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 DHSSPS Minimum Standards for Dental Care and Treatment (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 person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) 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(s) 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 with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

Quality Improvement Plan			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 January 2016	It is recommended that Mr Crooks seeks assurance from the NIAIC that they have received notification from P V Crooks and Associates regarding dental hand pieces, documented confirmation of this should be available for inspection.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> I have sent another email to John Singh, DHSSPS, asking if he received a receipt from the NIAIC for having sent my hand piece information to them or is there someone in the NIAIC I should contact for them to send this receipt directly to me.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 January 2016	It is recommended that the recruitment policy is further developed to include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and state the arrangements for applicants to provide a criminal conviction declaration.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> My practice Job Application Form already had a question asking the applicant if they would agree to an Enhanced Disclosure check by Access NI. My Recruitment of Staff Policy now states this is included in the application. Both also state the requirement for applicants to complete a Criminal Record Self-Declaration form.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 November 2015	It is recommended that a criminal conviction declaration is obtained for new staff commencing employment and retained in staff personnel files.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> A Criminal Record Self-Declaration form was drawn up on 7 <sup>th</sup> January 2016.		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	7 <sup>th</sup> January 2016
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	7 <sup>th</sup> January 2016
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	<b>28 January 2016</b>

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