

General Dental Practice Inspection (Announced)

Domiciliary Dental Care, Bangor

Inspection date: 30 May 2019

Publication date: 2 September
2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	13
	Quality of management and leadership	18
4.	What next?	20
5.	How we inspect dental practices	21
	Appendix A – Summary of concerns resolved during the inspection	22
	Appendix B – Immediate improvement plan	23
	Appendix C – Improvement plan	24

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Domiciliary Dental Care, Bangor, Gwynedd on the 30 May 2019.

Our team, for the inspection comprised of an HIW inspector (inspection lead), HIW Senior inspector (shadowing) and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Domiciliary Dental Care provides safe and effective care to their patients with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We found the service to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence that various maintenance contracts were in place to ensure the equipment were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools.

We found the service to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- Very good quality clinical records being maintained.

This is what we recommend the service could improve:

- Ensure gypsum waste is added to the clinical waste service agreement.
- Log all antibiotics purchased including batch numbers and expiry dates.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

Domiciliary Dental Care, Bangor provides services to patients in the North Wales area.

The service has a staff team which includes one dentist and one dental nurse.

The service provides private domiciliary dental care to patients who are housebound and residents at a nursing / residential homes.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found evidence that Domiciliary Dental Care provides safe and effective care to their patients with a friendly, professional and committed team.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 17 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient for more than two years.

Overall, patient feedback was very positive. All patients who completed a questionnaire rated the care and treatment received as either excellent or very good.

Some of the comments provided by patients on the questionnaires included:

"Always professional and polite. Always person centred in approach"

"Excellent service, professional and personal"

"Confident in the service, personable and friendly"

"Very friendly service"

Patients were asked on the questionnaires how the service could be improved. Comments provided by patients were very positive and complimentary. Patients stated:

"Not sure how it can improve, the dentist visits promptly and is always able to explain treatments"

"Couldn't do any better amazing as they are"

Staying healthy

Health promotion protection and improvement

All patients who completed a questionnaire confirmed that they did complete a medical history form and / or have their medical history checked before receiving any treatment.

We saw evidence that patients were asked to complete a medical history form prior to initial treatment, and this was checked for changes at each subsequent appointment to help ensure treatment is provided in a safe way.

All patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visited by the team.

Patient information

All patients who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment and that they had received clear information about the available treatment options. In addition, all patients told us that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning and options noted within the sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

The service had its own patient information leaflet and we found that it contained all the information required by the regulations.

As the service only provides private domiciliary dental care to patients at their own location, we did recommend that a dedicated patient information folder is developed in order for the team to share information with patients when undertaking visits. The folder should contain the following information for patients:

- Statement of Purpose
- Patient information leaflet

- Registration certificate
- General Dental Council's (GDC)¹ 9 Principles
- Price list
- An analysis of patient feedback
- Complaint procedure
- Employers / Public liability insurance certificate
- Health and Safety poster
- Oral health information leaflets.

The principal dentist / owner immediately developed the folder during our inspection visit.

Communicating effectively

The majority of patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language. The principal dentist can communicate in Welsh and English with patients.

Timely care

All but two of the patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was clearly displayed on the patient information leaflet.

All patients who completed a questionnaire confirmed that it was very or fairly easy to get an appointment when they needed one.

¹ <https://standards.gdc-uk.org/>

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were very detailed and of excellent quality. Treatment options were recorded and consent to treatment was obtained from each patient.

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

The treatments and services offered by the service were in accordance with the statement of purpose.

People's rights

We noted that the service had a dedicated equal opportunities policy in place. This meant that the service was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

Listening and learning from feedback

We saw that the service had a written complaints policy in place. We saw evidence that systems were in place to record, monitor and respond to any formal and informal complaints received.

We discussed the service's mechanism for actively seeking patient feedback; which the service does by providing questionnaires to patients at the end of their treatment. Details of all feedback analysis are discussed between the dental team and we saw the latest survey results which were extremely positive.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found the service to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

We saw evidence of various maintenance contracts in place to ensure the equipment were safe and well maintained.

Infection control procedures were aligned to the relevant guidance and audit tools.

We found very good quality clinical records being maintained.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff and patients the team visited when providing domiciliary dental care to patients at their home location.

The service had a range of policies and procedures, as well as various risk assessments in place, such as health and safety, legionella, medicines, waste blood viruses and fire safety. All risk assessments were current and we saw these were regularly reviewed and updated.

We saw that a resuscitation policy was in place and all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training, along with fire training.

Infection prevention and control

We considered the arrangements in place for infection prevention and control. We saw that the service had very thorough policies and procedures in place

which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The service mainly uses disposable instruments which means that a dedicated facility for cleaning and sterilisation (decontamination) of dental instruments is not required. We were informed that any instruments which are not disposable are decontaminated locally at Ysbyty Gwynedd. We saw that all instruments are transported in secure containers and are stored appropriately and dated. We also noted that the service had ample personal protection equipment (PPE) to protect staff against injury and/or infection.

Overall, we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

We saw evidence that annual infection control audits had been completed using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit. Furthermore, we saw that the principal dentist had implemented improvements following the audit which was to switch from needle re-sheathing devices to safer sharps.

The service had appropriate arrangements in place to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

The service had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. However, we did recommend that gypsum waste is added to their contract agreement which the principal dentist agreed to do.

Improvement needed

Ensure gypsum waste is added to the clinical waste service agreement.

Medicines management

The service had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the service had one dedicated first aider.

We found that the emergency drugs were stored securely. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we did find that the emergency kit did not contain all the required sizes of clear oxygen masks for the adult ambu-bag nor did it contain a high concentration adult oxygen mask. We also found that the oxygen cylinder was in need of servicing. Our concerns regarding the emergency kit were dealt with immediately during the inspection. Further details are provided in Appendix A.

The service had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. However, we did recommend for antibiotics, that dispensing records are kept including the batch number.

Improvement needed

Log all antibiotics purchased including batch numbers and expiry dates.

Safeguarding children and adults at risk

We found the service had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk.

There were safeguarding policies in place to protect children and vulnerable adults. The policies contained the contact details for the local safeguarding team along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. The service had identified a member of staff as the nominated safeguarding lead who took responsibility for ensuring that the safeguarding policy is adhered to and can provide advice and guidance to staff on safeguarding issues.

The principal dentist described the pre-employment checks that would be undertaken for any new members of staff before they joined the team. This included checking of references and / or undertaking Disclosure and Barring Service² (DBS) checks on staff appropriate to the work they undertake. We confirmed that all staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We looked at all the clinical equipment used and found that the equipment was safe, in good condition and suitable for the purpose for which it is used.

No radiological equipment (x-ray) is used by the service. However, we saw evidence of up-to-date ionising radiation training undertaken for both the principal dentist and dental nurse.

Effective care

Safe and clinically effective care

It was evident that the service was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed and or arranged by the service such as; patients records, cross infection, antibiotic prescribing and patient feedback.

Quality improvement, research and innovation

From discussions with the principal dentist, we were informed that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients. We saw evidence that the service had completed the Welsh Deanery CAPRO³.

² The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

³ <https://dental.walesdeanery.org/improving-practice-quality/carro>

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. A data protection policy was in place to guide staff about what was required of them.

Record keeping

A sample of patient records was reviewed. Overall, there was evidence that the service as a whole is keeping very good quality clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for the visit. The records were very clear, legible and of excellent quality. We found clear evidence of Delivering Better Oral Health in each set of notes. We also found detailed risk assessments for each patient which we recognised as good practice.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found that Domiciliary Dental Care had good leadership and clear lines of accountability.

We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the service had a range of policies and procedures in place.

Governance, leadership and accountability

We found the service to have good leadership and clear lines of accountability.

We found that the principal dentist was clear and knowledgeable about his role and responsibilities. Staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed the policies to confirm they had been read and understood. All policies and procedures contained a review date and were regularly reviewed. However, we noted that the policies and procedures were not versioned controlled. We brought this to the attention of the principal dentist who assured us that all policies and procedures will be versioned controlled when they are next reviewed.

We saw a copy of the Statement of Purpose which included all information required by the Private Dentistry (Wales) Regulations 2017.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The service also had a current public liability insurance certificate available.

Staff and resources

Workforce

We noted that staff had a contract of employment that was retained on staff files. We also saw evidence that staff appraisals were also undertaken.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

We were told that the service holds regular team meetings and we saw there were detailed records being kept on file.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out the principal dentist and the dental nurse.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that the emergency kit did not contain all the required sizes of clear oxygen mask for adult ambu-bag, nor did it contain a high concentration adult oxygen mask. We also found that the oxygen cylinder was in need of servicing.	This meant that adults were at risk in an emergency situation.	We brought this to the attention of the principal dentist / owner who immediately arranged for the items to be purchased.	The principal dentist / owner immediately ordered the items on the day of our inspection for delivery the next day.

Appendix B – Immediate improvement plan

Service: Domiciliary Dental Care

Date of inspection: 30 May 2019

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non-compliance issues identified on this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Domiciliary Dental Care

Date of inspection: 30 May 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Ensure gypsum waste is added to the clinical waste service agreement.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	Initial Medical PLC (clinical waste collection service provider) will be contacted and appropriate containers ordered. The council waste agreement will be amended so that all future collections of hazardous waste will include gypsum waste.	Mr I G Hughes Registered Manager	New waste containers arrived on 11 June 2019 and are now used.
Log all antibiotics purchased including batch numbers and expiry dates.	2.6 Medicines Management;	A new logbook is now used to record all antibiotic purchases, including product name, batch number, expiry date and	Mr I G Hughes Registered	Logbook bought 1 June 2019

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	PDR4d	the name of the company where the antibiotics were bought.	Manager	and is now in use.
Quality of management and leadership				
N/A				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): MR I G HUGHES

Job role: REGISTERED MANAGER

Date: 15 JULY 2019