



The Regulation and  
Quality Improvement  
Authority

Inspector: Emily Campbell  
Inspection ID: IN21233

Edelweiss Dental Strangford  
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**Announced Care Inspection  
of  
Edelweiss Dental Strangford**

**29 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An announced care inspection took place on 29 April 2015 from 9.30 to 12.35. Overall on the day of the inspection the management of medical emergencies was generally found to be safe, effective and compassionate. Improvements in recruitment and selection procedures are needed to ensure they are safe, effective and compassionate. Some outstanding issues from the previous inspection also need to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections ) (Amendment) Regulation 2011, The DHSSPS Minimum Standards for Dental Care and Treatment (2011), Resuscitation Council (UK) guidelines on quality standards for cardiopulmonary resuscitation practice and training in primary dental care (November 2013), Resuscitation Council (UK) guidelines on minimum equipment list for cardiopulmonary resuscitation in primary dental care (November 2013), and the British National Formulary (BNF) guidelines on medical emergencies in dental practice.

### 1.1 Actions/Enforcement Taken Following the Pre-registration Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 5 and 9 December 2014.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	10

The details of the QIP within this report were discussed with Mr Klaus Viesteg, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b>	<b>Registered Manager:</b>
Mr Klaus Viesteg	Mr Klaus Viesteg
<b>Person in Charge of the Practice at the Time of Inspection:</b>	<b>Date Manager Registered:</b>
Mr Klaus Viesteg	11 December 2014
<b>Categories of Care:</b>	<b>Number of Registered Dental Chairs:</b>
Independent Hospital (IH) – Dental Treatment	1

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The themes for the 2015/16 year are as follows:

- Medical and other emergencies; and
- Recruitment and selection

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: staffing information, patient consultation declaration, and complaints declaration.

During the inspection the inspector met with Mr Viesteg, and two dental nurses, one of whom also carries out reception duties.

The following records were examined during the inspection: relevant policies and procedures, training records, three staff personnel files, job descriptions, contracts of employment, and three patient medical histories.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the practice was a pre-registration inspection undertaken by the care inspector on 5 December 2014 and by the estates inspector on 9 December 2014. A joint pre-registration report and QIP were issued. The completed QIP was returned and approved by the care and estates inspectors. The care aspect of the QIP was followed up during this inspection and the details of the findings can be seen in section 5.2.

Information gathered during this inspection relating to the estates aspect of the pre-registration inspection was shared with the estates inspector following this inspection for review/follow-up as required. These are in relation to pressure vessel examination, building plans, fire safety, legionella risk management and water filter monitoring.

**5.2 Review of Requirements and Recommendations from the last Care Inspection  
dated 5 & 9 December 2014**

Previous Inspection Statutory Requirements	Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 15 (2)</b> <b>Stated: First time</b>	<p>The compressor and the steriliser in the premises fall within the scope of the 'Pressure Systems Safety Regulations (Northern Ireland) 2004'. A written scheme for the periodic examination, by a competent person should be drawn up for this equipment. The compressor and the steriliser should be examined by a competent person within the intervals specified in the written scheme and, where the scheme so provides, before the systems are used for the first time.</p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Viesteg identified that he was unsure if a written scheme for the periodic examination, by a competent person had been drawn up for this equipment, however, he thought that the equipment supplier was addressing this matter. This information was shared with the estates inspector for review/ follow-up as required.</p>
<b>Requirement 2</b> <b>Ref: Regulation 25 (1)</b> <b>Stated: First time</b>	<p>Written confirmation in relation to Planning Consent for the proposed use of the premises for a dental practice should be provided to RQIA.</p> <p>A plan for the section of the premises to be used for the purposes of the dental practice should also be forwarded to RQIA.</p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Viesteg advised that this information was submitted to the estates inspector. The estates inspector confirmed that a copy of the Planning Approval was received by RQIA on 18 February 2015, however a copy of the plans have not been received. This matter will be followed up by the estates inspector.</p>

<b>Requirement 3</b> <b>Ref: Regulation 25 (4) (d)</b> <b>Stated: First time</b>	<p>A fire drill should be completed when the surgery becomes operational.</p> <p>The importance of keeping the front and rear doors free from the key operated fastening during the opening hours for the dental surgery should also be emphasised in the emergency fire plan for the premises.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that fire drills have been undertaken on two occasions since registration with RQIA. A notice was on display at the rear door detailing that it should be unlocked in the morning and locked in the evening when closing up. Mr Viesteg and staff verbally confirmed that the front door remains unlocked at all times from opening the practice in the morning until closure at the end of the working day. A written emergency fire plan detailing this information was not available.</p> <p>This information was shared with the estates inspector for review/ follow-up as required.</p>	<b>Compliance level not validated during this inspection and will be validated by an estates inspector</b>
<b>Requirement 4</b> <b>Ref: Regulation 15 (7)</b> <b>Regulation 25 (2) (c)</b> <b>Stated: First time</b>	<p>The issues set out in the recommendations section of the legionella bacteria risk assessment report should be addressed and signed off.</p> <p>In particular a method for carrying out twice weekly flushing of the outlets in the proposed additional surgery room should be established.</p> <p>A simple schematic drawing for the water system in the premises should also be drawn up as part of the legionella bacteria control measures.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Viesteg and staff and review of documentation evidenced that a system has been established for the outlets in the proposed additional surgery room to be flushed on a daily basis. A schematic drawing for the water system in the premises was also available.</p> <p>There was no evidence available to confirm that the</p>	<b>Compliance level not validated during this inspection and will be validated by an estates inspector</b>

	<p>remaining issues set out in the recommendations section of the legionella bacteria risk assessment report had been addressed and signed off. Mr Viesteg was advised that hot and cold water temperatures should also be checked and recorded on a monthly basis.</p> <p>This information was shared with the estates inspector for review/ follow-up as required.</p>	
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b> <b>Ref: Standard 10.2</b> <b>Stated: First time</b>	<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><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that this recommendation has not been met and was stated for the second time during this inspection.</p>	<b>Not Met</b>
<b>Recommendation 2</b> <b>Ref: Standard 11.2</b> <b>Stated: First time</b>	<p>Confirmation should be provided to RQIA confirming that a satisfactory enhanced AccessNI check has been received in respect of the identified staff member.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This information was provided to RQIA as requested.</p>	<b>Met</b>
<b>Recommendation 3</b> <b>Ref: Standard 8</b> <b>Stated: First time</b>	<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"> <li>• Formal annual patient consultation;</li> <li>• Six monthly x-ray quality audits;</li> <li>• Annual x-ray justification and clinical evaluation recording audits.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Viesteg confirmed that arrangements have been</p>	<b>Validation of compliance could not be verified during the inspection and has been carried forward for review at the next inspection</b>

	established to undertake x-ray audits and patient satisfaction surveys. However, as the practice was only established on 11 December 2014 quality assurance systems have not yet been implemented. This recommendation has therefore been carried over for review at the next inspection.	
<b>Recommendation 4</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>The Infection Prevention Society (IPS) HTM 01-05 audit tool which has been endorsed by the Department of Health should be completed and action plan developed as necessary to ensure compliance with HTM 01-05.</p> <p>The arrangements for cleaning the roller shutter, bearing in mind the mechanical components, should be considered within the audit and documented.</p> <p>The outcome for the initial infection control audit should be confirmed to RQIA.</p> <p>The audit tool should be completed on a six monthly basis.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The IPS audit tool had not been completed at the time of inspection; however, Mr Viesteg provided assurances this would be completed and reviewed six monthly.</p> <p>A completed IPS audit was subsequently completed and provided to RQIA on 19 May 2015, however, the arrangements for cleaning the roller shutter have not been documented.</p> <p>This recommendation has been partially met and the unaddressed aspect was stated for the second time.</p>	
<b>Recommendation 5</b> <b>Ref: Standard 13</b> <b>Stated: First time</b>	<p>Periodic tests for the washer disinfector, DAC Universal and steriliser should be undertaken and recorded in logbooks in keeping with HTM 01-05.</p> <p>The logbook for the DAC Universal should include the periodic tests for both a washer disinfector and a steriliser.</p>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b>  Review of decontamination equipment logbooks and discussion with a dental nurse confirmed that this recommendation has been addressed.	
<b>Recommendation 6</b>  <b>Ref: Standard 13.2</b>  <b>Stated: First time</b>	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.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of the policy file evidenced that this recommendation has not been met and it was stated for the second time during this inspection.	
<b>Recommendation 7</b>  <b>Ref: Standard 14.1</b>  <b>Stated: First time</b>	The patterned frosting on the window should be kept under review to ensure that patient privacy and dignity is not compromised. If any issues are identified the non-frosted areas should be frosted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Mr Viesteg confirmed that this matter has been kept under review and that no issues have been identified by patients or staff. Mr Viesteg will continue to keep this under review.	
<b>Recommendation 8</b>  <b>Ref: Standard 12.1</b>  <b>Stated: First time</b>	A policy should be developed for the management of a medical emergency and protocols and protocols developed for other medical emergency situations.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Review of documentation evidenced that a policy and protocols for the management of medical emergencies have been developed.	
<b>Recommendation 9</b>  <b>Ref: Standard 12.4</b>  <b>Stated: First time</b>	A system should be established to ensure that emergency medicines and equipment are checked on a monthly basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>	

	Review of emergency medicines and equipment procedures evidenced that this recommendation has been met.	
<b>Recommendation 10</b>  <b>Ref: Standard 8.3</b>	The recommendations made by the radiation protection advisor (RPA) should be implemented and a record should be retained in the radiation protection file confirming this.	
<b>Stated: First time</b>	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the radiation protection file evidenced that this recommendation had not been addressed in full. However, unaddressed aspects were actioned during this inspection.</p>	Met
<b>Recommendation 11</b>  <b>Ref: Standard 14.4</b>	<p>The appropriateness of the switching arrangements for controlling the extract fan in the decontamination room should be kept under review.</p> <p>The water filter should be monitored to ensure that it remains in an effective clean condition.</p>	<b>Compliance level not validated during this inspection and will be validated by an estates inspector</b>
<b>Stated: First time</b>	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr Viesteg confirmed that the appropriateness of the switching arrangements for controlling the extract fan in the decontamination room had been kept under review and he was satisfied with the current arrangements.</p> <p>Mr Viesteg did not understand the context of the recommendation regarding the water filter.</p> <p>This information was shared with the estates inspector for review/ follow-up as required.</p>	
<b>Recommendation 12</b>  <b>Ref: Standard 14.2</b>	<p>The clinical waste storage facilities should be reviewed and improved as required. The outcome of this review and the action taken re same should be confirmed to RQIA.</p> <p>The extract fan in the staff toilets should be checked and repaired or replaced as required.</p> <p>Minor remedial works should be carried out to make good the small area of damaged netting wire on the rear gate.</p>	Met

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observations made and discussion with Mr Viesteg and staff confirmed that satisfactory arrangements are in place for the management of clinical waste.</p> <p>The extract fan in the staff toilet was found to be fully functioning on the day of inspection.</p> <p>Observations made evidenced that the damaged netting wire on the rear gate has been repaired.</p> <p>This information was shared with the estates inspector following the inspection.</p>	
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## 5.3 Medical and other emergencies

### Is Care Safe?

Review of training records and discussion with Mr Viesteg and staff confirmed that the management of medical emergencies is included in the induction programme and training by an external provider has been provided since the practice opened in December 2014. Mr Viesteg confirmed that training will be updated on an annual basis, in keeping with the General Dental Council (GDC) Continuing Professional Development (CPD) requirements.

Discussion with Mr Viesteg and staff confirmed that they were knowledgeable regarding the arrangements for managing a medical emergency and the location of medical emergency medicines and equipment.

Review of medical emergency arrangements evidenced that emergency medicines are provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines is retained in the practice, with the exception of portable suction and an automated external defibrillator (AED). Mr Viesteg and staff advised that a community AED was available in an establishment close to the practice and they will explore if this can be readily accessed and used by the practice in the event of an emergency.

A robust system is in place to ensure that emergency medicines and equipment do not exceed their expiry date. However, daily fridge temperatures were not undertaken and recorded to verify that the Glucagon medication, which is stored in the fridge, is stored between 2 and 8 degrees centigrade in keeping with manufacturer's instructions. Mr Viesteg and staff advised that a thermometer has been ordered for this purpose and it was observed that templates for recording the fridge temperatures were in place. As it could not be guaranteed that the Glucagon mediation had been stored within the recommended temperatures, a revised expiry date of 18 months from the date of receipt of the medication was entered on the medication packaging and checking proforma during the inspection in accordance with manufacturer's instructions. There is an identified individual within the practice with responsibility for checking emergency medicines and equipment.

Discussion with Mr Viesteg and staff and review of documentation demonstrated that medical histories have been obtained when patients joined the practice and Mr Viesteg confirmed that this will be checked on each new treatment session.

Overall on the day of the inspection the arrangements for managing a medical emergency were generally found to be safe, however, the availability of portable suction and an AED should be reviewed to further enhance this.

### Is Care Effective?

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

Discussion with Mr Viesteg and staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the practice policies and procedures.

Discussion with Mr Viesteg and staff confirmed that there have been no medical emergencies in the practice since the practice opened.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be effective.

### **Is Care Compassionate?**

Review of standard working practices demonstrated that the management of medical and other emergencies incorporate the core values of privacy, dignity and respect.

During discussion Mr Viesteg and staff demonstrated a good knowledge and understanding of the core values that underpins all care and treatment in the practice.

Overall on the day of the inspection the arrangements for managing a medical emergency were found to be compassionate.

### **Areas for Improvement**

Portable suction should be provided.

The availability of an AED should be reviewed.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.4 Recruitment and selection**

### **Is Care Safe?**

There was a recruitment policy and procedure available, however, this did not contain information regarding enhanced AccessNI disclosures, job descriptions or contracts of employment/agreement.

Three personnel files of staff were examined; two were reviewed in full and aspects of the third file was reviewed. The following was noted in the two files reviewed in detail:

- positive proof of identity, including a recent photograph;
- evidence that an enhanced AccessNI check was received prior to commencement of employment in one file;
- no written references;
- no details of employment history;
- documentary evidence of qualifications;
- evidence of current GDC registration;
- no criminal conviction declaration on application; and
- no confirmation that the person is physically and mentally fit to fulfil their duties.

Two staff had been recruited prior to the practice opening and an enhanced AccessNI check had been received in respect of one of the staff. A check had been undertaken for the second staff member but had not been received at the time of the pre-registration inspection. During that inspection Mr Viesteg was instructed that the identified staff member could not work in the practice on opening until the check had been received. Mr Viesteg and the staff member confirmed during this inspection that she had not worked in the practice from the date of opening until the check had been received.

Discussion with Mr Viesteg confirmed that an enhanced AccessNI check had not yet been received in respect of the third staff member, who works in the practice on a sessional basis. Mr Viesteg was instructed during the inspection that this staff member should not be allowed to work in the practice until such times as the check is received. Mr Viesteg readily agreed to this. Verbal and written confirmation was provided to RQIA on 12 May 2015 to confirm that the check had been received and the staff member would return to work in the practice from the beginning of June 2015.

A staff register was not retained containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable. However, this was established during the inspection. Mr Viesteg is aware this is a live document which should be kept updated.

Mr Viesteg confirmed that a robust system is in place to review the professional indemnity status of registered dental professionals who require individual professional indemnity cover. A review of records demonstrated that the appropriate indemnity cover is in place for all staff.

Overall on the day of the inspection, it was identified that some improvement is required to ensure that recruitment and selection procedures are safe.

### **Is Care Effective?**

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

Three personnel files were reviewed. It was noted that no files included a contract of employment/agreement or job description. Mr Viesteg confirmed that neither job descriptions nor contracts have been developed.

Induction programme templates are in place relevant to specific roles within the practice. Review of records evidenced that induction programmes were completed for all staff when they joined the practice. The dental nurses spoken with confirmed they received induction training when they commenced work in the practice.

Discussion with staff confirmed that they are aware of their roles and responsibilities.

Clinical staff spoken with confirmed that they have current GDC registration and that they adhere to GDC CPD requirements.

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

## **Is Care Compassionate?**

Recruitment and selection procedures, including obtaining an enhanced AccessNI check, minimise the opportunity for unsuitable people to be recruited in the practice. As discussed an enhanced AccessNI disclosure had not been received in respect of the most recently recruited staff member prior to commencing work in the practice. The importance of obtaining enhanced AccessNI checks, to minimise the opportunity for unsuitable people to be recruited in the practice was discussed with Mr Viesteg.

The AccessNI disclosure certificates observed were the applicants' own copies and Mr Viesteg advised that the practice copies are retained at his house. These should be disposed of in accordance with AccessNI's code of practice.

Discussion with Mr Viesteg and staff demonstrated that they have a good knowledge and understanding of the GDC Standards for the Dental Team and the Scope of Practice.

Discussion with Mr Viesteg and staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood.

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

### **Areas for Improvement**

Enhanced AccessNI checks must be undertaken and received prior to any new staff commencing work in the practice.

The recruitment policy and procedure should be further developed to ensure it is comprehensive and reflects best practice guidance.

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

Job description and contracts of employment/agreement should be developed and issued to staff.

AccessNI disclosure certificates should be handled in keeping with AccessNI's code of practice.

<b>Number of Requirements:</b>	1	<b>Number of Recommendations:</b>	4
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## **5.5 Additional Areas Examined**

### **5.5.1 Staff Consultation/Questionnaires**

During the course of the inspection, the inspector spoke with Mr Viesteg and two dental nurses. Questionnaires were also provided to staff prior to the inspection by the practice on behalf of the RQIA. Three were returned to RQIA within the timescale required.

Review of submitted questionnaires and discussion with staff confirmed that induction programmes are in place for new staff which includes the management of medical emergencies. Staff confirmed that training is provided on the management of medical emergencies. Whilst questionnaire responses indicated that staff had been issued with job descriptions and contracts of employment, it was confirmed on discussion with Mr Viesteg and staff during the inspection that this was not the case. A recommendation has been made in this regard.

### **5.5.2 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion. The returned questionnaire indicated that no complaints have been received since the practice opened in December 2014.

### **5.5.3 Patient consultation**

The need for consultation with patients is outlined in The Independent Health Care Regulations (Northern Ireland) 2005, Regulation 17 (3) and The Minimum Standards for Dental Care and Treatment 2011, Standard 9. A patient consultation questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the practice for completion.

Mr Viesteg confirmed that arrangements have been established to undertake patient satisfaction surveys. However, as the practice was only established on 11 December 2014 this has not yet been implemented. As discussed in section 5.2 a recommendation in this regard has been carried forward for review at the next inspection.

## **6. Quality Improvement Plan**

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person/s may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the practice. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person(s) from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person(s) with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the practice.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b> <b>Ref:</b> Regulation 19 (2) <b>Schedule2</b> <b>Stated:</b> First time <b>To be Completed by:</b> <b>29 April 2015 and ongoing</b>	<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> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  All copies available to see in surgery. Hygienist copy wasn't available day of inspection. Can be emailed if proof required. A document was created and all information in regards to the enhanced police check are documented on that and stored in employees files.  I have agreed I will not commence the employment of any new staff until I have received the enhanced AccessNI check.</p>
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### Recommendations

<b>Recommendation 1</b> <b>Ref:</b> Standard 10.2 <b>Stated:</b> Second time <b>To be Completed by:</b> <b>29 July 2015</b>	<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><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Disciplinary policy has now been developed and can be seen in Practice.  Records management policy further developed and also able to see in Practice.  A separate policy has been made in regards to record keeping and patient files.</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time This recommendation was carried forward for review as compliance could not be verified due to the timescales identified. <b>To be Completed by:</b> <b>11 December 2015</b>	<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"> <li>• Formal annual patient consultation;</li> <li>• Six monthly x-ray quality audits;</li> <li>• Annual x-ray justification and clinical evaluation recording audits.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Annual consultations will take place when we have been open for that length of time, including x-ray justification.  6monthly Audits for x-rays are in place.</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time <b>To be Completed by:</b> <b>29 May 2015</b>	<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> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Policy for cleaning shutter has been further developed.</p>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 13.2 <b>Stated:</b> Second time  <b>To be Completed by:</b> 29 July 2015	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.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The health and safety policy contains more detailed reading on blood borne viruses. A national guidance has been developed for sharps and inoculation accidents.
<b>Recommendation 5</b>  <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time  <b>To be Completed by:</b> 29 June 2015	It is recommended that portable suction should be provided for use in the event of a medical emergency.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> We have contacted a few companies for prices and are waiting for feedback.
<b>Recommendation 6</b>  <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time  <b>To be Completed by:</b> 29 June 2015	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.  In the absence of securing the availability of an AED Mr Viesteg should seek advice and guidance from his medico-legal advisor.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> We spoke to a rep in May 2015 who informed us that, because we had access to a defibrillator we didn't have to have one in the Practice. However if the laws change we will need to comply. He will be in touch over the next few months. We have (as does all of the businesses in the village) full access to the defibrillator if and when needed. This has been included in our policy and procedures file.
<b>Recommendation 7</b>  <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time  <b>To be Completed by:</b> 29 July 2015	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.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> A new recruitment policy has been developed and a hard copy able to be seen in the Practice. AccessNI police checks were seen by Klaus Viesteg and relevant information was documented and stored in employees personal files.
<b>Recommendation 8</b>  <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	It is recommended that the following information should be retained in the personnel files of any newly recruited staff: <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior</li> </ul>

<b>To be Completed by:</b> <b>29 April 2015 and ongoing</b>	<p>to commencement of employment;</p> <ul style="list-style-type: none"> <li>• two written references, , including one from the most recent employer;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties;</li> <li>• evidence of professional indemnity insurance, where applicable;</li> <li>• contract of employment/agreement and</li> <li>• job description</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> As stated above, a new recruitment policy has been created for all new staff members.</p>		
<b>Recommendation 9</b>  <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time  <b>To be Completed by:</b> <b>29 June 2015</b>	<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 developed and issued to staff. A copy of the contract should be retained in the personnel file.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A verbal contract was agreed with each member of staff and a staff induction given at the start of employment. However, a new written contract is under construction for new and existing staff members and will be able to view on the PC.</p>		
<b>Recommendation 10</b>  <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time  <b>To be Completed by:</b> <b>29 May 2015</b>	<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><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All staff enhanced checks are in each individual personal file which is available to see in the Practice. A document has been developed which shows employees names, date when they sent away for check, date check was received, unique reference number and whether or not the employee is suitable for work in Edelweiss Dental.</p>		
<b>Registered Manager Completing QIP</b>	Klaus Viesteg	<b>Date Completed</b>	09/07/15
<b>Registered Person Approving QIP</b>	Klaus Viesteg	<b>Date Approved</b>	09/07/15
<b>RQIA Inspector Assessing Response</b>		<b>Date</b>	

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**\*Please ensure the QIP is completed in full and returned to [independent.healthcare@rqi.org.uk](mailto:independent.healthcare@rqi.org.uk) from the authorised email address\***

Please provide any additional comments or observations you may wish to make below:



The Regulation and  
Quality Improvement  
Authority

<b>RQIA Inspector Assessing Response</b>	Emily Campbell	<b>Date Approved</b>	10.7.15
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