

**General Dental Practice
Inspection [Announced]
Betsi Cadwaladr University
Health Board, Longford
Road Dental Practice**

17 November 2014

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

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Longford Road Dental Practice at Longford Road, Holyhead, Anglesey, LL65 1TR within the area served by Betsi Cadwaladr University Health Board on 17th November 2014.

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

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 Wales*¹.

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

- Information held by Healthcare Inspectorate Wales (HIW)
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff and patients
- Examination of a sample of patient medical records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

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

- Analysis of HIW patient questionnaires, of which we received 19 in total

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 will be 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.

Context

Longford Road Dental Practice Ltd provides services to approximately 9,000 patients living on the Isle of Anglesey in the county of Anglesey and extending to patients who travel from parts of Gwynedd Council. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board and serves both NHS and private patients.

Longford Road dental practice is a Wales Deanery accredited dental foundation training centre where newly qualified dentists carry out their foundation training under the mentorship and supervision of the principal dentist, Dr. Ntekim. Dr Ntekin took over the practice in 2011.

The practice employs a staff team which includes 2 dentists, 1 trainee dentist, 2 dental therapists, 7 dental nurses, 1 trainee dental nurse, 2 receptionists and the practice manager. A range of services are provided. These include:

- Examination, diagnosis and treatment planning (including x-rays)
- Preventative advice and treatment
- Treatment of gum disease (periodontal treatment)
- Fillings, root fillings, crowns and bridges
- Extractions (and other surgical treatments)
- Supply and repair of dental appliances (dentures and splints)
- Prescriptions and supply of dental medicines
- Cosmetic treatment
- Hygienist services

Summary

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

All of the patients who responded to questionnaires and that we saw during the inspection were satisfied with the services provided at the practice, they felt they were given enough information about their treatment and confirmed that the practice team made them feel welcome. We have recommended that the practice reviews how information is displayed and to consider other suitable communication methods.

Patient comments (provided here with their agreement) included the following:

"I have no complaints about the staff at this practice. They are always very polite and helpful".

"I'd been a private patient with another Dentist and was on the waiting list for here around 6 years before I was informed of a space. Since becoming a patient I have realised that people rang on the off chance in that 6 years and got a NHS place, I was a bit disappointed that I hadn't been contacted when there was places available. The service I receive is very good here".

"Very efficient. Phone, text and email reminders helpful".

"What's good about these dentists is that they take their time to explain things"

Overall we found that the standard of record keeping was excellent by all staff. Generally the surgery rooms were well equipped and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We have recommended improvements to some of the facilities in use by dentists, hygienists and dental nurses.

The practice was underpinned by strong management and leadership and we saw that their policies and procedures were well written. Staff motivation and morale was good and staff were being provided with sufficient professional development opportunities.

Overall the facilities at the practice were good; the premises looked well maintained internally but we suggested that some repair work may be needed in the car park in the near future.

Findings

Patient Experience

Summary

All of the patients who responded to questionnaires and that we saw during the inspection were satisfied with the services provided at the practice, they felt they were given enough information about their treatment and confirmed that the practice team made them feel welcome. We have recommended that the practice reviews how information is displayed and to consider other suitable communication methods.

7 out of 19 patients who completed questionnaires did not know how to contact the out of hours' service and 14 did not know how to make a complaint. We saw that this information was displayed on the noticeboard in the waiting room and within the patient information leaflet, a stock of which was available in reception. Some of the information displayed had small writing and therefore we suggested that the practice reviews the way in which information is presented.

Written information was provided mainly in the English language. The practice's website and patient information leaflet stated that Welsh and English speaking staff were available; we heard some staff speak in both languages during the day. The principal dentist and practice manager explained that written information used to be provided bilingually but there was no demand for the Welsh leaflets. We have recommended however that the practice considers patients' choice whenever possible and also recommended that they consider other suitable formats for people with additional learning needs. The practice manager confirmed that they have access to a translation service, via the local health board.

Recommendation

To review how information is displayed in the practice and to consider other suitable communication methods, in accordance with patients' needs and choices.

We spoke with six patients during the day and together with those patients who responded to our questionnaire, most of them indicated that they were seen promptly or within a few minutes of their appointment time. Out of the 5 people who had experienced delays, three people indicated that this was only for a short period or that it had not caused problems; no additional comments were made by the remaining two patients. We observed that patients were seen on time or slightly ahead of their appointment time on the day of the inspection.

We looked at a sample of the practice's patient questionnaires which had been completed, they were not dated but the practice manager said they had been distributed to patients during 2013. Questions related to patients' satisfaction with their dentist, staff and service. We also saw samples of other blank patient surveys which covered several other areas including their views about the premises and appointment system. As yet these had not been distributed and the practice manager agreed to formalise a more robust system to obtain patient feedback and for documenting the actions/outcome arising from this.

No formal complaints had been received in the last couple of years but there was evidence that the practice manager and principal dentist were taking patients' views seriously. We saw that three patients had raised a grievance over the last year but had declined the offer of these being considered under the practice's complaints procedures. With the exception of one handwritten note, which the practice manager intended to imminently record on the computer, the full details of all concerns had been recorded and included the outcome and actions taken.

We viewed the practice's complaints procedures and saw that these covered patients seen privately and under the NHS. Procedures contained the contact details of relevant organisations, such as HIW, the local health board and Dental Complaints Services, and the timescales for dealing with complaints were compatible with the NHS 'Putting Things Right'² arrangements.

² NHS patients: 'Putting Things Right' is the arrangement for handling and responding to concerns in NHS services, which was introduced by the Welsh Government in 2011.
Private patients: The Dental Complaints Services has been set up to assist private patients who wish to make a complaint –
<http://www.nhsdirect.wales.nhs.uk/localservices/dentistfaq/#complaint>.

Delivery of Standards for Health Services in Wales

Summary

Overall we found that the standard of record keeping by all staff was excellent. Generally the surgery rooms were well equipped and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We have recommended improvements to some of the facilities in use by dentists, hygienists and dental nurses.

We viewed 15 computerised patients' clinical records (sampling 3 records by each dentist and dental hygienist) and also looked at 9 sets of clinical paper records. We found that the standard of record keeping was excellent amongst all staff; this included basic patient information, their medical and social history, appointments, consent and treatment plans. Referrals to other health professionals, for patients requiring specialist treatments, were appropriately being followed up and the outcome, when known, was also being recorded. New patients' initial medical forms had not been countersigned by the dentists. However these forms had been inputted onto the computer system by the dentist themselves, a process which they told us meant they would be reviewing the information.

Other clinical records were generally well organised, including the file containing radiation checks, equipment maintenance and staff training under The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000. The system for monitoring medication expiry dates was effective. To fully comply with IRMER we have suggested that the isolation switches be positioned outside the relevant two surgery rooms and that the practice also considers moving the x-ray control panel unit closer to the door of one surgery, to avoid cable stretch.

At the time of the inspection the practice had obtained a quote for hand washing facilities in the decontamination room. In the meantime we suggested interim measures for the existing facilities that would enable one sink to be dedicated for hand washing only as recommended by guidelines³. We recommended that the practice considers purchasing a different type of sterilising equipment (autoclave) to sterilise hand pieces with a lumen as the

³ The Welsh Health Technical Memorandum, WHTM 01-05

existing one was not suitable for this purpose⁴, or that additional hand pieces are obtained. When this was discussed with the principal dentist we found that they already had a stock of additional hand pieces. We therefore recommended that they start using these with immediate effect and to sterilise the hand pieces between patients. We saw that the hand piece tips were appropriately being sterilised.

Recommendation

Ultrasonic scaler hand pieces to be sterilised in between patients

Consider obtaining suitable equipment to improve the sterilization process for hand pieces with a lumen as the existing autoclave is not suitable for this purpose

The portable suction unit was dated and may need replacing in the near future, which the principal dentist agreed to look into.

We found that emergency medication was being stored in accordance with the manufacturers' guidelines. However glucose was not available in gel format and Midazolam was not available in liquid format, which is recommended by guidelines⁵.

Recommendation

Review emergency medication guidelines for dental practices to ensure that all the relevant medication is available as recommended

⁴ Lumen is the tubular part of a dental hand piece; WHTM 01-05 provides guidance to dental practices on the types of sterilisation equipment recommended for different instruments, including hand pieces with a lumen.

⁵ The British National Formulary (BNF)'s list of emergency medication for dental practices

Management and Leadership

Summary

The practice was underpinned by strong management and leadership and we saw that the policies and procedures they had were well written. Staff motivation and morale was good and staff were being provided with sufficient professional development opportunities.

We looked at various policies and procedures and found these easy to read and follow and they contained appropriate guidance for staff members when responding to certain events. Procedures referred to other relevant guidelines and legislation, for example Equalities Act 2010 and Data Protection Act 1998. Where relevant they also contained contact details of various organisations, including the local health board, general dental council and local authority. Staff had signed to confirm their understanding and adherence to these policies. We saw that some policies referred to the Care Quality Commission (CQC), social and health care regulators in England and HTM (Health Technical Memorandum) and advised the principal dentist and practice manager to refer to policies and organisations that apply in Wales, for example HIW and WHTM (Welsh Health Technical Memorandum).

We spoke with several staff members, including a receptionist, dentists, dental nurses and the practice manager. All staff indicated that they were happy in their job and that they all worked well as a team. Staff spoke positively about the principal dentist, who took over in 2011, and the practice manager who had worked there since 1999, adding that the practice was now more modern and that staff were being kept up to date with developments. The principal dentist is a member of the Local Dental Council (LDC) and British Dental Association.

We saw a sample of minutes from staff meetings which are held monthly. Some notes included good detail of what was discussed and the outcome agreed but other notes lacked sufficient information in this respect. We therefore suggested greater consistency when recording team meeting notes to ensure they contain sufficient information, the outcome and evidence of learning from these meetings. Staff members implied that they all actively contributed during meetings; they were included in how the practice was run and felt valued members of the team. They spoke about various team building/motivational events, facilitated by the principal dentist, and we sensed that overall staff motivation and morale was good.

We viewed staff records and saw a completed four week induction programme for the most recent employee who commenced in post during summer 2013. We also spoke with the staff member concerned, who confirmed that the

induction and ongoing support they continued to receive was good and had enabled them to settle into their role and the team. Other staff we spoke with confirmed they were given sufficient opportunities to meet their continuous professional development (CPD) objectives and we saw various training certificates of the courses attended by staff over the last few years.

Quality of Environment

Summary

Overall the facilities at the practice were good; the premises looked well maintained internally but we fed back about repair work that may be needed in the car park in the near future.

The practice is located within walking distance of Holyhead town centre. The dental practice currently share the car park with the GP practice, located next door, and spaces were therefore limited. However patients we saw during the inspection confirmed they had managed to get a car parking space nearby. People with disabilities could use the designated car parking space outside the dental practice and one patient we spoke with commented that they appreciated this facility.

Entrance to the practice was via a small number of steps or a ramp, which included a handrail on one side. The two doors to the building were wider than normal, enabling easier access for people in wheelchairs. However these doors, which had a low tread on each, did not open automatically and this could cause access difficulties for some patients. The practice manager confirmed that, as yet, no one had raised problems regarding access to the practice and that staff were available to assist patients if required.

The practice, all on ground level, included an enclosed reception area, a good size waiting room, five surgery rooms, a staff room, an office and a separate staff and patient toilet. We observed that the patient toilet was small and therefore inaccessible for people requiring a wheelchair.

We saw that the waiting room was tidy and uncluttered and there were two noticeboards on which information was neatly displayed. Some written information was presented in small print and was not prominent; we have made recommendations about this previously in page 6 of this report. Magazines were neatly displayed in a magazine rack and a corner of the waiting area was designated for young children, which included books and large lego pieces. We looked at the practice's cleaning programme and saw that it included additional cleaning for this area, which should assist in minimising cross contamination. A television was fixed to the wall and was on during the inspection; one of the patients told us that they enjoyed watching the TV whilst waiting for their appointment. We felt that the waiting room was a little cool on the day of the inspection. However the patients we spoke with said that they felt adequately warm.

The premises benefitted from additional security measures; for example the building was alarmed, security grids had been fitted onto external windows and there were lockable metal grid doors in front of the entrance doors, which were left open during practice hours then locked again at the end of the working day.

There was evidence of slight weather damage in the car park and we advised the principal dentist to monitor this and to arrange for the necessary repairs as soon as needed. This should minimise the risks of patients tripping or falling whilst entering the building through the car park.

Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Patient Experience and Delivery of Standards for Health Services in Wales. 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 Longford Road 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: Longford Road Dental Practice

Date of Inspection: 17 November 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Patient Experience				
6	To review how information is displayed in the practice and to consider other suitable communication methods, in accordance with patients' needs and choices.			
Delivery of Standards for Health Services in Wales				
9	Ultrasonic scaler hand pieces to be sterilised in between patients			
9	Consider obtaining suitable equipment to improve the sterilization process for hand pieces with a lumen as the existing autoclave is not suitable for this purpose			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
9	Glucose to be stocked in gel format and Midazolam to be stocked in liquid format			
	Management and Leadership			
	N/A			
	Quality of Environment			
	N/A			

Practice Representative:

Name (print):

Title:

Signature:

Date: