

Announced Care Inspection Report 31 March 2017 and 11 April 2017



Edelweiss Dental Strangford

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

Address: 2 The Square, Strangford, BT30 7ND

Tel no: 028 4488 1995

Inspector: Norma Munn

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Edelweiss Dental Strangford took place on 31 March 2017 from 10:00 to 13:45. Following the inspection Mr Viesteg, registered person, contacted RQIA by telephone on 6 April 2017 to share information regarding staff recruitment which had not been disclosed during the inspection on 31 March 2017. As a result of the information received and a lack of robust evidence in relation to staff recruitment, a further visit to the practice was conducted on 11 April 2017 from 10:10 to 10:50 to conclude the inspection.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the 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 Klaus Viesteg, registered person, 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 recommendation which had been stated for a second time in relation to the development of a policy for the prevention of blood borne virus exposure has not been addressed and subsequently a requirement has been made. Two requirements have been made in relation to developing a staff register and the inspection of pressure vessels. Two recommendations regarding job descriptions and contracts of employment and the handling of AccessNI disclosure certificates were stated for the second time. A further six recommendations have been made. These are in relation to staff inductions, safeguarding policies, recording periodic tests in keeping with Health Technical Memorandum (HTM) 01-05, auditing compliance with HTM 01-05 Decontamination in primary care dental practices, servicing x-ray units, and the legionella risk assessment.

During the pre-registration inspection on 5 December 2014, and announced inspections on 29 April 2015 and 31 March 2017, breaches were identified in relation to staff recruitment practices. On these occasions it was identified that a number of staff had not been recruited in line with the legislation and minimum standards.

Despite having raised these matters during previous inspections RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a failure to comply (FTC) notice.

A meeting was held on 26 April 2017 at the offices of RQIA. As a result an FTC notice was issued on 27 April 2017. The FTC notice relates to staff recruitment practices.

Is care effective?

Observations made, review of documentation and discussion with Mr Viesteg 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 Viesteg 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 some deficits in terms of leadership and governance arrangements. 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 person's understanding of their role and responsibility in accordance with legislation. As discussed above a number of issues were identified which relate to quality assurance and good governance. A recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Whilst Mr Viesteg demonstrated an understanding of his role and responsibility in accordance with legislation and registration, RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

As a result of the issues identified during this inspection, a FTC notice has been issued to Edelweiss Dental Strangford in relation to staff recruitment practices.

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	3	9

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

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 April 2015.

2.0 Service details

Registered organisation/registered person: Mr Klaus Viesteg	Registered manager: Mr Klaus Viesteg
Person in charge of the practice 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

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 Viesteg, registered person, a dental nurse and a receptionist who is also a dental nurse. 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 29 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 29 April 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered person must ensure that enhanced AccessNI checks are undertaken and received prior to any new staff commencing work in the practice.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>During this inspection issues were identified in relation to staff recruitment practices. These are discussed further in section 4.3 of the report.</p> <p>Despite having raised these matters during the previous inspections RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised.</p> <p>Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a FTC notice. A meeting was held on 26 April 2017 at the offices of RQIA. As a result a FTC notice was issued on 27 April 2017. The date by which compliance must be achieved is 28 June 2017.</p> <p>This requirement has not been met and has been subsumed into a failure to comply notice.</p>	<p>Not Met and subsumed into a failure to comply notice</p>
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 10.2</p> <p>Stated: Second time</p>	<p>The records management policy should be further developed to include the detail of record keeping in respect of patient records.</p> <p>A disciplinary policy should be developed.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with Mr Viesteg and a review of the records management policy confirmed that details of patient records had been included in the policy.</p> <p>A disciplinary policy had been developed however; the policy reviewed was a generic policy and needed further development to include the disciplinary procedures within Edelweiss Dental Strangford.</p> <p>Mr Viesteg has agreed to further develop the policy to include the local arrangements within the practice.</p>	
<p>Recommendation 2 Ref: Standard 8 Stated: First time</p>	<p>A system should be established to ensure that quality assurance systems and processes are implemented to include:</p> <ul style="list-style-type: none"> • Formal annual patient consultation; • Six monthly x-ray quality audits; • Annual x-ray justification and clinical evaluation recording audits. <hr/> <p>Action taken as confirmed during the inspection: Mr Viesteg and staff confirmed that the practice undertakes patient satisfaction surveys on an annual basis. It was confirmed that a patient satisfaction report has been compiled however; the report was not reviewed during this inspection.</p> <p>Discussion with Mr Viesteg and staff and a review of records confirmed that six monthly x-ray quality audits and annual x-ray justification and clinical evaluation recording audits had been completed.</p>	<p>Met</p>
<p>Recommendation 3 Ref: Standard 13 Stated: Second time</p>	<p>The arrangements for cleaning the roller shutter, bearing in mind the mechanical components, should be considered within the Infection Prevention Society (IPS) HTM 01-05 audit and documented.</p> <hr/> <p>Action taken as confirmed during the inspection: A procedure for cleaning the roller shutter has been developed and staff confirmed that the roller shutter is being cleaned in accordance with the procedure.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.2</p> <p>Stated: Second time</p>	<p>A policy and procedure for the prevention of blood borne virus exposure, including sharps and inoculation incidents in accordance with national guidance should be developed.</p>	<p style="text-align: center;">Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mr Viesteg confirmed that a policy and procedure for the prevention of blood borne virus exposure, including sharps and inoculation incidents had not been developed. Best practice guidance in relation to the prevention of blood borne virus exposure was available for staff reference. Mr Viesteg was advised to develop a policy referencing the best practice guidance provided. This recommendation has not been addressed and has been stated as a requirement.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that portable suction should be provided for use in the event of a medical emergency.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A portable suction machine had been provided.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>It is recommended that the availability of an automated external defibrillator (AED) should be reviewed. Any arrangements established in this regard should be included in the appropriate emergency protocol.</p> <p>In the absence of the securing the availability of an AED Mr Viesteg should seek advice and guidance from his medico-legal advisor.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An AED was not available in the practice however, it was confirmed that an AED is available in close proximity to the practice and can be accessed in a timely manner. The arrangements for accessing the AED were added to the medical emergencies policy during the inspection.</p>		

<p>Recommendation 7</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that the recruitment policy and procedure should be further developed to include information regarding enhanced AccessNI disclosures, job descriptions and contracts of employment/agreement.</p> <hr/> <p>Action taken as confirmed during the inspection: The recruitment policy reviewed did not include information regarding enhanced AccessNI disclosures, job descriptions or contracts of employment/agreement.</p> <p>This recommendation has not been met and has been subsumed into the failure to comply notice.</p>	<p>Not Met and subsumed into a failure to comply notice</p>
<p>Recommendation 8</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that the following information should be retained in the personnel files of any newly recruited staff:</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, , including one from the most recent employer; • 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; • evidence of professional indemnity insurance, where applicable; • contract of employment/agreement and • job description 	<p>Not Met and subsumed into a failure to comply notice</p>

	<p>Action taken as confirmed during the inspection: During this inspection issues were identified in relation to staff recruitment practices. These are discussed further in section 4.3 of the report.</p> <p>Despite having raised these matters during the previous inspections RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised.</p> <p>Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a FTC notice. A meeting was held on 26 April 2017 at the offices of RQIA. As a result a FTC notice was issued on 27 April 2017. The date by which compliance must be achieved is 28 June 2017.</p> <p>This recommendation has not been met and has been subsumed into the failure to comply notice.</p>	
<p>Recommendation 9</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A template of a job description was available to review in respect of a dental nurse. However, it was confirmed that job descriptions had not been developed for other roles within the practice.</p> <p>Two members of staff had commenced employment since the previous inspection. It was confirmed that job descriptions and contracts of employment had not been issued to the staff members recently recruited.</p> <p>Mr Viesteg currently employs three staff. Copies of only two staff contracts of employment were available to review.</p> <p>This recommendation has not been addressed and has been stated for a second time.</p>	<p>Not Met</p>

<p>Recommendation 10</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that AccessNI 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>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>One staff personnel file reviewed contained a record of the AccessNI enhanced disclosure number. It did not include the date the AccessNI check had been applied for or received or if it related to Edelweiss Dental Strangford.</p> <p>A copy of an original AccessNI enhanced disclosure check had been retained in a second personnel file reviewed.</p> <p>This recommendation has not been addressed and has been stated for a second time.</p>		

4.3 Is care safe?

Staffing

One dental surgery is 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.

It was identified that two members of staff had commenced employment since the previous inspection. A copy of the induction had been retained in one of the staff personnel files reviewed. However, there were no records of induction for the second staff member. A recommendation has been made in this regard.

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. 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 system was in place to review the General Dental Council (GDC) registration status. Mr Viesteg confirmed that a system was in place to review the professional indemnity of all clinical staff. However, the record of professional indemnity insurance for one staff member was not available to review. Following the inspection RQIA received confirmation by email that this had been provided.

Recruitment and selection

On 31 March 2017, a review of the submitted staffing list and discussion with Mr Viesteg and staff confirmed that no new staff had commenced work in Edelweiss Dental Strangford since the previous inspection on 29 April 2015. However, it was noted that several of the practice policies had been signed, during September 2015, by an individual whose name was not on the staffing list. On enquiry, both Mr Viesteg and staff confirmed that although this individual had read and signed the policies, they did not commence working in the practice. Mr Viesteg confirmed that the only staff who had been employed in Edelweiss Dental Strangford were those recorded on the staffing list.

On 6 April 2017, almost one week following the inspection, Mr Viesteg contacted RQIA by telephone, confirming that he had not disclosed all relevant information in relation to staff who had been employed at Edelweiss Dental Strangford during the inspection. Mr Viesteg confirmed that two new members of staff had been employed in Edelweiss Dental Strangford since the previous inspection.

As a result of the information received via the telephone call, and a lack of robust evidence in relation to staff recruitment, a further visit to the practice was conducted on 11 April 2017 to conclude the inspection. It was confirmed that two members of staff had commenced employment since the previous inspection.

One of the staff members had been employed from September 2015 to December 2015. A review of the records for this staff member identified that an AccessNI enhanced disclosure check had been undertaken. However, it was not clear when the AccessNI enhanced disclosure check had been applied for or received or indeed if it related to Edelweiss Dental Strangford. In addition, not all documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and retained. The personnel file did not contain a criminal conviction declaration, a second reference, an employment history, or confirmation that the staff member was physically and mentally fit to fulfil their duties. It was confirmed that the second staff member had been employed from January 2016 to June 2016. There was no record of an AccessNI enhanced disclosure check having been undertaken and there were recruitment records retained in relation to this staff member.

Despite having raised these matters during the previous inspections RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised. Following consultation with senior management in RQIA, it was agreed that a meeting would be held with the registered person with the intention of issuing a FTC notice. A meeting was held on 26 April 2017 at the offices of RQIA. As a result a FTC notice was issued on 27 April 2017. The date by which compliance must be achieved is 28 June 2017.

Job descriptions had not been developed for all roles and job descriptions and copies of contracts of employment/ agreements had not been retained for all staff employed. A recommendation has been stated for the second time in this regard.

Mr Viesteg confirmed that a staff register had not been developed. This issue had been identified during the previous inspection. Mr Viesteg was advised of the need to develop a staff register containing the names of all previous and current staff, dates 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. A requirement has been made.

The recruitment policy and procedure did not include information regarding AccessNI enhanced disclosure, job descriptions or contracts of employment/agreement. This recommendation has not been met and has been subsumed into the failure to comply notice.

Safeguarding

As outlined, RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being compromised and as a result of this a FTC notice has been issued.

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 children and adults at risk of harm. Copies of the new regional policies and guidance were not available for staff reference and the safeguarding policies had not been updated to fully reflect the new regional safeguarding policies and guidance.

Following the inspection the following documentation was forwarded to Mr Viesteg by email:

- '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)
- 'Co-operating to Safeguard Children and Young People in Northern Ireland' (issued March 2016)

A recommendation has been made that the policies and procedures in respect of safeguarding children and adults at risk of harm and abuse should be updated to ensure they fully reflect the regional policies and guidance documents.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). Adrenaline in doses suitable for use for patients twelve years and over had been provided. It was advised that adrenaline in doses suitable for children under the age of twelve should also be provided. RQIA received confirmation by email on 3 April 2017 that adrenaline in doses suitable for children under the age of twelve had been provided.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. As previously discussed an AED is available in close proximity to the practice and can be accessed in a timely manner.

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

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas 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 confirmed that hibiscrub was routinely used for handwashing. It was advised that the use of hibiscrub should be reviewed and consideration given to the provision of mild antiseptic liquid soap for hand washing. Staff were aware of best practice in terms of the uniform and hand hygiene policies.

Staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. 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 a washer disinfector, a DAC Universal and a steam steriliser has 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. However, the records in the log books reviewed were incomplete and abbreviations had been used. This was discussed with Mr Viesteg and staff and a recommendation has been made that all records in relation to the decontamination of equipment should be consistently recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

There were no records to confirm that the IPS audit of compliance with HTM 01-05 had been completed within the last 12 months. A recommendation has been made that compliance with HTM 01-05 should be audited on a six monthly basis.

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

Radiography

The practice has one surgery, 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 the x-ray machine and appropriate staff had signed to confirm that they had read and understood these. 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.

Mr Viesteg confirmed that the x-ray equipment had not been serviced and maintained in accordance with manufacturer's instructions. A recommendation has been made.

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 and a colour coded cleaning system were in place.

Arrangements were in place for maintaining the environment that included the routine servicing of the fire detection system and firefighting equipment. Portable appliance testing (PAT) of electrical equipment had been undertaken in February 2017.

A legionella risk assessment had been undertaken during March 2017 by an external provider. A copy was not available to review. Staff confirmed that water temperatures had not been monitored and recorded. A recommendation has been made to review the legionella risk assessment and address any recommendations made.

A fire risk assessment had been undertaken and staff confirmed that fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Confirmation that pressure vessels had been inspected was not available for inspection. This was discussed with Mr Viesteg who agreed to address this issue. RQIA received an email on 4 April 2017 advising that pressure vessels had been inspected. However, written confirmation of this had not been received. A requirement has been made to ensure that all pressure vessels are inspected under a written scheme of examination and records retained. A copy should be forwarded to RQIA on completion.

Patient and staff views

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

Some comments provided included the following:

- “I always had a fear of the dentist before attending Edelweiss. There is always a lovely atmosphere and the staff make you feel at ease.”
- “Every step of treatment explained in lay man’s terms and understood.”
- “We as a family feel extremely safe here. The team are extremely professional and knowledgeable.”
- “As far as dental practices go, this is a great one. I always enjoy the banter with the girls.”
- “All aspects of care discussed. As a nervous patient I have always felt relaxed here due to feeling safe and knowing I am receiving the necessary treatment.”
- “Excellent.”
- “Staff very helpful and friendly.”
- “I have recently changed to this practice and found the standard of care, quality of explanation and overall standards better than any I have experienced previously.”

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.

One comment provided included the following:

- “Although we are a relatively new and small practice, we are committed to providing the best service possible!”

Areas for improvement

A policy and procedure must be developed for the prevention of blood borne virus exposure, including sharps and inoculation incidents in accordance with national guidance.

Job descriptions should be developed in respect of each role within the practice and provided to staff. Contracts of employment/agreement should also be issued to all staff and a copy of the contract/agreement retained in the personnel file.

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.

Staff inductions should be completed for any staff recruited in the future and a record retained.

A staff register should be 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.

Review and update the policy and procedures for the safeguarding of adults and children to fully reflect the regional policies and guidance documents.

All records in relation to decontamination should be consistently recorded in keeping with HTM 01-05 Decontamination in primary care dental practices.

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.

All x-ray equipment should be serviced and maintained in keeping with manufacturer’s instructions.

Review the legionella risk assessment and address any recommendations made.

Pressure vessels should be inspected under a written scheme of examination and records retained. A copy should be forwarded to RQIA on completion.

Number of requirements	3	Number of recommendations	8
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Clinical records

Staff spoken with confirmed that 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 it was confirmed 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.

Mr Viesteg confirmed that 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. Mr Viesteg and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of health promotion information leaflets was available in the practice and a monthly dental hygienist service is available.

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
- patient satisfaction surveys

As discussed, a recommendation has been made to audit compliance with HTM 01-05.

Communication

Mr Viesteg confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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 spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are good working relationships within the practice.

A breaking bad news policy in respect of dentistry was in place.

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.

Some comments provided included the following:

- “Dentist and staff very empathetic.”
- “Klaus always takes the time to ensure you are at ease and knows exactly what is going on and what your options are.”
- “Advice is especially good.”
- “I am happy with my care here. I feel very assured and safe.”
- “Always very accommodating in regards to emergency appointments. Reminders also sent to remind us patients when check-ups are due.”
- “Excellent.”
- “They are always very helpful and explain everything!”
- “Delighted with the time taken and patient way in which any questions or concerns are dealt with.”

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 included in submitted questionnaire responses.

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 were observed to 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 ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

Mr Viesteg and staff confirmed that the practice undertakes patient satisfaction surveys on an annual basis. The most recent patient satisfaction report was not reviewed during this inspection.

A policy and procedure was in place in relation to confidentiality.

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.

Some comments provided included the following:

- “Referrals have been made for my children for orthodontist work. I have always been informed and involved in every decision.”
- “Sensitivity towards clients is first class.”
- “I am always treated well here.”
- “Best dentist I have ever attended and I’ve attended a few. A lovely friendly team.”
- “A lovely dental team indeed-I’m very happy here.”
- “Excellent.”
- “Always treated with respect, always put at ease. Are always very considerate to me and my family.”
- “Good communication, time taken to explain things carefully contribute to this.”

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.

One comment provided included the following:

- “I have worked in other practices and have never witnessed a more thorough compassionate dentist. Klaus is great with his patients. I have no issues in this area. He has patients who have followed him from all over the country.”

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.

Mr Viesteg has overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Policies and procedures were indexed, dated and systematically reviewed. Staff spoken with were aware of the policies and how to access them. As previously discussed, issues were identified in relation to a number of policies and procedures that need to be addressed.

A copy of the complaints procedure was available 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.

Mr Viesteg confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. As previously discussed this should include auditing compliance with HTM 01-05 on a six monthly basis. A recommendation has been made.

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

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 with the exception of the professional indemnity insurance for one identified staff member as previously discussed. Following the inspection RQIA received confirmation by email that this is in place.

Whilst Mr Viesteg demonstrated an understanding of his role and responsibility in accordance with legislation and registration, RQIA are concerned that the safeguards to protect and minimise risk to patients, during recruitment, are being continuously compromised.

A review of documentation and discussion with Mr Viesteg evidenced areas of concern in relation to the recruitment and selection of staff. Robust governance arrangements to ensure that staff will be recruited in keeping with legislative requirements have yet to be developed and a FTC notice has been issued.

Evidence gathered during the inspection has identified a number of other issues which could affect the delivery of safe, effective and compassionate care, all of which have an impact on quality assurance and good governance. Three requirements have been made. Two recommendations have been stated for a second time and a further six recommendations have been made in order to progress improvement in identified areas. There has been a lack of governance arrangements within the practice and the requirements and recommendations made during this inspection must be actioned to ensure improvements are made. It is important these are kept under review to ensure improvements are sustained. An additional recommendation has been made to review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Patient and staff views

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

Some comments provided included the following:

- “The caring ethos certainly comes from Klaus. His whole team are friendly and professional. Very happy to have our family under his care.”
- “Management and leadership is very evident.”
- “Excellent.”
- “I have never had any complaints with the service.”
- “All staff pleasant and approachable. A friendly caring practice.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

One comment provided included the following:

- “We are a very close team, we are very open and honest with each other and that was made apparent from the beginning. It is the same with our patients. We have a good relationship with them and they feel the same as many have said so.”

Areas for improvement

Review current monitoring systems to ensure effective quality assurance and governance arrangements are in operation.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

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

The registered provider/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 provider 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 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 provider 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal 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 9 A (1) (e) Stated: First time To be completed by: 11 June 2017	<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>Response by registered provider detailing the actions taken: After our inspection a policy and procedure for the prevention of blood borne virus exposure was developed and localised. This included sharps and inoculation incidents in accordance with national guidance.</p>
Requirement 2 Ref: Regulation 21 (3) Stated: First time To be completed by: 11 May 2017	<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>Response by registered provider detailing the actions taken: A staff register has been developed for all persons employed at Edelweiss Dental Strangford with all relevant information included for each individual member of staff.</p>
<p>Requirement 3 Ref: Regulation 15 (2) Stated: First time 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. A copy should be forwarded to RQIA on completion.</p> <p>Response by registered provider detailing the actions taken: We received confirmation today (15/5/17) of the report/validation certificate.</p>
Recommendations	
<p>Recommendation 1 Ref: Standard 11.1 Stated: Second time 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. 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>Response by registered provider detailing the actions taken: The recommended job descriptions have been developed and contracts are now in place in each staff personnel file.</p>
<p>Recommendation 2 Ref: Standard 11.1 Stated: Second time 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>Response by registered provider detailing the actions taken: AccessNI identification numbers were recorded on the staff register along with the date the enhanced check was applied for and received.</p>
<p>Recommendation 3 Ref: Standard 11.3 Stated: First time To be completed by: 11 April 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>Response by registered provider detailing the actions taken: A separate staff recruitment folder has been developed with all relevant documentation needed for the recruitment of new staff, including job descriptions and templates of induction which will be carried out with any new members of staff and kept in the staff register folder.</p>
<p>Recommendation 4 Ref: Standard 15.3 Stated: First time 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>Response by registered provider detailing the actions taken: Updates have been made on review of the new safeguarding guidelines. A training afternoon has also been arranged to further develop our safeguarding knowledge.</p>

<p>Recommendation 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>Response by registered provider detailing the actions taken: All decontamination records are consistent and recorded daily for all 3 of the machines used. They are signed and dated by the appointed member of staff.</p>
<p>Recommendation 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>Response by registered provider detailing the actions taken: An IPS audit tool has been downloaded and an audit has just been completed. Any deficits will be addressed accordingly.</p>
<p>Recommendation 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>Response by registered provider detailing the actions taken: In compliance with manufacturers guidelines we have organised a function check for the x-ray equipment with a Henry Schein engineer which will be carried out yearly. The appointment was made on 15/5/17 and confirmation of the function check is to be confirmed.</p>
<p>Recommendation 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>Response by registered provider detailing the actions taken: Legionella risk assessment carried out by relevant body 29/03/17. We were informed by the technician we used the safest water system, although it was advised to keep a record of water temperatures. This action was followed immediately and a record system is in place.</p>
<p>Recommendation 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>Response by registered provider detailing the actions taken: After sitting with staff and reading the report together we have made a number of amendments. An extensive recruitment folder for new members of staff has been developed and an induction template has been devised and will be completed in the event of recruitment of any new staff member. Safeguarding training has been organised in order to update our safeguarding knowledge. We have discussed the importance of servicing the machines in order to comply with manufacturers instructions and all servicing of machines have been completed with the exception of one but an appointment has been made. The IPS audit tool has been installed and regular audits will take place yearly and any deficits will be addressed immediately to ensure the best possible service is provided. We will continue to update</p>

	policies and procedures in accordance with regional policies and guidance.
--	--

****Please ensure this document is completed in full and returned via web portal****



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](https://twitter.com/RQIANews)