

Announced Care Inspection Report 12 October 2018



Edelweiss Dental Strangford

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 2 The Square, Strangford BT30 7ND

Tel No: 02844881995

Inspector: Norma Munn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of dental practices for the 2018/19 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- review of areas for improvement from the last inspection

2.0 Profile of service

This is a registered dental practice with one registered place.

3.0 Service details

Organisation/Registered Provider: Mr Klaus Viesteg	Registered Manager: Mr Klaus Viesteg
Person in charge at the time of inspection: Mr Klaus Viesteg	Date manager registered: 11 December 2014
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

4.0 Action/enforcement taken following the most recent inspection dated 27 February 2018

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

4.1 Review of areas for improvement from the last care inspection dated 27 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person shall ensure that current General Dental Council (GDC) registration is in place for self-employed staff. Copies should be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: A copy of the GDC registration certificate for the self-employed staff member was submitted to RQIA following the previous inspection. A review of records confirmed that there was evidence of current GDC registration in place for the self-employed member of staff working in the practice.	

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that professional indemnity is in place for self-employed staff. Copies should be forwarded to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection: Evidence of professional indemnity for the self-employed staff member was submitted to RQIA following the previous inspection.</p> <p>A review of records confirmed that there was evidence of up to date professional indemnity in place for the self-employed member of staff working in the practice.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 25 (2) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the recommendations outlined in the most recent Radiation Protection Advisor’s (RPA) report of November 2017 are addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the gas boiler is serviced on an annual basis in accordance with manufacturer’s instructions</p> <hr/> <p>Action taken as confirmed during the inspection: A copy of the gas boiler servicing documentation was submitted to RQIA following the previous inspection.</p> <p>A review of records confirmed that the gas boiler had been serviced in accordance with manufacturer’s instructions.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 25 (4)</p> <p>Stated: First time</p>	<p>The registered person shall review the fire risk assessment and address the following:</p> <ul style="list-style-type: none"> • ensure that routine fire safety checks are carried out and recorded accurately • ensure that all staff attend fire safety training annually • ensure all staff attend fire drills annually 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A review of documentation and discussion with staff confirmed that weekly and monthly fire safety checks are carried out and recorded accurately.</p> <p>Staff have attended a fire safety awareness session during May 2018 and further training has been scheduled.</p> <p>Fire drills have been carried out during March 2018 and September 2018 and all staff have attended.</p>	
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (2011).		Validation of compliance
<p>Area for improvement 1 Ref: Standard 11.2 Stated: First time</p>	<p>The registered person shall implement robust arrangements to check the General Dental Council (GDC) registration status of all clinical staff. Records should be available for inspection.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and a review of records confirmed that robust arrangements have been implemented to check the GDC registration status of all clinical staff.</p>	Met
<p>Area for improvement 2 Ref: Standard 11.2 Stated: First time</p>	<p>The registered person shall implement robust arrangements to check the professional indemnity cover of all clinical staff. Records should be available for inspection.</p> <p>Action taken as confirmed during the inspection: Discussion with staff and a review of records confirmed that robust arrangements have been implemented to check the professional indemnity cover of all clinical staff.</p>	Met
<p>Area for improvement 3 Ref: Standard 11.4 Stated: First time</p>	<p>The registered person shall implement a system to monitor and ensure that the General Dental Council (GDC) continuing professional development (CPD) requirements are met by all clinical staff in the practice, including self-employed staff.</p> <p>Records of training are to be retained.</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with staff and a review of records confirmed that a system has been implemented to ensure that the GDC CPD requirements are met by all clinical staff in the practice, including self-employed staff.</p>	
<p>Area for improvement 4 Ref: Standard 11 Stated: First time</p>	<p>The registered person shall ensure that all staff receive an appraisal on an annual basis.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with staff confirmed that appraisals had taken place since the previous inspection.</p>	
<p>Area for improvement 5 Ref: Standard 10 Stated: First time</p>	<p>The registered person shall ensure that a copy of the Information Commissioners Office (ICO) certificate confirming that the practice is registered is obtained and available for inspection.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: An up to date copy of the ICO certificate confirming that the practice is registered was reviewed and available for inspection.</p>	
<p>Area for improvement 6 Ref: Standard 15.3 Stated: Second time</p>	<p>The registered person shall review and update the policies and procedures for the safeguarding of adults and children to fully reflect the regional policies and guidance documents.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The policies and procedures for the safeguarding of adults and children were reviewed and fully reflected the regional policies and guidance documents.</p>	
<p>Area for improvement 7 Ref: Standard 13.2 Stated: Second time</p>	<p>The registered person shall review the legionella risk assessment and address any recommendations made.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Staff confirmed that the legionella risk assessment had been reviewed and any recommendations made had been addressed.</p>	

Area for improvement 8 Ref: Standard 8 Stated: Second time	The registered person shall review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.	Met
	Action taken as confirmed during the inspection: A review of documentation and discussion with staff confirmed that effective quality assurance and governance arrangements are currently in operation within this practice.	

5.0 Inspection findings

An announced inspection took place on 12 October 2018 from 09.30 to 11.15.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 (DOH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Klaus Viesteg, registered person, one dental nurse and one receptionist. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mr Viesteg at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that most emergency medicines were retained in keeping with the British National Formulary (BNF). It was observed that Adrenaline was retained in an autoinjector format in two doses. Mr Viesteg was advised that Adrenaline should be available in three doses, which are, 150 micrograms, 300 micrograms and 500 micrograms with sufficient stock to be able to administer a second dose to the same patient if necessary in keeping with the Health and Social Care Board (HSCB) guidance. This was discussed with Mr Viesteg who readily agreed to ensure all three doses would be available in the practice. Following the inspection RQIA received confirmation that Adrenaline was available in all three doses.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). Mr Viesteg confirmed that an arrangement is in place to access an AED in close proximity to the practice. A discussion took place regarding the accessibility of this AED in a timely manner. It was

confirmed that this AED can be accessed by the dental practice within three minutes of collapse in keeping with the Resuscitation Council (UK) guidelines.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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. The most recent occasion staff completed medical emergency refresher training was during September 2018.

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.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.2 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas was clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in Primary Care Dental Practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

Discussion with the dental nurse and a review of documentation confirmed that the most recent IPS audit had been completed during October 2018. The audit had been completed in a meaningful manner and had identified areas of good practice. The dental nurse confirmed that should the audit identify areas for improvement an action plan would be generated to address the identified issues and learning from audits would be shared with staff at the time and also discussed during staff meetings.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

During discussion, it was identified that conventional needles and syringes are used by Mr Viesteg when administering local anaesthetic, as opposed to using safer sharps. Regulation 5 (1) (b) of The Health and Safety (Sharp Instruments in Healthcare) Regulations (Northern Ireland) 2013 states that 'safer sharps are used so far as is reasonably practicable'. Mr Viesteg confirmed that it is the responsibility of the user of sharps to safely dispose of them. A sharps risk assessment was not in place and Mr Viesteg was advised that consideration should be given to using safer sharps. Following the inspection RQIA received confirmation that safer sharps are being used in the practice.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.3 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

As discussed, the most recent IPS audit had been completed during October 2018 in a meaningful manner and had identified areas of good practice.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfectant, a DAC Universal and a steam steriliser, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Radiology and radiation safety

Radiology and radiation safety

The practice has one surgery which has an intra-oral x-ray machine.

Mr Viesteg, as the radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety. A radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. Mr Viesteg regularly reviews the information contained within the file to ensure that it is current.

The appointed RPA completes a quality assurance check every three years. As discussed a review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

5.6 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the patients indicated that they were very satisfied with each of these areas of their care.

Comments included in the submitted questionnaire responses are as follows:

- “I like this dentist/practice. Not many can say that, can they?”
- “I’m very happy.”
- “I’m always satisfied with treatment received. I have no issues at all.”
- “Best dentist I’ve ever been to.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. One member of staff submitted questionnaire responses to RQIA. The member of staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and indicated that they were very satisfied with each of these areas of patient care.

5.7 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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