Announced Care Inspection Report
16 August 2016

Blundell Dental

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 372 Cregagh Road, Belfast, BT6 9EY
Tel No: 028 9079 3015
Inspector: Norma Munn

1.0 Summary

An announced inspection of Blundell Dental took place on 16 August 2016 from 10.00 to 13.20.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Paul Blundell and Mrs Hilary Blundell registered persons, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One requirement has been made in relation to undertaking Access NI checks. One recommendation in relation to staff personnel files has been stated for a second time. Two recommendations have been made in relation to infection prevention and control and the environment.

Is care effective?

Observations made, review of documentation and discussion with Mr Blundell, Mrs Blundell and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Blundell, Mrs Blundell and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision-making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Blundell and Mrs Blundell, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/ registered provider: Mr Paul Blundell and Mrs Hilary Blundell	**Registered manager:** Mrs Hilary Blundell
Person in charge of the service at the time of inspection: Mrs Hilary Blundell	**Date manager registered:** 2 December 2011
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 2

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Paul Blundell and Mrs Hilary Blundell registered persons, one trainee dental nurse and one receptionist. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 April 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 28 April 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 15 (6) **Stated:** First time	The registered persons must review and improve the management of emergency medications, in line with best practice guidance, and ensure that emergency medications are not allowed to exceed their expiry date.	**Met**
	Action taken as confirmed during the inspection: A review of medical emergency arrangements and discussion with Mrs Blundell confirmed that emergency medications are provided in keeping with the British National Formulary (BNF) and a system has been put in place to ensure that emergency medications do not exceed their expiry dates.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that Glucagon medication is stored in keeping with the manufacturer's instructions. If Glucagon is not stored in the fridge a revised 18 month expiry date should be marked on the medication packaging and expiry checklist.	**Met**
	Action taken as confirmed during the inspection: A review of the emergency medicines and discussion with Mrs Blundell confirmed that the Glucagon medicine is stored out of the fridge and Mrs Blundell had revised the expiry date.	
Recommendation 2 **Ref:** Standard 11.1 **Stated:** First time	It is recommended that staff personnel files for any newly recruited staff should contain all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as detailed: • positive proof of identity, including a recent photograph; • details of the enhanced AccessNI disclosure • two written references, one of which should be from the current/most recent employer; • details of a 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 on application; • confirmation that the person is physically and mentally fit to fulfil their duties; • evidence of professional indemnity insurance, where applicable; It is recommended that positive proof of identity, including a recent photograph should be obtained in respect of staff employed since the practice registered with RQIA.	**Not Met**

	Action taken as confirmed during the inspection: A review of the submitted staffing information and discussion with Mrs Blundell confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. During the inspection positive proof of identity was provided for the identified staff member. Mrs Blundell confirmed that she would ensure that positive proof of identity had been sought for all employees within the practice. Although the file included details of the enhanced AccessNI disclosure and two written references, the file did not include positive proof of identity, details of a full employment history, including an explanation of any gaps in employment, a criminal conviction declaration or confirmation that the person is physically and mentally fit to fulfil their duties. This recommendation has not been met and has been stated for a second time.	

4.3 Is care safe?

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of one evidenced that appraisals had been completed on an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mrs Blundell confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that not all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. As previously discussed, a recommendation had been made during the previous inspection in relation to the information contained in staff personnel files. This recommendation has now been stated for a second time.

An enhanced AccessNI check had been undertaken in respect of the new staff member; however, this was not received until after the commencement of employment. It was advised that enhanced AccessNI checks must be obtained prior to any new staff commencing employment and a requirement has been made in this regard.

There was a recruitment policy and procedure available. A minor amendment was made to the policy following the inspection.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. A minor amendment was made in respect of the policies to ensure that most up to date relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise was included.

The new regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for staff reference and the new regional guidance for safeguarding children has also been made available. Mrs Blundell agreed to update the policies to reflect the new regional guidance.

Management of medical emergencies

As previously discussed a review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of a self-inflating bag with reservoir suitable for use with children.

Mrs Blundell contacted RQIA by electronic on 18 August 2016 to confirm that this piece of equipment had been provided. A system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. Oropharyngeal airways in various sizes were provided that had not exceeded their expiry dates. However, other airways were observed to be stored out of their packaging with no expiry dates recorded. Mrs Blundell agreed to remove the unwrapped airways that have no expiry dates recorded. There was an identified individual with responsibility for checking emergency medicines and equipment.

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 best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Infection prevention control and decontamination procedures

Dental surgeries were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of uniform and hand hygiene policies.

Infection prevention and control issues were identified that were not in keeping with best practice. The decontamination room had several items stored on the floor and needed to be decluttered. Mr Blundell confirmed that the hand washing basin with a plug in surgery one was being used for rinsing impressions and not solely for hand washing. The waste bin in surgery two was observed to be neither pedal nor sensor operated and sharps boxes were being stored on the floor in the surgeries. Mrs Blundell has agreed to address these issues. A recommendation has been made.

Discussion with Mrs Blundell and staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Mrs Blundell confirmed that the staff had received training in infection prevention and control and decontamination in keeping with best practice. .

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including one washer disinfector and one steriliser have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during June 2016.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place for the use of cleaning equipment however, the colour coded system in use was not in keeping with the National Patient Safety Agency (NPSA). This was discussed with Mrs Blundell and a recommendation has been made.

Arrangements are in place for maintaining the environment. These included a health and safety risk assessment review, fire alarm servicing and portable appliance testing.

A legionella risk assessment and fire risk assessments had been undertaken.

Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- "Care is very good."
- "As someone with an innate fear of dentists in general I have felt safe and at ease at all times in their care."
- "Very professional team, the environment is very clean and relaxing."

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

Enhanced AccessNI checks must be obtained prior to any new staff commencing employment.

Staff personnel files for any newly recruited staff should contain all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

The floor of the decontamination room should be decluttered. Hand washing basins should be used solely for hand washing and plugs should be removed. Waste bins in clinical areas should be pedal or sensor operated and sharps boxes should be stored off the floor.

Colour coded cleaning equipment should be in keeping with the National Patient Safety Agency (NPSA).

Number of requirements	**1**	**Number of recommendations**:	**3**

4.4 Is care effective?

Clinical records

Mr Blundell confirmed that in general clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets was available in the reception area. Mrs Blundell confirmed that oral health is actively promoted on an individual level with patients during their consultations.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents

Communication

Mr Blundell confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them.

Comments provided included the following:

- "Care is very effective."
- "I have received such good care that I have no hesitation in recommending Blundell's to other friends."
- "Always kept well informed regarding my dental healthcare."
- "… always explains the treatment options and places no pressure to select one over another."

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff discussed how they converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated March 2016 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.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care.

Comments provided included the following:

- "I find care is very compassionate."
- "They balance friendliness and approachability with a high degree of professionalism."
- "I always feel that my dentist is genuinely interested in my dental care and overall health and I always feel I am in safe & caring environment."

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. 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 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Blundell confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Blundell and Mrs Blundell demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well managed.

Comments provided included the following:

- "During my time as a patient I have had no problems of any kind. Advice has been excellent and clinical care very good. Easy to recommend."
- "Well motivated."
- "The service is well managed with no apparent weak links."
- "All the team are very professional and provide a quality service."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Blundell and Mrs Blundell, registered persons as part of the inspection process. The timescales commence from the date of inspection.

The registered providers 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 providers 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 dental practice. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered providers meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered providers 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 providers should confirm that these actions have been completed and return completed QIP to independent.healthcare@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

Statutory requirements	
Requirement 1 **Ref:** Regulation 19 (2) Schedule 2 **Stated:** First time **To be completed by:** 16 August 2016	The registered providers must ensure that enhanced AccessNI checks are obtained prior to any new staff commencing work in the practice.
	Response by registered provider detailing the actions taken: The recruitment policy now states that any new staff must not start employment until their Access NI check has been obtained.
Recommendations	
Recommendation 1 **Ref:** Standard 11.1 **Stated:** Second time **To be completed by:** 16 August 2016	It is recommended that staff personnel files for any newly recruited staff should contain all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as detailed: • positive proof of identity, including a recent photograph • details of the enhanced AccessNI disclosure • two written references, one of which should be from the current/most recent employer • details of a 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 on application • confirmation that the person is physically and mentally fit to fulfil their duties • evidence of professional indemnity insurance, where applicable It is recommended that positive proof of identity, including a recent photograph should be obtained in respect of staff employed since the practice registered with RQIA.
	Response by registered provider detailing the actions taken: The recruitment policy for the practice has been updated to state that all the above should be obtained and included in files for newly recruited staff.

Recommendation 2 **Ref:** Standard 13 **Stated:** First time **To be completed by:**16 September 2016	The following issues identified in relation to infection prevention and control should be addressed in keeping with best practice guidance: • the floor in the decontamination room should be decluttered and remain decluttered to ensure that effective cleaning can take place • hand washing basins should be used solely for hand washing and any plugs should be removed • waste bins in clinical areas should be pedal or sensor operated • sharps boxes should be stored off the floor
	Response by registered provider detailing the actions taken: The floor of the decontamination room has been decluttered, all plugs have been removed from hand washing basins, the swing bin in surgery 2 has been replaced with a pedal bin and and all sharps boxes are now stored off the floor.
Recommendation 3 **Ref:** Standard 13 **Stated:** First time **To be completed by:** 16 September 2016	Colour coded cleaning equipment should be in keeping with the National Patient Safety Agency (NPSA).
	Response by registered provider detailing the actions taken: The mops are now colour coded according to NPSA guidelines. A sign has been put up for the cleaner to read.

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

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