

Unannounced Enforcement Care Inspection Report 28 June 2017



Edelweiss Dental Strangford

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

Address: 2 The Square, Strangford, BT30 7ND

Tel No: 028 4488 1995

Inspectors: Norma Munn and Carmel McKeegan

www.rgia.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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered dental practice with one registered place.

3.0 Service details

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| 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 |

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| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 1 |
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4.0 Inspection summary

An unannounced inspection took place on 28 June 2017 from 12:10 to 13:00.

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).

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to staff recruitment practices. The date of compliance with the notice was 28 June 2017.

The following FTC Notice was issued by RQIA: FTC ref: FTC/IHC-DT/020081/2017-18/01 issued on 27 April 2017.

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide the dental practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified.

Further enforcement action did not result from the findings of this inspection. As a result of the findings of this inspection a confirmation of compliance letter was issued.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

During the inspection the inspectors met with Mr Klaus Viesteg, registered person, the dental nurse and the receptionist.

The following records were examined during the inspection:

- review of relevant records
- evaluation and feedback

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 March 2017 and 11 April 2017

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

6.2 Review of areas for improvement from the last care inspection dated 31 March 2017 and 11 April 2017

This inspection focused solely on the actions contained within the FTC notice issued on 27 April 2017. The areas for improvement from the last care inspection on 31 March 2017 and 11 April 2017 were not reviewed as part of this inspection and are carried forward to the next care inspection. The QIP in section 7.2 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC/IHC-DT/020081/2017-18/01

Notice of failure to comply with regulation 19 (2) (d) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended.

Regulation 19

(2) A person is not fit to work in or for the purposes of an establishment, or for the purposes of an agency unless –

- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.

SCHEDULE 2

INFORMATION REQUIRED IN RESPECT OF PERSONS SEEKING TO CARRY ON, MANAGE OR WORK AT AN ESTABLISHMENT OR AGENCY

1. Positive proof of identity including a recent photograph.
2. Either –
 - (a) where a certificate is required for a purpose relating to registration under Part III of the Order, or the position falls within section 115(3) or (4) of the Police Act 1997(1), an enhanced criminal record certificate issued under section 115 of that Act; or
 - (b) in any other case, a criminal certificate issued under section 113 of that Act, including, where applicable, the matters specified in section 113(3EA) and 115(6EA) of that Act(2) and the following provisions once they are in force, namely section 113(3EC)(a) and (b) and section 115(6EB)(a) and (b) of that Act(3).
3. Two written references relating to the person, including a reference from the person's present or most recent employers, if any.
4. Where a person has previously worked in a position whose duties which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he ceased to work in that position.
5. Documentary evidence of any relevant qualifications or accredited training.
6. A full employment history, together with a satisfactory written explanation of any gaps in employment.
7. Where he is a health care professional, details of his registration with the body (if any) responsible for regulation of members of the health care profession in question.
8. Details of any criminal offences –
 - (a) of which the person has been convicted, including details of any convictions which are spent within the meaning of Article 3 of the Rehabilitation of Offenders (Northern Ireland) Order 1978(4) and which may be disclosed by virtue of the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland 1979)(5); or
 - (b) in respect of which he has been cautioned by a constable and which, at the time the caution was given, he admitted.
9. Confirmation that he is physically and mentally fit to fulfil his duties and responsibilities.
10. Details of any professional indemnity insurance.

In relation to this notice the following four actions were required to comply with this regulation.

The registered person must ensure that at all times staff are recruited and employed in accordance with statutory legislation and mandatory requirements. This includes the receipt of a satisfactory AccessNI enhanced disclosure check prior to commencement of employment.

Mr Viesteg confirmed that no new staff had been recruited since the previous inspection. Discussion with Mr Viesteg evidenced that he understood his role and responsibility in relation to recruitment and selection of staff. Mr Viesteg confirmed that any staff recruited in the future will be recruited in accordance with statutory legislation and mandatory requirements. This will include ensuring that an AccessNI enhanced disclosure check is in place prior to any new staff, including self-employed staff commencing work in the future.

The registered person must ensure that the staff recruitment policy and procedure contains details of all the required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 as amended.

A policy and procedure for staff recruitment was in place. The policy detailed the procedure for drafting advertisements and completing various employee checklists. An amendment was made to the policy following the inspection that included all the required information as listed within Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained. Mr Viesteg was named in the policy as the person with overall responsibility for the recruitment of staff. Mr Viesteg confirmed that the dental nurse and the receptionist will also assist in relation to recruitment and selection of staff in the future. They will support Mr Viesteg and review the employee checklists to provide assurances that all recruitment documentation has been sought and retained.

The registered person must implement robust monitoring systems to ensure that the recruitment process is compliant with statutory legislation and mandatory requirements.

Mr Viesteg confirmed during discussions that he understood what was required to be obtained prior to any new staff commencing employment at the practice.

Review of documentation evidenced that employee checklists have been developed since the previous inspection. The employee checklists included all of the required information as outlined in Regulation 19 (2) and Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Viesteg confirmed that these checklists will be completed and retained.

The registered person must ensure that all staff involved in recruitment processes receive training or refresher training in safeguarding of children and adults.

Mr Viesteg confirmed that he has overall responsibility for the recruitment of staff and that he will be supported by the dental nurse and the receptionist in the future.

Mr Viesteg confirmed that safeguarding training had been arranged to take place within the practice during the afternoon on the day of the inspection. This training was to be provided by the Northern Ireland Medical and Dental Training Agency (NIMDTA). Review of documentation received following the inspection evidenced that Mr Viesteg, the dental nurse and receptionist had completed a training session in safeguarding of children and adults at level 2 on the afternoon of 28 June 2017.

Mr Viesteg was aware of the regional policies and guidance documents 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015), 'Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection' (September 2016) and 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016). Mr Viesteg confirmed that these documents were available for staff reference and the safeguarding policies are being updated in keeping with the regional policies and guidance.

Evidence was available to validate compliance with the Failure to Comply Notice.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---------------------------------|-------------|-----------|
| Number of areas for improvement | 0 | 0 |

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice. The previous QIP was not reviewed as part of this inspection and will be reviewed at the next care inspection.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 31 March 2017 and 11 April 2017. This inspection focused solely on the actions contained with the FTC notice issued on 27 April 2017.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and the DHSSPS Minimum Standards for Dental Care and Treatment (2011).

7.2 Actions to be taken by the service

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection on 31 March 2017 and 11 April 2017 and has returned the completed QIP Independent.healthcare@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 9 A (1)</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p> | <p>The registered provider must develop a policy and procedure for the prevention of blood borne virus exposure, including sharps and inoculation incidents in accordance with national guidance.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 21 (3)</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2017</p> | <p>The registered provider must ensure that a staff register is developed and maintained to include the names and details of all staff who have been employed and who are currently employed within Edelweiss Dental Strangford.</p> <p>The register must include the name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. This should also include associate dentists or other self-employed persons working in the practice.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2017</p> | <p>The registered provider must ensure that pressure vessels are inspected under a written scheme of examination and records retained.</p> <p>A copy should be forwarded to RQIA on completion.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | |
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| <p>Area for improvement 1</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 11 June 2017</p> | <p>It is recommended that job descriptions should be developed in respect of each role within the practice and provided to staff.</p> <p>Contracts of employment/agreement should be developed and issued to staff. A copy of the contract should be retained in the personnel file.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 11 April 2017</p> | <p>It is recommended that AccessNI enhanced disclosure certificates should be handled in keeping with AccessNI's code of practice and a record retained of the date the check was applied for and received, the unique identification number and the outcome.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 11.3</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p> | <p>A record of staff induction should be completed for any staff recruited in the future and records should be retained.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p> | <p>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>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2017</p> | <p>All records in relation to decontamination should be consistently recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

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| <p>Area for improvement 6</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p> | <p>A six monthly audit of compliance with HTM 01-05 using the IPS audit tool should be undertaken and any deficits identified should be addressed.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p> | <p>Ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 11 June 2017</p> | <p>Review the legionella risk assessment and address any recommendations made.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 9</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2017</p> | <p>Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews