



The Regulation and
Quality Improvement
Authority

T Kirk Dental Practice
RQIA ID: 11698
12 Loy Street
Cookstown
BT80 8PE

Inspector: Emily Campbell
Inspection ID: IN023640

Tel: 028 8676 2206

**Announced Care Inspection
of
T Kirk Dental Practice**

05 January 2016

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 care inspection took place on 5 January 2016 from 9.45 to 11.00. On the day of the inspection the management of medical emergencies and recruitment and selection were found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern.

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 3 June 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mr Timothy Kirk	Registered Manager: Mr Timothy Kirk
Person in Charge of the Practice at the Time of Inspection: Mr Timothy Kirk	Date Manager Registered: 03 February 2012
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: 3

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 Timothy Kirk, registered person and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, job descriptions, contracts of employment, and two 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 03 June 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 03 June 2014

Last Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13 Stated: First time	The policy and procedure for cleaning and maintaining the environment should be further developed to include details of the specific arrangements for all areas of the practice.	Met
	Action taken as confirmed during the inspection: Review of the policy and procedure for cleaning and maintaining the environment evidenced it had been further developed to include details of the specific arrangements for all areas of the practice.	

<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The outstanding issues relating to the practice refurbishment including sealing the steps to the staff toilet and boxing off the water stop cocks in the decontamination room should be addressed.</p> <p>Consideration should be given to the replacement of the fabric sofas in the waiting area.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observations made evidenced that the steps to the staff toilet had been sealed and the water stop cocks in the decontamination room have been boxed off. Mr Kirk provided assurance that the boxed area covering the water stop cocks would be sealed. The fabric sofas have not yet been replaced, however, this will be completed on the next refurbishment of this area.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The overflows in the stainless steel hand wash basins in the dental surgeries are blanked off using a stainless steel plate sealed with antibacterial mastic.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observations made confirmed that the stainless steel hand wash basins in the dental surgeries had been appropriately blanked off.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The current arrangements for the disposal of all clinical waste generated in the surgeries should be reviewed to prevent unnecessary transfer of potentially infectious waste throughout the practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Observations made evidenced that pedal operated clinical waste bins are located in dental surgeries.</p>	<p>Met</p>

5.3 Medical and other emergencies

Is Care Safe?

Review of training records and discussion with 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 Kirk 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). The format of buccal Midazolam available is not the format recommended by the Health and Social Care Board (HSCB). Mr Kirk was advised that when the current format of Midazolam expires it should be replaced with Buccolam pre-filled syringes as recommended by the HSCB.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of an automated external defibrillator (AED) and a self-inflating bag with reservoir suitable for use with a child. The practice does however have access to an AED from the medical centre next door to the dental practice. An email was received by RQIA on 7 January 2016 confirming that a self-inflating bag with reservoir suitable for use with a child had been provided in the practice. 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 Kirk 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 Kirk 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 Kirk 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 Mr Kirk and 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.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Recruitment and selection

Is Care Safe?

There was a recruitment policy and procedure available. The policy needs further development to include details of the recruitment process, advertising, application process, and issuing of job descriptions and contracts of employment to ensure it is comprehensive and reflective of best practice guidance. As there have been no staff employed in the practice for a considerable time, it was agreed that the policy would be further developed if and when it was identified that new staff are to be recruited.

The practice has not employed any new staff since registration with RQIA and therefore no staff personnel files were reviewed. However, Mr Kirk confirmed on discussion that the following information would be retained in the event of any new staff being recruited:

- 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;
- criminal conviction declaration;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

A staff register was retained containing staff details including, name, position; dates of commencement of employment; and details of professional qualification and professional registration with the GDC, where applicable. An amendment was made to the staff register during the inspection to include dates of birth and to facilitate the entry of the date of leaving. Mr Kirk is aware that the staff register is a live document which should be kept updated.

Review of documentation confirmed that appropriate professional indemnity cover is in place.

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

Is Care Effective?

As discussed the recruitment and selection policy should be further developed prior to any new staff being recruited to ensure recruitment and selection procedures comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Two personnel files were made available of staff recruited prior to registration with RQIA. It was noted that each file included a contract of employment and job description.

Induction programme templates are in place relevant to specific roles within the practice.

Staff spoken with confirmed they had been provided with contracts of employment, job descriptions and induction training.

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?

Discussion with Mr Kirk confirmed that recruitment and selection procedures will reflect 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. Mr Kirk confirmed that enhanced AccessNI checks would be undertaken and received prior to any new staff commencing work in the practice.

Discussion with Mr Kirk and 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 Mr Kirk and 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

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number of Recommendations:	0
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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 Timothy Kirk, registered person and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Two 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. The following comment was provided in a submitted questionnaire:

- “We all work well together and can freely voice our opinions. We are well looked after.”

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. Mr Kirk confirmed that arrangements are in place for consultation with patients, at appropriate intervals and that feedback provided by patients has been used by the service to improve. Review of the patient satisfaction questionnaires evidenced a good level of satisfaction. The results of the most recent patient satisfaction survey had not been collated to provide a summary report. However, this was provided to RQIA by email on 11 January 2016. Mr Kirk confirmed that this would be made available to patients.

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.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Timothy Kirk	Date Completed	3/02/2016
Registered Person	Timothy Kirk	Date Approved	3/02/2016
RQIA Inspector Assessing Response	Emily Campbell	Date Approved	3.2.16

Please provide any additional comments or observations you may wish to make below:

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