

**General Dental Practice
Inspection (Announced)
Betsi Cadwaladr
University Health Board
West End Dental,
Porthmadog**

16 February 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to West End Dental at 15 Snowdon Street, Porthmadog LL49 9BT Tuesday 16 February 2016

HIW explored how West End Dental met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

West End Dental, Porthmadog provides services to patients in the Gwynedd area. The practice forms part of West End Dental Group, an independent and local group of three dental practices across North Wales. West End Dental, Porthmadog provides dental services within the area served by the Betsi Cadwaladr University Health Board. West End Dental is a mixed practice providing both private and NHS dental services.

The practice staff team includes two associate dentists, a clinical manager (who works across the three practices) a dedicated receptionist, a lead dental nurse, two dental nurses and two trainee dental nurses. There is also a part-time hygienist and a part-time therapist. On the day of the inspection the finance and operations director was also present.

A range of NHS and private dental services are provided.

3. Summary

Overall, we found that West End Dental, Porthmadog, provides patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Staff appeared happy in their roles and understood their responsibilities.
- Clinical facilities are well equipped, visibly clean and tidy
- Patient records are generally of a high standard
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately
- Clinical waste is handled, stored and disposed of safely
- Audits and staff meetings are conducted regularly and used to improve practice.

This is what we recommend the practice could improve:

- Staff training is required on decontamination and protection of vulnerable adults and children.
- Risk assessments on hazardous substances should be implemented to include detailed information on controls measures that have been put in place.
- Implement an effective system to ensure that staff are aware when emergency drugs are reaching their expiry date.
- Ensure all patient records contain smoking cessation advice, treatment options, consent and treatment planning.
- Annual staff appraisals should be put in place and there should be a documented induction programme.
- A number of policies need reviewing to include more detail, specifically, the complaints procedure.

4. Findings

Quality of the Patient Experience

We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained from the patient questionnaires was positive. The practice had a system in place for regularly seeking patient feedback, via an online questionnaire, as a way of assessing the quality of the service. There was a pleasant waiting area with hot and cold drinks available, magazines and television advertising. Music was also played. However, there was very little evidence of dental health promotional material.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

'Always very welcoming'

'Sometimes there is a period of waiting, but not an unreasonable one'

'Since the practice has been refurbished I now feel so relaxed coming to the Dentist whereas before I'd have panic attacks. There is a much more relaxed environment, nice to have music playing'.

Dignified care

All patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by the staff. We also observed the warm friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patients' privacy including a space for patients to have private conversations with staff and discretion when dealing with patient telephone messages. Patients told us that they were extremely satisfied with the care and treatment they received.

Timely care

The practice tries to ensure that dental care is provided in a timely way. Three quarters of patients (out of the twenty two) who completed questionnaires stated that they had not experienced any delays in being seen by the dentist on the day of an appointment. Three quarters of patients also told us they knew

how to access out of hours care. There was a sign on the window of the surgery giving the emergency contact number and this was also provided on the practice's answer phone message.

Staying healthy

The downstairs reception area and waiting room had been refurbished and created a bright, spacious and attractive first impression. However, there was little evidence of any dental health promotion material around the reception areas. The operations director told us that they are planning to offer oral health education sessions for children.

Improvement needed:

The reception and waiting areas should offer dental health promotion material in the form of posters and leaflets.

All the patients who completed questionnaires said they were given appropriate information about their treatment. All the patients said they had been asked about the option of communicating in the language of their choice and over half of the questionnaires had been filled out in Welsh. There was evidence of information and signage in both English and Welsh.

Individual care

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service, when they attended the practice. We were also shown a copy of the online questionnaire that patients are directed to complete and the Operations Manager showed us a copy of the collated data. Patients' comments are reviewed and any trends are acted upon. This showed that there are systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment two thirds of patients who completed the questionnaires acknowledged that they knew how to make a complaint and had seen the notice in the waiting room. There was a complaints procedure on the notice board, but we noticed that the timescales for acknowledging concerns did not comply with the NHS complaints procedure (known as 'Putting Things Right'). It also did not contain contact details for all relevant organisations that patients could contact. In particular it did not give details of the Public Services Ombudsman for NHS patients or details of HIW for private patients.

Improvement needed:

The complaints procedure should be updated with the following:

- ***Ensure the timescales for complaints comply with both Putting Things Right and the Private Dentistry Regulations***
- ***Include all relevant organisations for patients to contact, including the Public Services Ombudsman and HIW***
- ***Clearly identify the relevant procedures and organisations for patients to contact depending on whether they are receiving private or NHS treatment.***

There was an established process for recording any concerns/complaints received and the how they had been addressed. We saw that there had only been two complaints for the Porthmadog practice. Whilst complaints are monitored online, there was no evidence of analysis of trends.

There were notices in reception to inform patients about both NHS and private dental charges.

Delivery of Safe and Effective Care

We found that patients are provided with safe and effective dental care. We were satisfied that there were arrangements in place to protect patients and staff from preventable healthcare associated infections. We saw evidence to show that the X-ray equipment and the decontamination process were used appropriately and safely.

Safe care

Clinical facilities:

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment. Toilet facilities downstairs had been refurbished and were visibly well maintained. There was an accessible unisex patient toilet. We advised the practice that having the toilet door opening outward would ensure ease of access in an emergency.

The ground floor areas had been refurbished and were light and airy. We looked at the clinical facilities in each of the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgeries were visibly clean and tidy. However, we saw that sealant along the work top edges had come away in Moel-Y-Gest surgery and the flooring needed repair, where a piece of equipment had been moved.

Improvement needed:

Work top edges require sealing and the floor requires repair in Moel-Y-Gest surgery to allow for effective cleaning and to prevent the accumulation of dirt and dust.

The surgeries were all organised in a similar way to help nurses to work efficiently in any area. There was an effective system in place for removing used dental equipment from the surgeries to the decontamination room in sealed containers marked 'dirty'. Instruments were returned in appropriate clean containers. Packaged equipment was clearly labelled and dated.

A safety check certificate was in place for the machine for providing compressor air to the surgeries (compressor), and we also noted that the portable appliance testing (PAT) had been completed on all the electrical equipment to help ensure that small appliances were safe to use. The Gas Maintenance Certificate was

also in date. Fire equipment was in place and had recently been checked. There was clear signage to the emergency exits.

There was a full file available containing data sheets relating to Control of substances Hazardous to Health (COSHH) but no risk assessments for chemicals kept on the premises. All chemicals were kept securely behind locked doors. However, risk assessments indicating the current control measures in place to prevent harm need urgent action.

Improvement Needed:

Risk assessments to be put in place, alongside each data sheet, for all chemicals kept on the premises.

Radiographic equipment:

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment although the two trainee nurses have yet to complete their training. The current arrangements for protecting patients and staff, when a wide shot, panoramic x-ray machine (OPG machine) is being used, are acceptable because no-one is allowed down the corridor or to use the toilet, that come within the controlled zone, whilst the machine is in operation. We advised the practice that in a move towards best practice lead lining the partition wall would provide greater protection.

We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of X-ray equipment were also seen in the radiation protection file and on the wall in the surgery.

Staff also confirmed that the quality of the X-rays taken were considered and recorded on a daily basis. The practice had completed a dental X-ray audit in 2015. However this audit had been very simple. We advised the practice that, in line with best practice, an in depth audit should be undertaken at least annually with more films being audited and outcomes recorded.

Drug storage and emergency equipment:

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that all members of the team had received training on how to perform cardiopulmonary resuscitation (CPR) and two of the team were designated first aiders. However, since one of the designated first aiders had reduced the number of days he works at the practice it could happen that if the other first aider was on holiday there would be a gap.

The practice was advised that it would be prudent to train another member of staff in first aid.

The Resuscitation Policy stated that 'all staff need to be trained'. There should be more detailed information in the policy identifying different roles for staff.

Improvement needed:

The resuscitation policy should be updated to ensure that all staff know their role in a medical emergency.

The resuscitation equipment and emergency drugs were stored in the decontamination room and were immediately available in the event of a medical emergency (collapse) at the practice. It was evident that a system was in place to check the equipment and emergency drugs weekly. However, we found the emergency drug kit contained an out of date 'oral glucose gel'. There was another in date gel stored in the fridge but this may well have led to an expired drug being administered in an emergency.

Improvement needed:

A more effective system should be implemented to ensure that staff are aware when emergency drugs are reaching their expiry date.

Decontamination:

The practice has a dedicated room for the cleaning and sterilisation of dental instruments. The area was visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff. We saw that there was no dedicated hand washing sink but one of the two sinks was allocated for hand washing and a bowl was in use for the rinsing of equipment. The two trainee dental nurses had not yet received training in decontamination. We advised the practice that in a move towards best practice a dedicated hand washing sink should be installed and as part of their induction new staff should receive training in decontamination.

The practice showed us evidence of the completion of an excellent infection control audit in 2015. There was a detailed action plan attached to show what actions had been identified and when they would be put in place. We saw that the majority of the actions identified in the audit had been actioned. We advised that in future the practice should use the Welsh Deanery audit tool, as this is recommended by the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines.

We found that maintenance certificates for the equipment were up-to-date. The practice recorded daily and weekly checks on the sterilisers to ensure that equipment remained in good working order and that the decontamination process was effective. Individual records for decontamination protocol should be completed.

Improvement needed:

Decontamination training protocol with individual records should be completed.

Waste disposal:

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous and non-hazardous waste. We also saw that the waste had been segregated into designated coloured bags/containers in accordance with the correct method of disposal. These were stored in a locked area of the building whilst awaiting collection.

The Dental Reference Service inspection visit in 2011 had identified the fact that there were no feminine hygiene waste containers. This had not been acted upon. The Operations Manager told us that feminine hygiene containers were now on order and that staff toilet facilities were also on the agenda for refurbishment.

Improvement needed:

Feminine hygiene containers should be placed in both toilets.

Safeguarding

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. The majority of clinical staff had completed training in the protection of children and vulnerable adults but both the trainee dental nurses and the hygienist had not received any training as yet. We were told that the Hygienist had been booked on a course for March.

Improvement needed:

All staff to receive training in safeguarding of children and vulnerable adults at risk.

We were told that there were arrangements in place for staff to raise concerns. Both the Clinical Manager and the Operations Manager visit the practice

regularly and felt that they were approachable and that staff would raise any issues with them.

Effective care

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that relevant audits had been completed by the practice, including infection control, health and safety and radiographic audits. The practice had the opportunity to ask for advice and support from the practice owner. Peer review audits are used to identify trends. There was no team development tool being used, although the Operations Manager said that they plan to use a tool available from the British Dental Association (BDA). We advised the practice to implement a team development tool such as Maturity Matrix Dentistry to allow the dental team to focus on how they work and to enable everyone in the practice to think about the quality of care.

Patient records:

There was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

A sample of eighteen patient records was reviewed, which included records completed by each of the three dentists and the hygienist and therapist. Overall, we found that patient care entries contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. There was also evidence of treatment planning for the majority of the team.

The dental team had changed their computer software last year and there was evidence of good records of planned patient care and treatment. There was also evidence of counter signatures to show patient medical histories had been checked by the dentist. It was clear that generally there is excellent clinical note writing. However, some records showed no evidence of smoking cessation advice, treatment options or consent in the clinical notes and three out of the five patient records scrutinised for one dentist had no evidence of treatment planning.

Improvement needed:

All clinical notes must contain evidence of smoking cessation advice, treatment options, consent and treatment planning.

There was evidence that patients were offered X-rays at appropriate time intervals. The quality of the X-rays was monitored and all X-rays are stored on computer.

We found the practice had suitable arrangements in place to back up patient records to ensure continuity of care. The paper records are kept in lockable filing cabinets in the garage.

Quality of Management and Leadership

We found evidence of effective management and leadership at the practice. A range of relevant policies and procedures are in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

The practice has been in Snowdon Street since 1997. Since being taken over by West End Dental Group in August 2014 there has been a significant programme of investment and an expansion of the clinical facilities.

The day to day management of the practice is the responsibility of the clinical manager and the lead nurse. We saw an induction programme template but saw no evidence of completed induction folders. All staff are given access to the computer which contains the policies and procedures and the handbook requires them to ensure that these are read. Yearly appraisals have yet to be put in place for the majority of the team. We only saw evidence of a recent appraisal for the senior dental nurse. We also saw minutes of regular staff meetings (huddles) where staff were all given the opportunity to offer comments and make suggestions. There was also evidence that suggestions were implemented.

Improvement needed:

Annual appraisals and a formal induction programme should be put in place.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed.

We saw records relating to hepatitis B immunisation status for all clinical staff working in the practice. One member of the nursing team had completed the full course but there was no record of her serum immunity status. One of the trainee dental nurses had yet to complete the full course of immunisation. We advised that this should be followed up and a record of the immunity status should be kept.

We looked at the policies and procedures in place and saw evidence that generally they reflected actual practice. There is a confidentiality statement that all staff sign annually but there was no policy reflecting this. The resuscitation policy needed more information on staff roles. The complaints policy needed

revising as it was not sufficiently detailed about procedures and did not include timescales for responding to complaints. The address and telephone number for HIW should also be included.

Improvement needed:

All policies should be reviewed and updated to ensure correct information and sufficient detail is contained within the policy; specifically, the resuscitation and complaints policy.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at West End Dental, Porthmadog will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

Appendix A

General Dental Practice: Improvement Plan

Practice: West End Dental, Porthmadog

Date of Inspection: 16 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	The reception and waiting areas should offer health promotion material in the form of posters and leaflets	Health and Care Standards 1.1,3.1,4.1, 4.2,5.1			
8	The complaints procedure should be updated with the following: <ul style="list-style-type: none">• Ensure the timescales for complaints comply with both Putting Things Right and the Private Dentistry Regulations• Include all relevant	Private Dentistry (Amendment) Regulations 2011 section 15 (4a)			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>organisations for patients to contact, including the Public Services Ombudsman and HIW.</p> <ul style="list-style-type: none"> Clearly identify the relevant procedures and organisations for patients to contact depending on whether they are receiving private or NHS treatment. 				
Delivery of Safe and Effective Care					
9	Work top edges require sealing and the floor requires repair in Moel-Y-Gest surgery	<p>Health and Care Standards 2.9</p> <p>GDC 1.5</p> <p>Workplace regulations 1992</p>			
10	Risk assessments to be put in place alongside each Data Sheet for all chemicals kept on the premises.	<p>Health and Care Standards 2.1</p>			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	The resuscitation policy should be updated to ensure that all staff know their role in a medical emergency.	Health and Care Standards 5.1 GDC 6.2.6, 6.6.6			
11	An effective system should be implemented to ensure that staff are aware when emergency drugs are reaching their expiry date	Health and Care Standards 2.6			
12	Decontamination training protocol with individual records should be completed.	WHTM 01-05 1.26-2.4o			
12	Feminine Hygiene containers are to be put in place in both toilets.	Duty of Care Regulations 1991 Hazardous Waste Regulations 2005 (Wales)			
12	All staff to receive training in safeguarding of children and vulnerable adults at risk.	Health and Care Standards 2.7			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		GDC 4.3.3,8.5			
13	All clinical notes should include smoking cessation advice, treatment options, consent and treatment planning	Health and Care Standards1.1 3.2,4.1,4.2, 5.1,6.1			
Quality of Management and Leadership					
15	Annual appraisals and a formal induction programme should be put in place.	GDC 6.6.1			
17	All policies should be reviewed and updated to ensure correct information and sufficient detail is contained within the policy; specifically, the resuscitation and complaints policy.	Health and Care Standards 2.4, 2.7			

Practice Representative:

Name (print):

Title:

Date: