



The Regulation and
Quality Improvement
Authority

Blaney and McCartan Dental Practice
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Announced Care Inspection Of

Blaney and McCartan Dental Practice

2 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 2 June 2015 from 09.30 to 11.30. Overall on the day of the inspection the management of medical emergencies was found to be safe, effective and compassionate. Improvements in the management of recruitment and selection are necessary in order for care to be 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) 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 28 July 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	3	6

The details of the QIP within this report were discussed with Mr Gregory Blaney, responsible individual and one of the practice managers as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation Responsible Individual: Blaney McCarten Limited Mr Gregory Blaney	Registered Manager: Mr Gregory Blaney
Person in Charge of the Practice at the Time of Inspection: Mr Gregory Blaney	Date Manager Registered: 18 October 2011
Categories of Care: Independent Hospital (IH) – Dental Treatment	Number of Registered Dental Chairs: Seven Eight dental chairs were in operation

	<p>at the time of the inspection. Mr Blaney was informed of the need to make application for registration of the eighth dental chair and that private dental care and treatment must not be undertaken in the eighth surgery until the registration process has been completed.</p>
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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 two dentists, one of the practice managers and two dental nurses.

The following records were examined during the inspection: relevant policies and procedures, training records, five staff personnel files, job descriptions, and discussion with staff regarding the process for obtaining 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 28 July 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 28 July 2015

Last Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>The daily automatic control test (ACT) should be recorded in the logbook for the DAC Universal.</p> <p>Ref 9.0 & 10.7</p> <p>Action taken as confirmed during the inspection: A review of the records and discussion with the nurse who takes the lead in infection prevention and control and decontamination confirmed that the daily ACT test is being recorded in the DAC universal logbook.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Separate logbooks should be established for the two non-vacuum sterilisers.</p> <p>Ref 9.0 & 10.7</p> <p>Action taken as confirmed during the inspection: A review of the logbooks confirmed that each of the non-vacuum sterilisers has a separate logbook.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p>	<p>Further develop the procedure for the transportation of dental instruments to include the detail of the transportation arrangements between the decontamination room and dental surgeries and the differentiation between dirty and clean transport containers.</p> <p>Ref 9.0</p> <p>Action taken as confirmed during the inspection: The lead dental nurse described the current procedure for the transportation of dental instruments confirming that instruments are being transported in line with best practice guidance.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Sharps boxes should not be situated on the floor in surgeries.</p> <p>Ref 10.1</p> <p>Action taken as confirmed during the inspection:</p>	Met

	Sharps boxes were observed to be placed on benches in surgeries and in the decontamination room.	
Recommendation 5 Ref: Standard 13 Stated: First time	Sharps boxes should be signed and dated on assembly. Ref 10.1 Action taken as confirmed during the inspection: With the exception of the sharps box in the decontamination room sharps boxes were signed and dated on assembly. The sharps box in the decontamination room was signed and dated during the inspection.	Met
Recommendation 6 Ref: Standard 13 Stated: First time	The policy and procedure for cleaning and maintaining the environment should be further developed to include the arrangements for the general environment of the practice. Ref 10.2 Action taken as confirmed during the inspection: The practice manager confirmed that the policy and procedure has been further developed. The general environment was observed to be clean.	Met
Recommendation 7 Ref: Standard 13 Stated: First time	Remove the notice board in the decontamination room which has a porous surface. Ref 10.2 Action taken as confirmed during the inspection: The notice board with a porous surface has been removed.	Met
Recommendation 8 Ref: Standard 13 Stated: First time	Flooring in all clinical areas which are not coved should be sealed at the edges. Cabinetry in clinical areas should also be sealed where it meets the flooring. Ref 10.2 Action taken as confirmed during the inspection: In the surgeries visited the flooring which was not coved was sealed at the edges and there was evidence of sealing where cabinetry meets the flooring.	Met

<p>Recommendation 9</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Any stainless steel hand wash basins in dental surgeries which have overflows should have these blanked off with a stainless steel plate sealed with antibacterial mastic.</p> <p>Ref: 10.3</p> <p>Action taken as confirmed during the inspection: In the surgeries visited it was evident that the overflows have been blanked off appropriately. The practice manager confirmed that this has been addressed on all of the identified sinks.</p>	<p>Met</p>
<p>Recommendation 10</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>A weekly protein residue test should be undertaken and recorded in the logbook for the DAC Universal.</p> <p>Ref 10.7</p> <p>Action taken as confirmed during the inspection: Discussion with the lead dental nurse and a review of the records confirmed that a weekly protein test for the DAC Universal is being undertaken and recorded.</p>	<p>Met</p>
<p>Recommendation 11</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The practice of scrubbing dental instruments in surgeries prior to transporting to the decontamination room should cease to ensure that all aspects of the decontamination of instruments are only carried out in the decontamination room.</p> <p>Ref 10.7</p> <p>Action taken as confirmed during the inspection: The lead dental nurse and another dental nurse confirmed that the scrubbing of dental instruments in surgeries has ceased.</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 covered during staff induction 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 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. 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 staff 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 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.

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.

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

Is Care Safe?

Mr Blaney confirmed during discussion that a recruitment and selection policy and procedure had not yet been developed.

The inspector discussed Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, which clearly states the information required in respect of employees, and advised that a recruitment and selection policy should reflect the information contained therein.

Five personnel files of staff recruited since registration with RQIA were examined. It was identified that significant improvements are required to ensure that the recruitment of staff is in line with the legislative and best practice guidance.

Issues in relation to AccessNI enhanced disclosure checks were identified and are discussed further on in this report.

The following items were missing from the staff files:

- Positive proof of identity, including a recent photograph;
- A criminal conviction declaration ;
- An employment history including gaps in employment;
- Evidence of qualifications;
- Confirmation that the person was physically and mentally fit to fulfil their duties; and
- Two satisfactory references; one of which must be from the persons most recent employer.

The benefit of having a robust application form for applicants to complete together with systems to record the information that was discussed during interview was outlined.

Advice and guidance was given to Mr Blaney and the practice manager in relation to the ongoing management of information which relates to staff recruitment and selection and this included having one personnel file for each staff member containing the relevant information. A template checklist for staff recruitment was shared with Mr Blaney following the inspection.

There was evidence of professional indemnity insurance, where applicable.

On the day of the inspection, it was identified that significant improvement is needed to ensure that recruitment and selection procedures are safe.

Is Care Effective?

As discussed previously, recruitment and selection procedures need further development to ensure they comply with all relevant legislation including checks to ensure qualifications, registrations and references are bona fide.

Contracts of employment were not retained in the staff files. Mr Blaney indicated that these are retained off site. A copy of the staff member's contract of employment should be retained in the staff personnel files. The contracts should be signed and dated by both the employer and the employee and should reflect the date of commencement of employment.

A review of a job description for a dental nurse evidenced that it requires to be further developed as it did not reflect all elements of a dental nurse's role.

An induction programme template was in place and Mr Blaney confirmed that all staff have been inducted. However, written records of staff induction are not retained. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.

Discussion with the practice manager confirmed that staff are aware of their roles and responsibilities.

A review of the records and discussion with the practice manager confirmed that clinical staff have current GDC registration and that they adhere to GDC CPD requirements.

Overall on the day of the inspection recruitment and selection procedures were found to be in need of further development to ensure they are effective.

Is Care Compassionate?

Review of recruitment and selection procedures demonstrated that further development is needed to reflect good practice in line with legislative requirements.

Enhanced AccessNI checks had not been undertaken in respect of one member of staff recruited since registration with RQIA. Mr Blaney was unaware of the need to ensure that self-employed staff had a satisfactory AccessNI enhanced disclosure check in place prior to commencement of employment. The importance of obtaining an enhanced AccessNI check for all staff, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Blaney and one of the practice managers.

As discussed, issues were also identified regarding the timing of AccessNI checks. Of the staff files reviewed all of the AccessNI check had been received after the date of commencement of employment and in two of the files reviewed the AccessNI enhanced disclosure had been received a year post employment. The matter of enhanced AccessNI checks not being received prior to the commencement of work in respect of the employed staff was discussed. Mr Blaney and the practice manager are aware of the need to ensure that enhanced AccessNI checks are undertaken and received prior to the commencement of employment for any new staff.

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 in need of improvement to ensure they are compassionate.

Areas for Improvement

Ensure an enhanced AccessNI check is undertaken for the identified staff member.

Ensure enhanced AccessNI checks are undertaken and received prior to commencement of employment.

Staff personnel files for newly recruited staff should include the information as indicated in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Written inductions should be in place for all newly recruited staff. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.

Recruitment and selection procedures should be developed to reflect best practice guidance.

Contracts of employment should be retained in the staff member's personnel file. The contracts should be signed and dated by both the employer and the employee and should reflect the date of commencement of employment.

The job description for a dental nurse requires to be further developed to reflect all aspects of this role.

Number of Requirements:	2	Number of Recommendations:	5
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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 two dentists, one of the practice managers 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.

Staff confirmed on the returned questionnaires that they had been 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 RQIA to the practice for completion. The evidence provided in the returned questionnaire 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 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. However, the report did not outline the actions taken by the practice to address the deficits identified. A recommendation was made to further develop the report to include this information and to share this information with patients.

5.5.4 Registration Issues

Eight dental surgeries were operational at the time of the inspection. The practice is only registered to provide dental care and treatment in seven dental chairs. A review of the eighth dental surgery identified that it has been completed to a high standard and was well decorated and maintained. The additional surgery has an intra-oral x-ray machine. A subsequent critical examination had been undertaken by the appointed radiation protection advisor (RPA). A review of the report and discussion with Mr Blaney demonstrated that the recommendations made in relation to radiation safety and protection had been addressed.

At the last care inspection in July 2014 the inspector was informed that Mr Blaney intended to rebrand the practice under the name of Fintra Dental Practice. It was evident that the rebranding has now taken place as signage has been changed. However, RQIA have not been formally notified of the rebranding.

Mr Blaney was informed of the requirement to submit an application to vary the registration of the practice from seven to eight dental chairs and to formally notify RQIA of the rebranding of the practice to Fintra Dental Practice. The relevant application information was sent to Mr Blaney by the registration team in RQIA following the inspection. A requirement has been made to address these issues.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gregory Blaney, responsible individual and one of the practice managers 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/s 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 RQIA's office 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 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	
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 2 August 2015	<p>The registered person must ensure that the identified staff member has an enhanced AccessNI check in place.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff member has now an enhanced Access NI check in place</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be Completed by: 2 June 2015	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to commencement of employment of any new staff.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Enhanced Access NI checks will be undertaken and received prior to commencement of employment of any new staff</p>
Requirement 3 Ref: Regulation 30 Stated: First time To be Completed by: 2 August 2015	<p>The registered person must submit an application to vary the registration of the establishment from seven dental chairs to eight dental chairs. The application must also include the formal change of name of the practice which has been rebranded to Fintra Dental Practice.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Application to vary the registration of the practice has been submitted</p>
Recommendations	
Recommendation 1 Ref: Standard 11.1 Stated: First time To be Completed by: 2 August 2015	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> • the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; AccessNI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies. <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Recruitment and selection policy and procedures have been developed to include the above recommendations</p>

<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 2 June 2015</p>	<p>It is recommended that staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005. The following information should be retained;</p> <ul style="list-style-type: none"> • 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 on application; • confirmation that the person is physically and mentally fit to fulfil their duties; and • evidence of professional indemnity insurance, where applicable. <p>Response by Registered Person(s) Detailing the Actions Taken: Staff Personnel files for newly recruited staff have been ammended to include the above information</p>
<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 2 July 2015</p>	<p>It is recommended that contracts of employment and agreements with staff are retained in staff personnel files. The contracts should be signed and dated by both the employer and the employee and should reflect the date of commencement of employment.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been done</p>
<p>Recommendation 4</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be Completed by: 2 August 2015</p>	<p>It is recommended that the job description for a dental nurse is further developed to include all of the duties required of this role.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The job description has been further developed for a dental nurse</p>
<p>Recommendation 5</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be Completed by: 2 August 2015</p>	<p>It is recommended that written inductions are in place for all newly recruited staff. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Written inductions are now in place for all newly recruited staff, and topics will be signed and dated when discussed.</p>

Recommendation 6	It is recommended that the report of the patient satisfaction survey is further developed to outline the actions taken to address the deficits identified and to share this information with the patients.
Ref: Standard 9 Stated: First time	
To be Completed by: 2 August 2015	Response by Registered Person(s) Detailing the Actions Taken: Actions taken to address deficits have been recorded and put on notice board in waiting room

Registered Manager Completing QIP	Greg Blaney	Date Completed	15/7/15
Registered Person Approving QIP	Greg Blaney	Date Approved	15/7/15
RQIA Inspector Assessing Response	Lynn Long	Date Approved	20/07/2015

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