

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Preswylfa Dental Surgery

30 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Preswylfa Dental Surgery at Glanhwfa Road, Llangefni, Anglesey, LL77 7EN within the area served by Betsi Cadwaladr University Health Board on 30th March 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales¹.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Information within the practice information leaflet and website
- 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.

3. Context

Preswylfa Dental Surgery provides services to approximately 3,000 patients in the Llangefni and surrounding area of Anglesey County. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes three dentists, one dental therapist, one orthodontic therapist, four dental nurses, one trainee dental nurse, a practice manager (who is also a qualified dental nurse and assists in this respect when needed) and a receptionist.

Preswylfa Dental Surgery is a two surgery practice and most of the dentists and therapists are part time. The practice offers the full spectrum of NHS services, including orthodontics for children. A wide range of private treatments, including intravenous and inhalational sedation, are offered.

At the time of the inspection the principal dentist, who is also the practice owner, had acquired the property next door. Renovation work was well in progress, which would add up to three more surgery rooms, two dedicated decontamination rooms and a patient waiting area. Completion was anticipated during summer 2015.

As Preswylfa Dental Surgery is a mixed practice, providing both private and NHS dental services, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

4. Summary

HIW explored how Preswylfa Dental Surgery meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patient Experience

Overall, the patients were very satisfied with the services received. A high proportion of patients' first language is Welsh and we saw that written information was provided bilingually in Welsh and English.

We have advised the practice to review their complaints procedure, in line with the NHS complaints arrangements. Written information regarding the charges for services should more readily available for patients. We have also recommended that a range of methods and approaches are considered by the practice to engage with patients and to seek their feedback about their experience.

Delivery of Standards for Health Services in Wales

At the time of our inspection we found that the decontamination facilities fell well below the standards expected. We therefore issued an immediate assurance letter and improvement plan to the practice, which they quickly responded to, providing us with their action plan to address this, which gave us sufficient assurance that the risk to patient safety had been minimised. Plans to extend the practice were well in progress, which should provide much improved decontamination and clinical waste disposal facilities.

Most areas of the patient records were satisfactorily completed. However we have noted improvements, which should ensure a consistent standard of record keeping across all practitioners.

Dental practitioners were up to date with refresher training in clinical practice, including cardio pulmonary resuscitation (CPR), radiography and radiation protection. We advised the practice to consider the positioning of radiographic equipment switches, in line with safe working practice guidelines.

We have also recommended that the frequency of portable appliance testing (PAT) be reviewed, in line with the different types of electrical appliances used at the dental practice.

Management and Leadership

The practice is owned by the principal dentist, who shares the day to day management of the service with the practice manager. We saw that systems were not sufficiently robust in several areas. This report therefore contains the improvements we suggested, for example to ensure that periodic employment checks, annual staff appraisals, regular clinical peer reviews and audits are undertaken.

However, we saw evidence of good practice in other areas. For example, regular team meetings were being held and there was evidence that these meetings were used as a learning and development tool by staff. We also saw that dental practitioners had attended regular training and were up to date with continuous professional development requirements.

Quality of Environment

At the time of our inspection, renovation work was well underway to expand the practice following purchase of the neighbouring property. This would potentially add up to three further surgery and two decontamination rooms.

We advised the practice to consider improving the patient toilet facilities to enable wheelchair access.

We saw that some areas were in need of refurbishment or redecoration. However we were informed that these areas were already included in the practice's refurbishment plan, which they anticipated completion of during Summer 2015. We have advised the practice to inform HIW when the work has been completed.

5. Findings

Patient Experience

Overall, the patients were very satisfied with the services received. A high proportion of patients' first language is Welsh and we saw that written information was provided bilingually in Welsh and English.

We have advised the practice to review their complaints procedure, in line with the NHS complaints arrangements. Written information regarding the charges for services should more readily available for patients. We have also recommended that a range of methods and approaches are considered by the practice to engage with patients and to seek their feedback about their experience.

A week prior to the inspection HIW provided the practice with a questionnaire to be completed by patients. 17 completed questionnaires were handed to us on the morning of the inspection and we spoke with two patients during our visit.

All the patients who responded to our questionnaire said that they were made to feel welcome by the practice team, that they were given enough information about their treatment and were satisfied with the service received. Patients indicated that there were no delays in being seen on the day of their appointment, or that delays were minimal between 10 and 20 minutes maximum. Two of the patients said that their partner and children were registered at the practice and very satisfied with the dentists and services received over the years. We received additional positive comments from several patients and we have included a small sample of these below:

“Receptionist particularly helpful when accommodating need. Patient centred experience”.

“The team are always very welcoming and helpful”.

“... Brilliant with emergency treatment as well”.

We were informed that the first language of approximately 70% of the patients is Welsh. It was positive to observe that much of the written information was presented bilingually in Welsh and English, or that a Welsh version of documents was available at the practice.

The majority of patients knew how to contact the out of hours service and how to make a complaint. We saw that this information was displayed in the patient information leaflet and on various notices within the surgery. There were

inconsistencies in the complaints procedures seen; one procedure referred to a timescale of two days to acknowledge a complaint whereas another procedure referred to three days for this purpose. None of the complaints procedures referred to the NHS 'Putting Things Right' arrangements².

Improvement needed

We have advised the practice to familiarise themselves with the NHS 'Putting Things Right' arrangements. Their complaints procedure for NHS patients should be reviewed to ensure consistency with these arrangements.

There was no complaints log at the practice. We were informed by the practice manager and principal dentist that the last complaint received, regarding a minor issue, was approximately three years ago. They said that they rarely receive complaints. We discussed the possibility of patients' comments not being construed as a complaint and as a result these had not been logged, which the practice manager and dentist acknowledged could be a possibility.

Improvement needed

As part of the complaints review above, a complaints log should be developed to monitor and learn from any concerns raised by patients

A notice relating to the NHS charges was displayed in the waiting area. We did not see a notice detailing the costs for private dental services, although we were told that one was available on reception. The practice information leaflet did not contain the full range of services provided.

Improvement needed

The practice should improve the written information available for patients, to ensure that the full range of services, the NHS and private costs for services are more prominently accessible and/or displayed.

² 'Putting Things Right' is the NHS arrangements for handling and responding to complaints about healthcare services in Wales.

We found that there were very few opportunities for patients to engage or feed back about the planning and delivery of services. The practice manager informed us that they had issued a patient survey in the past. However there was no formal system to obtain patients' views and feedback, for example a suggestions box, regular patient surveys or a practice website page.

Improvement needed

We recommended that a range of methods and approaches are considered by the practice to engage with patients and to seek their feedback about their experience.

The practice should demonstrate that they act on patients' views and feedback in making changes to improve services.

Delivery of Standards for Health Services in Wales

At the time of our inspection we found that the decontamination facilities fell well below the standards expected. We therefore issued an immediate assurance letter and improvement plan to the practice, which they quickly responded to, providing us with their action plan to address this, which gave us sufficient assurance that the risk to patient safety had been minimised. Plans to extend the practice were well in progress, which should provide much improved decontamination and clinical waste disposal facilities.

Most areas of the patient records were satisfactorily completed. However we have noted improvements, which should ensure a consistent standard of record keeping across all practitioners.

Dental practitioners were up to date with refresher training in clinical practice, including cardio pulmonary resuscitation (CPR), radiography and radiation protection. We advised the practice to consider the positioning of radiographic equipment switches, in line with safe working practice guidelines.

We have also recommended that the frequency of portable appliance testing (PAT) be reviewed, in line with the different types of electrical appliances used at the dental practice.

At the time of our inspection the neighbouring property had been purchased by the practice owner and was being renovated to include additional surgeries and two dedicated decontamination rooms to cover the ground and first floor surgery rooms.

However, we found that the decontamination facilities in the existing premises fell well below the WHTM 01-05³ guidelines, thereby posing an immediate risk to patient safety. As a result of these findings, we issued an immediate assurance letter and improvement plan. The practice responded quickly and provided HIW with sufficient assurance that immediate action had been taken to cease using the existing decontamination room. Alternative arrangements were

³ WHTM 01-05 is the Welsh guidelines for decontamination in primary care, dental practice and community dental services. The guidelines are intended to raise the quality of decontamination work within dental services.

made to set up another area pending completion of the new decontamination rooms, anticipated during May 2015. The practice also confirmed that they were taking the WHTM 01-05 into consideration when planning for the new decontamination facilities.

We looked at a total of nine patient records, sampling two or three records per dentist and dental therapist. Overall we found that the standard of record keeping was satisfactory. However we saw that there were inconsistencies between dentists; patients' medical histories were not always being signed and updated by two of the dentists, also the radiographs were not being consistently graded by two out of the three dentists. There was no documentary evidence of discussions around the patients' alcohol and smoking history.

Improvement needed

Ensure that the patients' medical histories are signed and regularly updated by all the dentists.

The clinical records should always include the radiograph grades.

Clinical notes should also include discussions around the patients' smoking, alcohol history and cessation.

We viewed the radiographic (x-ray) equipment and other documentation. We saw training certificates, demonstrating that each practitioner responsible for using and processing radiographs had received ionising radiation training within the last five years. One piece of equipment was out of commission and awaiting replacement in readiness for the expansion to the property next door. The isolation switches for existing x-ray machines were located within the surgery rooms. Where possible, the exposure switches, mains isolators and power switches should be positioned outside the controlled area. This would mean that the equipment can be isolated from the electrical mains supply, without the operator having to enter the controlled area⁴.

Improvement needed

We advised the practice to consider the positioning of the radiographic equipment switches, in line with safe practice guidelines.

⁴ As per the National Radiological Protection Board: Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment (Printed by Department of Health 2001)

We found that the practice held a stock of emergency medication, which were within their expiry date, and cardio pulmonary resuscitation (CPR) equipment, as required under guidelines. There was documentary evidence to demonstrate that staff had received annual CPR training, the last of which was undertaken in February 2015.

Contracts were in place for the disposal of general and clinical waste. The practice did not have amalgam separators, which dental practices should have (in accordance with WHTM 07-01 Safe management of healthcare waste guidelines). We received assurance that all surgery rooms are to be provided with new dental chairs in the next few months, which will include amalgam separators. We were informed that the practice had previously consulted with Welsh Water regarding amalgam waste and that no further action was required.

There was no evidence that portable electrical appliances had been tested but we were provided with a letter which stated that an electrician was visiting the surgery to undertake portable appliance testing (PAT) during April 2015.

Improvement needed

The practice is advised to consider the Health and Safety Executive (HSE) 'Maintaining portable electrical equipment' guidance (2013), when risk assessing the type of portable electrical items used at the practice and their recommended frequency of testing.

Management and Leadership

The practice is owned by the principal dentist, who shares the day to day management of the service with the practice manager. We saw that systems were not sufficiently robust in several areas. This report therefore contains the improvements we suggested, for example to ensure that periodic employment checks, annual staff appraisals, regular clinical peer reviews and audits are undertaken.

However, we saw evidence of good practice in other areas. For example, regular team meetings were being held and there was evidence that these meetings were used as a learning and development tool by staff. We also saw that dental practitioners had attended regular training and were up to date with continuous professional development requirements.

We spoke with the principal dentist, practice manager and two of the dental nurses and there was evidence of a close and respectful working relationship between them. All the staff we saw during the inspection were respectful and welcoming towards us.

At the time of our inspection, none of the dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years, as is necessary to ensure compliance with the private dentistry regulations. We discussed this with the principal dentist and practice manager, who agreed to ensure that all dental staff renew their DBS check in order to comply with current regulations.

Improvement needed

In line with The Private Dentistry (Wales) Regulations 2008, all dentists who provide private dental treatments must have available an enhanced criminal record certificate, in respect of which less than three years have elapsed since it was issued.

From looking at staff files we could not determine whether DBS check had been obtained for other practice staff. Whereas it is not mandatory for practice staff to have DBS, the employing dentist should ensure that the workforce have all the necessary recruitment and periodic employment checks.

There was evidence that regular training was being undertaken by dental practitioners and we saw various training certificates for courses they had undertaken this year and in previous years. We viewed the file of the most recently appointed staff member and saw that an induction programme had been followed and signed off once completed.

Monthly team meetings were being held and we saw detailed minutes that included the issues and actions arising from these. There was clear evidence of active participation by staff and learning outcomes from these meetings. However, we were informed that, currently, there was no formal system for staff appraisals.

Improvement needed

The practice should ensure that staff have an annual appraisal and personal development plan.

We found that the policies and procedures covered all the relevant areas expected in a dental practice. We suggested that some of the policies, for example whistleblowing and safeguarding, be reviewed to include more detail for staff to follow. Some of the policies had been obtained through Denplan and adapted to suit Preswylfa Dental Surgery. We reminded the practice manager to consider the relevant Welsh legislation and guidelines and to adapt their internal policies and procedures accordingly.

Improvement needed

Policies and procedures should be reviewed to take into account relevant Welsh legislation and guidelines.

We spoke with the practice manager and principal dentist about quality assurance audits and clinical peer reviews. We were informed that there were no formal audit systems and therefore very few audits were routinely being undertaken. We discussed the advantages of undertaking audits. For example a clinical peer review audit may have identified the inconsistencies that we found when looking through patient records.

Improvement needed

The practice is advised to undertake regular quality assurance audits and clinical peer reviews. These should be used as a tool for staff to measure and record progress.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

At the time of our inspection, renovation work was well underway to expand the practice following purchase of the neighbouring property. This would potentially add up to three further surgery and two decontamination rooms.

We advised the practice to consider improving the patient toilet facilities to enable wheelchair access.

We saw that some areas were in need of refurbishment or redecoration. However we were informed that these areas were already included in the practice's refurbishment plan, which they anticipated completion of during Summer 2015. We have advised the practice to inform HIW when the work has been completed.

Preswylfa Dental Surgery is located on the main road into Llangefni and within walking distance of the town centre. There is no dedicated car parking area for patients but there is a large public car park nearby.

When we visited, plans and renovation work were well underway to expand the service following successful purchase of the next door property. Currently the practice has one surgery room on the ground floor and one on the first floor. The extension will potentially add up to three other surgery rooms and two decontamination rooms, one for the ground floor surgeries and the other for the first floor surgery rooms.

Externally there was a ramp to access the premises. The doors for entering the building and the surgery room on the ground floor were suitable for people using a wheelchair. The patient toilet was downstairs and had been fitted with a grab bar and handrails. However this toilet was too small for a person in a wheelchair to access. We were informed that there were no plans to add another patient toilet in the extended practice. We therefore advised the practice to reconsider the patient toilet facilities, in view of the fact that the current toilet was unsuitable for wheelchair access.

As mentioned previously in the Delivery of Standards for Health Services in Wales section of this report, some facilities in the environment were well below the recommended standard in WHTM 01-05 guidelines. Additionally, the surfaces on the chairs in the surgery rooms had begun to crack or split, which also poses a contamination risk. We were informed that all of these chairs were being replaced, in line with their refurbishment plan anticipated for completion by Summer 2015.

Improvement needed

The practice is to inform HIW when the renovation work has been completed and the chairs replaced.

We observed that cleaning schedule notices, to include the clinical areas, toilets, kitchen and waiting area were displayed in the relevant parts of the practice. However there was no evidence that they had been implemented in practice as none had been signed. We were informed that these schedules had only just been drawn up and that they were yet to be discussed with the cleaner.

Improvement needed

We advised the practice to implement the cleaning schedules as soon as possible (in consideration of the additional cleaning necessary during the final stages of the renovation work).

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

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

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

Appendix A

General Dental Practice: Improvement Plan

Practice: Preswylfa Dental Surgery, Glanhwfa Road, Llangefni

Date of Inspection: 30th March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
8	We have advised the practice to familiarise themselves with the NHS 'Putting Things Right' arrangements. Their complaints procedure for NHS patients should be reviewed to ensure consistency with these arrangements.	Since the Practice Inspection, we have printed a few of the 'Putting Things Right' leaflets and placed them in the waiting area together with the similarly named poster. We have also requested additional copies from the Betsi Cadwaladr University Health Board. We will review our own Complaints Procedure in relation to this NHS document.	Stephen J. Keen (Practice Owner) and Ann R. James (Practice Manager)	1 month
8	The practice should improve the written information available for patients, to ensure that the full range of services, the NHS and private costs for services are more prominently accessible and/or displayed.	We will modify our Practice Information Leaflets to include more information about the treatments we provide and we will provide patients with specific leaflets about certain treatments. We will also display our Private Fees in a more prominent area in reception. We hope to have a practice	Stephen J Keen (Practice Owner)	3 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		website in the near future, once the practice refurbishment is complete.		
9	<p>We recommended that a range of methods and approaches are considered by the practice to engage with patients and to seek their feedback about their experience.</p> <p>The practice should demonstrate that they act on patients' views and feedback in making changes to improve services.</p>	We will consult Denplan for training and advice on how to engage with patients effectively and how to receive and act on patient's feedback so that we can improve our services.	Stephen J Keen (Practice Owner)	6 months
Delivery of Standards for Health Services in Wales				
11	<p>Ensure that the patients' medical histories are signed and regularly updated by all the dentists.</p> <p>The clinical records should always include the radiograph grades.</p> <p>Clinical notes should also include discussions around the patients' smoking, alcohol history and cessation.</p>	We have already implemented these recommendations following a Practice Meeting held soon after the Practice Inspection. It was decided that we would modify our existing Medical History Form to include questions about alcohol consumption and smoking habits. All patients attending for a routine examination will be asked to complete one of these updated Medical History Forms. Radiograph grades are now recorded in the clinical notes as well as on the Radiograph Record Sheets	Stephen J Keen (Practice Owner)	1 week
11	We advised the practice to consider the positioning of the radiographic equipment switches, in line with safe practice guidelines.	Advice was sought from Public Health England following the Practice Inspection and once again, they confirmed that the existing arrangements	Ann R James (Practice Manager)	No further action required.

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		were “satisfactory”.		
12	The practice is advised to consider the Health and Safety Executive (HSE) ‘Maintaining portable electrical equipment’ guidance (2013), when risk assessing the type of portable electrical items used at the practice and their recommended frequency of testing.	Portable Appliance Testing will hopefully be performed during the next month provided the electrician can attend.	Ann R James (Practice Manager)	1 month
Management and Leadership				
13	In line with The Private Dentistry (Wales) Regulations 2008, all dentists who provide private dental treatments must have an enhanced criminal record certificate, in respect of which less than three years have elapsed since it was issued, available.	DBS checks will be carried out on all Practice Staff over the next couple of months, with assistance from the BDA and Denplan.	Stephen J Keen (Practice Owner)	3 months
14	The practice should ensure that staff have an annual appraisal and personal development plan.	Arrangements have been made to meet up with Practice Staff on a weekly basis from now on, so that appraisals and training needs can be formulated.	Stephen J Keen (Practice Owner)	3 months
14	The practice is advised to undertake regular quality assurance audits and clinical peer reviews. These should be used as a tool for staff to measure and record progress.	Dentists have a meeting once a month, and we will discuss possible projects and arrangements at our next meeting in June.	Stephen J Keen (Practice Owner)	6 - 12 months
Quality of Environment				

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
17	The practice is to inform HIW when the renovation work has been completed and the chairs replaced.	The Practice Owner will contact HIW in writing once the practice refurbishment is complete.	Stephen J Keen (Practice Owner)	2 months
17	We advised the practice to implement the cleaning schedules as soon as possible (in consideration of the additional cleaning necessary during the final stages of the renovation work).	The Practice Owner and Practice Manager will arrange a meeting with the cleaner to discuss the recommendations in the report and to ensure compliance with the cleaning schedule.	Stephen J Keen (Practice Owner) and Ann R James (Practice Manager)	1 week

Practice Representative:

Name (print): **STEPHEN J. KEEN**

Title: **PRACTICE OWNER**

Date: **1st MAY 2015**