



General Dental Practice Inspection (Announced)

Betsi Cadwaladr University Health Board, Rhos Road Dental Practice

04 August 2015

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Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Patient Experience	6
	Management and Leadership.....	13
	Quality of Environment	15
6.	Next Steps	16
	Appendix A	17

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Rhos Dental Practice at 55 Rhos Road, Rhos on Sea, LL28 4RY within the area served by Betsi Cadwaladr University Health Board on 4th August 2015. The practice was taken over by Integrated Dental Holdings (IDH) during February 2013.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising 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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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 and website (where applicable)
- 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

Rhos Road Dental Practice provides services to approximately 3,000 patients, mainly in Rhos on Sea and the surrounding area of Conwy. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Rhos Road Dental Practice is a mixed practice providing both private and NHS dental services.

At the time of our inspection Integrated Dental Holdings (IDH), who runs the practice, was in the process of re-branding to '{My} dentist'. This process was yet to be completed for the Rhos Road branch.

The practice staff team includes three dentists, three hygienists, five dental nurses, two reception staff and one practice manager.

A range of services are provided. These include:

- Routine examinations and X-rays
- Fillings
- Crowns and Dentures
- Bridge work
- Cosmetic dentistry including implants and veneers
- Preventative and dental hygiene advice

4. Summary

HIW explored how Rhos Road dental practice meets the standards of care set out in the Health and Care Standards (April 2015).

Whereas, overall, the patients who responded to our questionnaire were satisfied with the staff and information received about dental treatments, all of them had experienced delays in being seen on the day of their appointment. Several patients added other comments, indicating that being repeatedly delayed was impacting on their overall satisfaction with the service. We have therefore advised the practice to consider what steps can be taken to improve this situation.

At the time of our inspection we found that some of the information on the patient information leaflet and website was out of date. The list of charges did not include all the private dental services currently being offered to patients. Therefore urgent steps should be taken to ensure that written patient information is accurate and up to date.

Overall, we found that the systems in place to maintain equipment, to respond to potential medical emergencies and to safely dispose of hazardous and non-hazardous waste were satisfactory. However, we saw that some guidelines were not being followed in all areas of the decontamination (cleaning and sterilising) process. Therefore we have included the improvements needed to the overall clinical practice and facilities, to comply with the Welsh Health Technical Memorandum (WTHM) 01-05 decontamination guidelines.

Record keeping was, overall, satisfactory by two of the dentists but we identified that improvements were needed by the other dentist. We have advised IDH to review their audit system for record keeping so that any shortfalls can be quickly identified and rectified.

We saw that there was an effective management structure in place to promote the delivery of individualised person centred care. However, at the time of the inspection, there were unresolved business issues between IDH and the previous owners. This was having an impact on staff members in moving forwards and potentially, if unresolved, the situation could impact on patient care. Therefore we have advised IDH to closely monitor the situation to prevent matters from escalating.

We found that the overall environment was accessible, secure, clean and well maintained.

5. Findings

Patient Experience

Whereas, overall, the patients who completed our questionnaire were satisfied with the staff and information received about dental treatments, all of them had experienced delays in being seen on the day of their appointment. Several patients added other comments, indicating that being repeatedly delayed was impacting on their overall satisfaction with the service. We have therefore advised the practice to consider what steps can be taken to improve this situation.

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We received 12 completed HIW patient questionnaires during the inspection. Patients were unanimous in confirming that the practice team usually made them feel welcome and provided enough information about their treatment. However, all of the patients had experienced delays in being seen on the day of their appointment. Whereas several patients commented upon the friendliness and helpfulness of staff, or said that the services were of a high standard, they made additional comments about the frequent delays, stating for example:

“... the waiting with one clinician can be very frustrating sometimes, but excellent treatment and service otherwise”.

*“... very infuriating when I’m delayed as it makes me late for work.
...time keeping is a big big issue/patients kept waiting is unprofessional”.*

“Rarely seen on time”.

Two of the patients commented about having appointments cancelled, one at very short notice. However one of the patients said they were happy with everything, stating that:

“My experience has never been an unpleasant one. The practice is nicely set out with plenty of magazines to browse through when waiting and seating is as relaxed as it could be. I find the level of service as I said is of a high standard and I am very happy with everything”.

We spoke to the practice manager, the Clinical Support and Area Development Managers about these comments. We were informed that the “Six Month Smiles” programme (which is a service available for adults to straighten and align their teeth) had been introduced at the beginning of the year and had resulted in some of appointments running for longer than anticipated. However, time keeping had historically been an issue with one of the dentists. We were informed that there was ongoing communication between IDH and the dentist concerned, which included a focus on time keeping.

Improvement needed

In view of patient feedback about repeated delays, consideration should be given about what steps can be taken to improve the situation and to prevent unnecessary stress or anxiety for patients.

From our discussions with staff we found that concerns or complaints raised by patients were being recorded on the patient notes. Patients were also offered the chance to submit these in writing. However there was no log of the overall comments made, which would help the practice to identify and consider steps that can be taken to mitigate any common causes of concerns or complaints. The receptionist and practice manager agreed to implement a system with immediate effect. .

Five of the patients who responded to our questionnaire did not know how to make a complaint. Whilst we saw that information about the complaints procedure was displayed in the waiting rooms, one of the patients we saw during the day commented on the large volume of notices on display. There were two different complaints procedures, one applicable for NHS patients and the other for patients paying under private arrangements. However, this difference was not identifiable from reading the procedures.

Therefore we suggested that common information is grouped together to make it easier for patients to locate, also that the practice identifies which procedure relates to complaints for NHS dental treatments and which one relates to treatments provided under private arrangements.

We saw that the practice had a patient information leaflet and a website. However, the information did not meet the General Dental Council principles of ethical advertising as it was not accurate and up to date. For example, there was no information about IDH or the most recent dentist who joined the team in April 2015. The website information implied that Rhos Road Dental Practice was still run by the previous owners/dentists, although IDH had taken over the business since September 2013. Overall, therefore, the written information was inaccurate and therefore misleading.

Improvement needed

Urgent steps should be taken to ensure that the written information available for patients is current and accurate. In this respect, IDH should take the General Dental Council 'Principles of Ethical Advertising' into consideration.

We saw that the charges for NHS and private services were displayed in the practice. However this did not include all of the private services available and therefore the practice manager agreed to add to this list.

Improvement needed

The charges for services should include all the private dental treatments being offered at the practice.

Delivery of Health and Care Standards

Overall, we found that the systems in place to maintain equipment, to respond to potential medical emergencies and to safely dispose of hazardous and non-hazardous waste were satisfactory. However, we saw that some guidelines were not being followed in all areas of the decontamination (cleaning and sterilising) process. Therefore we have included the improvements needed to the overall clinical practice and facilities, to comply with the Welsh Health Technical Memorandum (WTHM) 01-05 decontamination guidelines.

Record keeping was, overall, satisfactory by a two of the dentists but we identified that improvements were needed by the other dentist. We have advised IDH to review their audit system for record keeping so that any shortfalls can be quickly identified and rectified.

Our review of training records identified that the relevant staff were up to date with the relevant radiograph and radiation protection training, in accordance with their roles and responsibilities. During our inspection, staff followed up the last X-ray servicing records to ensure that the recommendations had in fact been completed. As there was still some degree of uncertainty, the practice manager arranged for a maintenance engineer to visit the surgery the following day to ensure these recommendations were acted upon. We reminded staff that, if necessary, the local rules⁴ for the relevant surgery rooms should be updated accordingly.

We saw that there were contracts in place for the disposal of hazardous and non-hazardous waste. Hazardous waste receptacles were securely stored within the practice premises.

The practice had the relevant equipment and medication that may be required in the event of an emergency. We saw that that these items were securely stored within the premises and that systems were in place to monitor their expiry dates.

⁴ Every dental practice with radiographic (x-ray) equipment is required to provide a set of “local rules”. These record all the working practices that must be followed to ensure for safe working practices when working with radiation and compliance with the various regulations governing radiation in dentistry.

We considered the decontamination process (for cleaning and sterilising dental instruments). Whereas, overall, the facilities and processes were satisfactory we advised that the following improvements are considered in order drive up standards, in line with the Welsh Health Technical Memorandum (WHTM) 01-05:

Improvement needed

The use of water for irrigation is preferable to distilled water as the quality of distilled water cannot be guaranteed.

Clearer signage should be available to identify the dirty and clean zones in the decontamination room.

Wall-mounted liquid hand-wash dispensers with disposable cartridges should be used and the nozzle kept clean.

Checks on autoclaves (sterilising equipment) were being carried out on a daily basis, as recommended by WHTM 01-05. However, on one day of the week, we saw that the checks were being undertaken approximately half an hour after the first patient appointment. We advised the practice to undertake these tests prior to the first day's appointment to ensure the equipment is working correctly before any patients are seen.

Improvement needed

Autoclaves should not be used until the daily tests and housekeeping tasks have been carried out and the results found to be satisfactory (WHTM 01-05, section 4.21).

We saw that the printer on one of the autoclaves was broken and that neither of the two autoclaves had an automated data logger (to obtain a record of the effectiveness of the sterilisation cycle). Therefore it was not possible to trace sterilised instruments to a particular cycle.

Improvement needed

WHTM 01-05, section 4.3, recommends records for every sterilisation cycle. Therefore the practice is to provide HIW with written confirmation of the actions taken to comply with this recommendation.

Ultrasonic activity tests (to ensure that the ultrasonic cleaners were working effectively) were being carried out, with the exception of foil tests. However,

WHTM 01-05 recognises that using foil strips evenly spaced throughout the tank remains the most economical and repeatable method for this purpose.

Improvement needed

Undertake quarterly ultrasonic activity tests, including foil tests, in accordance with WHTM 01-05, section 3.29, chapter 14.

We were informed that training had been arranged for one of the nurses who recently took over the responsibility for the decontamination process. The improvements included above should therefore be taken into account as part of the staff members' learning and development.

We looked at a total of 20 patient records, sampling at least three per dentist and hygienist. We saw that patients had been provided with a treatment plan. However, none of the practitioners were routinely keeping a record of whether the patients had consented to treatment. One of the dentists we spoke with was unclear about obtaining patient consent under the Mental Capacity Act 2005. The dentist was also unaware about the Public Health England 'Delivering Better Oral Health' toolkit and the National Institute for Care and Health Excellence (NICE) dental recall guidelines.

Improvement needed

Dentists should ensure that their practice is reflective of current regulations and guidelines such as the Mental Capacity Act, Delivering Better Oral Health and NICE Recall.

All practitioners should be keeping a record of whether the patient's consent to treatment has been received.

One of the dentist's record keeping was inconsistent and did not meet standards. For example the patient social and dental histories were not consistently being recorded, there was no evidence that cancer screening had been explained and both the clinical findings and grading of radiographs were not being recorded, in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000. We also found that a radiograph had not been taken following a treatment that would have warranted this.

We looked at the last two clinical audits undertaken (within the previous six months) and saw that the only gap identified in the dentist's record keeping was in relation to updating patient medical histories. In the absence of the dentist,

we spoke about these shortfalls with one of the managers from IDH and the practice manager, who agreed to pursue these matters with the dentist concerned.

Improvement needed

The record keeping for one of the dentists was inconsistent and, overall, needs to be improved.

IDH should develop a more robust audit system for clinical records, to ensure that any shortfalls in service delivery or record keeping are identified and that actions are taken to improve the standards and consistency between practitioners.

Management and Leadership

We saw that there was an effective management structure in place to promote the delivery of individualised person centred care. However, at the time of the inspection, there were unresolved business issues between IDH and the previous owners. This was having an impact on staff members in moving forwards and potentially, if unresolved, the situation could impact on patient care. Therefore we have advised IDH to closely monitor the situation to prevent matters from escalating.

Rhos Road Dental Practice was taken over by IDH during February 2013. Since that time a Practice Manager had been appointed and, overall, we saw that there were robust systems and procedures in place for the effective management of the practice. There was also a lead nurse and a lead receptionist who assisted with the management tasks related to their role. The managers we saw during the inspection were eager to take our suggestions for improvement on board.

We saw that staff were being supported via access to in-house training opportunities, IDH company policies and procedures. Staff appraisals had been undertaken with individual staff during the last six months. Where relevant, we saw that policies had been adapted to suit the practice and staff had signed to confirm that they had read these. We suggested that an additional column be added to the signature form, to include the date signed by individual staff members. Staff bulletins, newsletters and minutes of meetings were displayed in the staff room.

From our discussions with various staff members, it was evident that some of the business negotiations between the previous owners and IDH had not been satisfactorily resolved and were ongoing. This was impacting on the staff members' development and in being able to move forwards. Therefore we advised IDH to consider what steps could be taken to prevent the situation from escalating and potentially impacting on patient care.

Improvement needed

IDH should consider what steps could be taken to provide additional support to staff members while negotiations with the previous practice owners is ongoing. The situation should be closely monitored during this time to prevent any negative effects on staff and patient care.

At the time of our inspection, one of the dentists did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years, in line with the regulations for private dentistry. We discussed this with the practice

manager who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations.

It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We found that IDH had in fact obtained DBS checks for all other staff.

All of the three dentists had a valid HIW registration certificate. However we saw that one of the dentists also had the previous out of date certificate on display in the surgery room. Therefore we advised that this version be safely disposed of.

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

We found that the overall environment was accessible, secure, clean and well maintained.

Rhos Road Dental Practice is a converted semi-detached building close to the retail village of Rhos on Sea. There was a ramp leading up to the front door and a portable ramp was situated next to the step in the porch area that enables wheelchair access. The practice does not have designated car parking spaces for staff or patients, although we found that there was on street parking nearby and there are public car parks in Rhos on Sea, which is within walking distance of the practice.

One of the surgery rooms is on the ground floor. We found that this room was shared on a rota basis by all the dentists, to cater for patients who could not manage the stairs. This good practice meant that patients could continue to see their usual dentist.

The remaining ground floor area comprised of a waiting room, patient toilet (suitable for wheelchair access) and the reception. There were two further surgery rooms, a decontamination room, staff room, two offices, staff toilet and a small waiting room on the first floor.

All the areas we saw looked clean and well maintained. There was evidence of good infection control practices and procedures, which included the use of colour coded cleaning products to prevent the risk of cross contamination.

Patient records were maintained electronically and the computer system was backed up on a daily basis. We saw that other confidential records were being stored in lockable cabinets or cupboards.

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 the Rhos Road Dental Practice 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: **Rhos Road Dental Practice, 55 Rhos Road, Rhos on Sea,
LL28 4RY**

Date of Inspection: **04 August 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	<p><i>In view of patient feed back about repeated delays, consideration should be given about what steps can be taken to improve the situation and to prevent unnecessary stress or anxiety for patients.</i></p> <p>[Health and Care Standards 4.1 and 5.1]</p>	This has been caused by the loss of a staff member. We are now recruiting to ensure we have sufficient staff to manage the practice and reduce delays at reception and in surgery,	PM/GDP	End October
8	<p><i>Urgent steps should be taken to ensure that the written information available for patients is current and accurate. In this</i></p>	All posters and patient information are being updated	PM	End sept

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>respect, IDH should take the General Dental Council 'Principles of Ethical Advertising' into consideration.</i></p> <p><i>[Health and Care Standards 3.2, 3.4 and 4.2]</i></p>			
8	<p><i>The charges for services should include all the private dental treatments being offered at the practice.</i></p> <p><i>[Health and Care Standards 3.2, 3.4 and 4.2]</i></p>	These are now being updated	PM	End sept
Delivery of Health and Care Standards				
10	<p><i>WHTM 01-05 decontamination guidelines:</i></p> <p><i>The use of water for irrigation is preferable to distilled water as the quality of distilled water cannot be guaranteed.</i></p> <p><i>Clearer signage should be available to identify the dirty and clean zones in the decontamination room.</i></p> <p><i>Wall-mounted liquid hand-wash</i></p>	<p>Distilled water is currently being used. We are discussing RO with compliance.</p> <p>These are being changed and being made clearer.</p>	Pm/lead decon	October

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>dispensers with disposable cartridges should be used and the nozzle kept clean.</i> [Health and Care Standard 2.4]	These will be added as part of rebrand	Rebrand team	November
10	<i>Autoclaves should not be used until the daily tests and housekeeping tasks have been carried out and the results found to be satisfactory (WHTM 01-05, section 4.21).</i> [Health and Care Standard 2.9]	This is now being carried out before the first patient	Nurses /PM to check	Actioned
10	<i>WHTM 01-05, section 4.3, recommends records for every sterilisation cycle. Therefore the practice is to provide HIW with written confirmation of the actions taken to comply with this recommendation.</i> [Health and Care Standard 2.9]	We have requested a data logger	Support centre	October
11	<i>Undertake quarterly ultrasonic activity tests, including foil tests, in accordance with WHTM 01-05, section 3.29, chapter 14.</i> [Health and Care Standard 2.9]	We have now put training in place for the new lead decon and these tests will now be carried out monthly	Lead decon	Actioned
11	<i>Dentists should ensure that their practice is reflective of current regulations and</i>	NICE guideline recalls are now being set	GDP/PM TO	Actioned

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>guidelines such as the Mental Capacity Act, Delivering Better Oral Health and NICE Recall.</i></p> <p><i>All practitioners should be keeping a record of whether the patient's has consent to treatment has been received.</i></p> <p>[Health and Care Standards 3.1, 3.2 and 7.1]</p>	Dentists have been informed of the importance of writing patient consents in the notes as well as having a signed treatment plan	CHECK	
12	<p><i>The record keeping for one of the dentists was inconsistent and, overall, needs to be improved.</i></p> <p><i>IDH should develop a more robust audit system for clinical records, to ensure that any shortfalls in service delivery or record keeping are identified and that actions are taken to improve the standards and consistency between practitioners.</i></p> <p>[Health and Care Standard 3.5 and 7.1]</p>	Record keeping audits will be completed every 2 months for the next 6 months to check they are to the required standard	PM	Ongoing
Management and Leadership				
13	<i>IDH should consider what steps could be taken to provide additional support to staff members while negotiations with the</i>	PM has discussed with previous owners about resolving current issues. They have agreed to work together to prevent any negativity.	Pm/gdp/recruitment	Actioned

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>previous practice owners is ongoing. The situation should be closely monitored during this time to prevent any negative effects on staff and patient care.</i></p> <p>[Health and Care Standard: Governance, Leadership & Accountability and 7.1]</p>	Recruitment of staff will reduce the work load of current staff therefore will reduce the stress levels.		
	Quality of Environment			
	N/A			

Practice Representative:

Name (print): Krystina Cross

Title: Manager

Date: 15/09/2015