

# Announced Care and Variation to Registration Inspection Report 25 October 2019



## Edelweiss Dental Strangford

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

**Address: 2 The Square, Strangford, BT30 7ND**

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**Inspectors: Steven Smith and Gerry Colgan**

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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 2019/20 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
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

## 2.0 Profile of service

This is a registered dental practice with one registered place.

On 3 September 2019 a variation to registration application was submitted to RQIA. The application was to convert an existing room within the practice to a new surgery increasing the number of registered dental chairs from one to two. Additional information in this regard can be found in Section 5.10 of this report.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Klaus Viesteg	<b>Registered Manager:</b> Mr Klaus Viesteg
<b>Person in charge at the time of inspection:</b> Mr Klaus Viesteg	<b>Date manager registered:</b> 11 December 2014
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> One increasing to two following the inspection

## 4.0 Action/enforcement taken following the most recent inspection dated 12 October 2018

The most recent inspection of the establishment was an announced care inspection. No areas for improvement were made during this inspection.

## 5.0 Inspection findings

An announced care and variation to registration inspection took place on 25 October 2019 from 10.00 to 13.00.

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).

On 3 September 2019 a variation to registration application was submitted to RQIA. The application was to convert an existing room within the practice to a new surgery, increasing the number of registered dental chairs from one to two.

The inspection focused on the themes for the 2019/20 inspection year and reviewed the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application.

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

During the inspection the inspectors met with Mr Klaus Viesteg, registered person, an associate dentist, a dental nurse and a 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.

During the inspection Mr Viesteg disclosed that he had changed the business entity of Edelweiss Dental Strangford from a sole provider to a limited company in March 2019. An application in respect of this change had not been submitted to RQIA. This is discussed further in section 5.11 of the report.

Prior to this inspection RQIA received information that an unregistered dental chair was being used for the provision of private dental care and treatment in Edelweiss Dental Strangford, however this was not substantiated during the inspection.

Following the inspection, on 21 November 2019, RQIA received further information to indicate that the unregistered dental chair was being used for private dental care and treatment.

To address concerns that the correct procedure in relation to an application to vary the registration of Edelweiss Dental Strangford may not have been followed, and to discuss the change of the business entity of Edelweiss Dental Strangford, Mr Viesteg was invited to attend a meeting at RQIA on 9 January 2020. During the meeting Mr Viesteg's responsibilities as registered person, and the importance of compliance with registration requirements, were discussed. Mr Viesteg acknowledged his responsibilities as registered person and provided an explanation regarding the extenuating circumstances which led to the use of the unregistered chair.

Having considered the assurances provided, and to ensure sustained compliance, an area for improvement has been made against the order in relation to the change in the business entity of Edelweiss Dental Strangford from a sole provider to a limited company. Additional information in this regard can be found in section 5.11 of this report.

The variation to registration application was granted from a care perspective with effect from 9 January 2020. RQIA estates department were informed of the proposed conversion of an existing room within the practice to a new surgery and were satisfied that a premises inspection was not necessary in this case.

## **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 emergency medicines in keeping with the British National Formulary (BNF) were retained.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was available in the practice with the exception of an automated external defibrillator (AED). It was confirmed that the practice has access to a community AED which can be accessed within three minutes of collapse. Oropharyngeal airways in sizes 0 to 4 were also required and Mr Viesteg

was advised to provide these items. Following the inspection RQIA received evidence via email to confirm that these items had been purchased.

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 October 2019.

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

Further to information submitted following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

### 5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Mr Viesteg confirmed that conscious sedation is not provided in the practice.

### 5.3 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. Colour coded cleaning equipment in keeping with the National Patient Safety Agency (NPSA) was in place. Mop heads were observed to be stored leaning against each other. Mr Viesteg was advised to review the storage arrangements for this equipment to prevent cross contamination and readily agreed to do so.

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.

Mr Viesteg confirmed that the most recent IPS audit had been completed during July 2019; however it was not available to review during the inspection. This audit was subsequently submitted to RQIA by post following the inspection and review evidenced that it had been completed in a meaningful manner and had identified areas of good practice. It was confirmed that an action plan would be developed and embedded into practice if any shortfalls were identified during the audit process. The audits are carried out jointly by Mr Viesteg and the dental nurse, and it was confirmed that any learning identified as a result of these audits is shared at 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.

Mr Viesteg confirmed that safer sharps are used by the dentists when administering local anaesthesia however a sharps policy and procedure was not in place. Best practice in respect of sharps was discussed and following the inspection a sharps management policy and risk assessment was submitted to RQIA via email. Staff confirmed that it is the responsibility of the user to safely dispose of sharps.

Evidence of Hepatitis B vaccination status was retained in the practice for all clinical staff. These records had either been generated by the staff member's GP or by an occupational health department. Mr Viesteg confirmed that all newly recruited clinical staff members, new to dentistry, were automatically referred to occupational health.

The arrangements with regards to the second dental surgery were reviewed. The surgery had been completed to a high standard, the flooring in the surgery was impervious and coved where it meets the walls and kicker boards of the cabinetry. The surgery was tidy and uncluttered, cabinetry and work surfaces were intact and easy to clean. A gap between the work top and the wall was identified and following the inspection RQIA received evidence by email to confirm that this had been sealed.

Sharps boxes were wall mounted and safely positioned to prevent unauthorised access and had been signed and dated on assembly. Staff confirmed during discussion that used sharps boxes will be locked with the integral lock and stored ready for collection away from public access.

A dedicated hand washing basin was available in the dental surgery and adequate supplies of liquid soap, paper towels and disinfectant rub/gel were available. A laminated/wipe-clean poster promoting hand hygiene was displayed at the hand washing area.

Personal protective equipment (PPE) was readily available.

The clinical waste bin in the surgery was pedal operated in keeping with best practice guidance. Appropriate arrangements were in place in the practice for the storage and collection of general and clinical waste, including sharps waste.



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

### 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

Further to information submitted following the inspection, no areas for improvement were identified.

	Regulations	Standards
Areas for improvement	0	0

## 5.4 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.

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.

It was confirmed that sufficient dental instruments have been provided to meet the demands of the second dental surgery when it is operational.

## 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

## 5.5 Radiology and radiation safety

### Radiology and radiation safety

The practice has two surgeries, each of which has an intra-oral x-ray machine.

Mr Viesteg, as radiation protection supervisor (RPS), was aware of the most recent changes to the legislation surrounding radiology and radiation safety and 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. A review of the report of the most recent visit by the RPA, completed during November 2017, demonstrated that any recommendations made have been addressed.

A new intra-oral x-ray machine had been installed in the new surgery during August 2019 and a critical examination had been undertaken by the RPA at that time. Review of the radiation protection file, and discussion with Mr Viesteg, confirmed that any recommendations made had been addressed.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

Mr Viesteg 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

## 5.6 Complaints management

There was a complaints policy and procedure in place. Minor amendments were made to the policy and procedure during the inspection to ensure it was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Mr Viesteg confirmed that an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision as necessary.

### Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Viesteg is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

## 5.8 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 Mr Viesteg.

## 5.9 Additional areas inspected

During the inspection Mr Viesteg confirmed that the boiler for the heating system in the practice had malfunctioned a number of weeks previously. As a result some areas of the practice were unheated. Mr Viesteg was advised to ensure that the boiler was repaired. Following the inspection RQIA received evidence to confirm that it had been serviced and repaired.

## 5.10 Application of variation

An application to vary the registration of the practice was submitted to RQIA to convert an existing room within the practice to a new surgery increasing the number of registered dental chairs from one to two.

During the inspection process a range of information relevant to the service was reviewed. This included the following records:

- review of the submitted variation to registration application
- the previous care inspection report

In addition to the arrangements reviewed, as previously discussed, regarding the management of medical emergencies, infection prevention and control, decontamination, radiology and complaints, the following records were examined during the inspection:

- statement of purpose
- patient guide

The variation to registration is granted from a care perspective. RQIA estates department were informed of the proposed conversion of an existing room within the practice to a new surgery and were satisfied that a premises inspection was not necessary in this case.

## 5.11 Change to the business entity of Edelweiss Dental Strangford

During the inspection Mr Viesteg disclosed that he had changed the business entity of Edelweiss Dental Strangford from a sole provider to a limited company during March 2019. An application in respect of this change had not been submitted to RQIA.

Following the inspection this issue was discussed with Mr Viesteg at a meeting held in RQIA on 9 January 2020. Mr Viesteg’s responsibilities as registered person and the importance of compliance with regulatory requirements were discussed and as a result an area for improvement has been made against the order in relation to the submission of an application to RQIA, required to change the business entity of Edelweiss Dental Strangford from a sole provider to a limited company.

**Areas for improvement**

Submit an application to RQIA to change the business entity of Edelweiss Dental Strangford from a sole provider to a limited company.

	Order	Standards
Areas for improvement	1	0

**5.12 Patient and staff views**

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

One staff member submitted a questionnaire response to RQIA. The staff member indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff member indicated that they were very satisfied with each of these areas of patient care.

**5.13 Total number of areas for improvement**

	Order	Standards
Areas for improvement	1	0

**6.0 Quality improvement plan**

The area for improvement identified during this inspection is detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr Viesteg, registered person, and timescales commence from 9 January 2020.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with the order this may lead to further enforcement action. It is the responsibility of the registered person to ensure that the area for improvement identified within the QIP is 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.

### 6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the area for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Article 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 April 2020</p>	<p>The registered person shall submit an application to RQIA to change the business entity of Edelweiss Dental Strangford from a sole provider to a limited company.</p> <p>Ref: 5.11</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The change to a LTD was done by mistake and I did not proceed with it. I did not send an application in to change the practice to a LTD company, because I traded in 2019 as a sole trader like the years before and I will in the future. I will attach a letter of my accountant what will confirm this. I apologize about the confusion.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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