



The Regulation and  
Quality Improvement  
Authority

**Blundell Dental**  
RQIA ID: 11396  
372 Cregagh Road  
Belfast  
BT6 9EY

**Inspector: Carmel McKeegan**  
**Inspection ID: IN21307**

---

**Tel: 028 9079 3015**

**Announced Care Inspection  
of  
Blundell Dental**

**28 April 2015**

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

## 1. Summary of Inspection

An announced care inspection took place on 28 April 2015 from 10.00 to 11.30. Overall on the day of the inspection the management of medical emergencies and recruitment and selection were found to be generally safe, effective and compassionate. 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) Regulation 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 inspection on 10 April 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>	1	2

The details of the QIP within this report were discussed with Mrs Hilary Blundell, 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> Mrs Hilary Blundell Mr Paul Blundell	<b>Registered Manager:</b> Mrs Hilary Blundell
<b>Person in Charge of the Practice at the Time of Inspection:</b> Mrs Hilary Blundell Mr Paul Blundell	<b>Date Manager Registered:</b> 02 December 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.

Mrs Hilary Blundell, registered person, facilitated the inspection. Mr Paul Blundell was available for short periods of time as he was treating patients. A dental nurse and receptionist were available for discussion.

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

## 5. The Inspection

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

The previous inspection of the practice was an announced care inspection dated 10 April 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 10 April 2014

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 13	A floor, in keeping with the flooring specifications outlined in HTM 01-05, should be fitted in surgery two.	Met
	<b>Action taken as confirmed during the inspection:</b> Observation of surgery two confirmed that this recommendation has been addressed.	
<b>Recommendation 2</b> Ref: Standard 13	In keeping with best practice guidance, the overflows in the dedicated hand washing basins must be blanked off using a stainless steel plate and sealed with antibacterial mastic.	Met
	<b>Action taken as confirmed during the inspection:</b> Observation of surgery two confirmed that the overflows in the hand washing basins had been blanked off as recommended.	

## 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 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, in general, 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. Review of emergency medicines identified that the Midazolam in stock had exceeded the expiry date by several months. This was discussed with Mrs Blundell as this medication needed to be replaced as matter of priority. In addition Mrs Blundell was advised that the format of Midazolam available is not the format recommended by the Health and Social Care Board (HSCB), and should be replaced with Buccolam Pre-Filled syringes as recommended by HSCB. Advice was also provided on the correct disposal procedure for the

expired Midazolam. RQIA received an email from Mrs Blundell on the 29 April 2015 confirming that the Buccolam Pre-Filled syringe format was in place in the practice.

It was also observed that Glucagon medication was not stored in a fridge and that a revised expiry date had not been recorded on the medication packaging or expiry date checklist to reflect this. Glucagon has a shelf life of 18 months when not stored in a fridge and that this should be marked on the medication packaging and expiry date checklist.

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

An automated external defibrillator (AED) is not available in the practice. Mrs Blundell confirmed that the adjoining medical centre which is located in close proximity to the dental practice has an AED and that this AED could service the dental practice if required.

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

Overall on the day of the inspection it was identified that improvement is needed to ensure the arrangements for managing a medical emergency are 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 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 staff confirmed that there have been no medical emergencies in the practice since the previous inspection.

Overall on the day of the inspection we found the arrangements for managing a medical emergency within the practice 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.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate

## Areas for Improvement

The management of emergency medications must be reviewed and improved upon to ensure that any emergency medication does not exceed the expiry date.

Glucagon medication should be stored in keeping with manufacturer's instructions.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
-------------------------------	----------	--------------------------------	----------

### 5.4 Recruitment and selection

#### Is Care Safe?

There was a recruitment policy and procedure available. Mrs Blundell confirmed that the practice recruitment policy did not include the detail of all procedures to be followed in relation to recruitment. The practice recruitment and selection policy and procedural guidance was further developed and emailed to RQIA on 29 April 2015, this was reviewed and assessed as comprehensive and reflective of best practice guidance.

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

- positive proof of identity, including a recent photograph, in one staff file only;
- evidence that an enhanced AccessNI check was received prior to employment;
- two written references were not available in either staff file.
- 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 on application was not provided in either staff file;
- confirmation that the person is physically and mentally fit to fulfil their duties; and
- evidence of professional indemnity insurance, where applicable.

Discussion with Mrs Blundell confirmed that proof of identity had been provided by both applicants in order to complete the AccessNI check however this information had not been retained. Mrs Blundell confirmed that proof of identity would be retained in future staff personnel files.

Discussion with Mrs Blundell also confirmed that whilst two written references had not been obtained, a verbal reference was obtained for each staff member prior to commencement. Advice was provided on how the practice might evidence that a written reference had been sought, and how to record a verbal reference to evidence the source of the reference.

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.

Mrs Blundell 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.

Overall on the day of the inspection, it was identified that some improvement is needed to ensure that recruitment and selection procedures are 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 previously identified, the dental service's recruitment and selection procedures should be followed to ensure that all relevant recruitment records are retained for new staff in accordance with Schedule 2 of 2005 regulations.

Two personnel files were reviewed. 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. A sample of two evidenced that induction programmes are completed when new staff join the practice.

Discussion with Mrs Blundell and staff confirmed that staff have been provided with a job description, contract of employment 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.

Overall on the day of the inspection it was identified that some improvement is needed to ensure recruitment and selection procedures are effective.

### **Is Care Compassionate?**

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements, with the exception of the issues previously discussed.

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.

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

## Areas for Improvement

Recruitment records for new staff should include all information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
-------------------------------	----------	--------------------------------	----------

### 5.5 Additional Areas Examined

#### 5.5.1 Staff Consultation/Questionnaires

During the course of the inspection, the inspector spoke with Mrs Blundell, registered person, a dental nurse and a receptionist. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three 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 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 the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The evidence provided in the returned questionnaire, review of the complaints record and discussion with Mrs Blundell, indicated that complaints have been managed in accordance with best practice.

#### 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 the Regulation and Quality Improvement Authority (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 Mrs Blundell, 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/s 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 will be completed by the registered manager to 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 by the registered manager. 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/manager 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

Statutory Requirements	
<p><b>Requirement 1</b></p> <p>Ref: 15 (6) Stated: First time</p> <p>To be Completed by: Ongoing from the date of this inspection</p>	<p>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.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken</b></p> <p>The present internet calendar based system of notifying us of expiry dates of emergency drugs has been reviewed and we are happy with the system.</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 12.4 Stated: First time</p> <p>To be Completed by: Ongoing from the date of this inspection</p>	<p>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.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken</b></p> <p>The Glucagon is no longer kept in the fridge and the new expiry date has been entered into the system.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 11.1 Stated: First time</p> <p>To be Completed by: Ongoing from the date of this inspection.</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• details of the enhanced AccessNI disclosure</li> <li>• two written references, one of which should be from the current/most recent employer;</li> <li>• details of a full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties;</li> <li>• evidence of professional indemnity insurance, where applicable;</li> </ul> <p>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.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken</b></p> <p>The above list has been recorded and any any new staff will have the necessary details kept on file.</p>

--	--

DRAFT

<b>Registered Manager Completing QIP</b>	Hilary Blundell	<b>Date Completed</b>	1/06/15
<b>Registered Person Approving QIP</b>	Hilary Blundell	<b>Date Approved</b>	1/06/15
<b>RQIA Inspector Assessing Response</b>	<i>Carmel McKeegan</i>	<b>Date Approved</b>	9.6.15

*\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

DRAFT