

General Dental Practice Inspection (Announced)

Betsi Cadwaladr University
Health Board:

Mervinian House Dental
Practice

06 May 2015

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

Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	7
	Patient Experience	7
	Delivery of Health and Care Standards	10
	Quality of Environment	15
6.	Next Steps	17
	Appendix A	18

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Mervinian House Dental Practice at Meyrick Street, Dolgellau, Gwynedd, LL40 1LN within the area served by Betsi Cadwaladr University Health Board on 6th May 2015.

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 any relevant professional standards and guidance.

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

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>

- 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

Mervinian House Dental Practice provides services to approximately 8,000 patients in the Dolgellau and Meirionnydd area of Gwynedd County. The practice was taken over by Integrated Dental Holdings (IDH) in July 2014. Currently, IDH has a network of over 600 dental practices across the UK⁴.

Mervinian House Dental Practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board. It is a mixed practice offering both private and NHS dental services. At the time of the inspection, we were informed that 95% of the patients were in receipt of NHS services.

The practice employs a staff team which includes two dentists, one part time hygienist, three dental nurses and a practice manager. However, when we inspected on 6th May 2015, one of the dentists had left the previous week and the vacant post had been advertised.

A range of services are provided. These include:

- Dental examinations and check ups, including x-rays
- Fillings
- Bridges, crowns and root canal treatment
- Extractions
- Tooth whitening
- Oral health and hygiene advice and treatments

⁴ As per information accessed by HIW during May 2015, via <http://idhgroup.co.uk/patient-services>

4. Summary

HIW explored how Mervinian House Dental Practice meets the standards of care set out in the Health and Care Standards April 2015.

Out of the seven patients who completed a HIW questionnaire, they were all satisfied with the services received. Patients said they were given enough information about their treatment and were usually made to feel welcome by the practice team.

IDH had acquired the Mervinian House practice since July 2014 and we recommended that patient information leaflets were made available as soon as possible, with consideration to the language and communication needs of the patients. IDH were promoting private dental services, therefore a list of the private charges should also be made available.

Some of the patients were experiencing delays due to one of the two dentists recently leaving, resulting in a vacancy. The practice was anticipating that this problem would be resolved as soon as the post was filled.

There was no formal system for obtaining patient feedback about the service. We advised that a system should be developed and, where possible, the patients' feedback acted upon.

Overall, we saw that the clinical facilities and equipment were good. There were effective maintenance and auditing systems in place. However, we were concerned that the only dentist currently working at the practice, and who qualified outside of the UK, did not have the appropriate radiographic and radiation protection training, as required under UK regulations. The dentist was also unaware about some of UK advice and guidelines. HIW therefore issued an immediate action letter and, subsequently, has been provided with sufficient assurance that these matters are being satisfactorily addressed.

Overall, we saw that the practice manager was efficient and organised in her work. All the clinical staff were newly qualified or still undergoing training, thereby relatively inexperienced in their dentistry career. We have therefore advised IDH to ensure that staff members are adequately supported by the organisation.

Before dentists can practice, they must be included on the performers' list. The health board had imposed conditional inclusions for one of the dentists, who qualified outside of the UK, to promote additional learning opportunities in accordance with UK regulations. It was not clear to us whether the dentist was meeting these conditions and therefore we referred the matter to the health

board to follow this up directly with the dentist. HIW has subsequently received written confirmation from IDH and the local health board, confirming the additional steps that have been taken to address this matter.

We saw documentary evidence that staff had completed training in a few areas over the last 12 months. However there was no system to monitor staff progress and we recommended that a programme of annual staff appraisals be undertaken, during which staff progress could be monitored and a personal development plan should be agreed.

Overall we saw that the environment was accessible and that the areas accessed by patients were fit for purpose and well maintained. There were small windows on a couple of surgery room doors and we advised the practice to cover these, to preserve patients' privacy and dignity. Conversations relating to confidential patient information should be undertaken away from the reception and waiting area or when patients are not present in this area.

5. Findings

Patient Experience

Out of the seven patients who completed a HIW questionnaire, they were all satisfied with the services received. Patients said they were given enough information about their treatment and were usually made to feel welcome by the practice team.

IDH had acquired the Mervinian House practice since July 2014 and we recommended that patient information leaflets were made available as soon as possible, with consideration to the language and communication needs of the patients. IDH were promoting private dental services, therefore a list of the private charges should also be made available.

Some of the patients were experiencing delays due to one of the two dentists recently leaving, resulting in a vacancy. The practice was anticipating that this problem would be resolved as soon as the post was filled.

There was no formal system for obtaining patient feedback about the service. We advised that a system should be developed and, where possible, the patients' feedback acted upon.

A week prior to the inspection HIW issued the practice with patient questionnaires, to be distributed as patients came in for their appointment and to be collected by HIW on the day of the inspection. However none of the questionnaires had been completed and the reception staff informed us this was because patients had declined to complete them. On the day however seven of the patients we saw readily agreed to complete a questionnaire.

All seven of the patients indicated that they were satisfied with the services received and said that the practice team usually made them feel welcome. They said they received enough information about their treatment and one of the patients commented about the staff being extremely helpful and polite.

Four of the patients had experienced delays in being seen on the day of their appointment. One of these patients explained they received a telephone call beforehand, informing them that the dentist was off sick that day. Another patient added they were generally good, but had experienced the odd half hour delay occasionally. On the day of the inspection we heard the receptionist informing a patient that the dentist was running late; we saw the patient again

later on and they had been waiting for more than half an hour over the allocated time. However they did not express any dissatisfaction about this wait.

From our discussions with staff we found that, because they were currently one dentist short and had a large patient list, the one remaining dentist was struggling to cope with the demand. The practice manager informed us that the vacant post had been advertised and they were hoping to fill this as soon as possible, which they anticipated would resolve these problems.

At the time of the inspection the practice did not have patient information leaflets. The practice manager explained that IDH were re-branding to become "My Dentist" and that the correspondence for the Mervin House Dental Practice had not yet been provided to them. We were presented with a copy of the previous leaflet which was written in English and Welsh; the practice manager confirmed that a moderate proportion of patients using the service were Welsh speaking.

Improvement needed

IDH should ensure that patient information leaflets are made available as soon as possible. In this respect the communication needs and spoken language of the patients should be considered.

We were informed that 95% of patients were receiving NHS services but that IDH were also promoting private dental services. We saw that the NHS charges were prominently displayed in the waiting area. However there was no list of the private charges. The practice manager said that she had already compiled a list of the private charges, which needed to be finalised then displayed.

Improvement needed

A list of the charges for private dental services should be made available for patients as soon as possible.

Five of the patients did not know how to make a complaint. We saw that there was an English and Welsh IDH notice at the side of reception with regard to compliments, suggestions or complaints. We acknowledged the good practice in providing this information in both languages. However, in view of the patients' feedback, we suggested that these notices could be moved to a more prominent position in the waiting area. The out of hours service telephone numbers were clearly displayed on entry to the building.

We saw a sample of patient feedback about the Mervinian House practice, which they had submitted electronically on the IDH website over the last few weeks. There was a box in the waiting room where patients could post surveys in. However the practice manager informed us that patient surveys had not been issued for a considerable time. Currently therefore there was no formal system for obtaining patient feedback.

Improvement needed

The practice is advised to consider various other methods for obtaining patient feedback, so that staff can gain a clear understanding of what is working well and what is not. Where possible, this feedback should be acted upon and used to influence improved changes to the service provision.

Delivery of Health and Care Standards

Overall, we saw that the clinical facilities and equipment were good. There were effective maintenance and auditing systems in place. However, we were concerned that the only dentist currently working at the practice, and who qualified outside of the UK, did not have the appropriate radiographic and radiation protection training, as required under UK regulations. The dentist was also unaware about some of UK advice and guidelines. HIW therefore issued an immediate action letter and, subsequently, has been provided with sufficient assurance that these matters are being satisfactorily addressed.

We found that the radiographic facilities and equipment were good and there was evidence that regular maintenance checks were being undertaken in line with the relevant regulations and guidelines. However the only dentist working at the practice had qualified outside of the UK and had not yet completed the radiographic and radiation protection training, which is a requirement under The Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). We were informed that the dentist was being enrolled for this training but that a date had not yet been confirmed.

Also, at the time of the inspection, the practice did not have a suitable radiation protection supervisor, as required under The Ionising Radiation Regulations 1999 (IRR). The lack of IRMER training and identification of a suitable radiation protection supervisor could potentially pose an immediate risk to patient safety. Therefore HIW issued an immediate assurance letter and improvement plan following the inspection. We have subsequently been provided with documentary evidence of the IRMER training the dentist has undertaken, and this provided us with sufficient assurance that this matter has been satisfactorily addressed.

A new x-ray machine had been obtained for one of the surgery rooms. However the safety certificate had not been forwarded by IDH to the practice. The practice manager agreed to follow this up immediately and to retain a copy of the certificate on the premises.

We looked at the emergency resuscitation equipment and medication stored at the practice. The monitoring systems were satisfactory and the equipment and medication were all within their expiry date. Training certificates showed that staff had received cardio pulmonary resuscitation (CPR) training within the last 12 months.

Contracts were in place for the disposal of hazardous and non-hazardous waste. We saw that clinical waste was disposed of in the appropriate coloured bags and bins.

We considered the decontamination (cleaning and sterilising of instruments) process. There were good facilities in place for this purpose, with a dedicated decontamination room, containing the facilities and equipment necessary to prevent contamination. We saw documentary evidence demonstrating that routine infection control audits were being undertaken; we saw that the most recent audit had been completed during September 2014.

The three surgery rooms at the practice were clean and adequately stocked with dental instruments and personal protective equipment. We saw that items such as suction and syringe tips were for single use then disposed of, which is in line with recommended practice.

The standard of record keeping was considered, we sampled a total of ten records, including five records completed by the dentist who had left a week prior to our inspection. Whereas the quality of record keeping by the dentist who had only just left was satisfactory, the standard of record keeping by the other dentist, especially in relation to radiographs and preventative treatment for children, was poor. When we spoke with the dentist it became apparent that they were not familiar with some of the current UK advice and guidelines, for example the Selection Criteria for Radiographs and Delivering Better Oral Health.

There was evidence that the gaps in the dentist's knowledge, as identified above, reflected in the generally poor quality of record keeping in those areas. Therefore, HIW's immediate assurance letter and improvement letter, issued by HIW after the inspection, sought assurance on how these matters were to be addressed. Further steps have since been taken by IDH to ensure that the dentist receives additional supervision and support to develop sufficient knowledge in the above areas.

Improvements needed

All the improvements under this theme were dealt with immediately following the inspection, in accordance with HIW's immediate assurance letter and improvement plan. Additional action has been taken by the dentist and IDH, providing us with sufficient assurance that these matters have been, or are being satisfactorily, addressed.

Management and Leadership

Overall, we saw that the practice manager was efficient and organised in her work. All the clinical staff were newly qualified or still undergoing training, thereby relatively inexperienced in their dentistry career. We have therefore advised IDH to ensure that staff members are adequately supported by the organisation.

Before dentists can practice, they must be included on the performers' list. The health board had imposed conditional inclusions for one of the dentists, who qualified outside of the UK, to promote additional learning opportunities in accordance with UK regulations. It was not clear to us whether the dentist was meeting these conditions and therefore we referred the matter to the health board to follow this up directly with the dentist. HIW has subsequently received written confirmation from IDH and the local health board, confirming the additional steps that have been taken to address this matter.

We saw documentary evidence that staff had completed training in a few areas over the last 12 months. However there was no system to monitor staff progress and we recommended that a programme of annual staff appraisals be undertaken, during which staff progress could be monitored and a personal development plan should be agreed.

Mervinian House Dental Practice was taken over by IDH in July 2014. We were informed that as IDH was re-branding to become "My Dentist" the signage and new correspondence was yet to be delivered. IDH's connection with the service was not immediately apparent to us at the practice premises and when we spoke with some of the staff we found that no one from IDH had visited them since the company took over some ten months previously.

Improvement needed

IDH should take urgent action to ensure that, when they visit the practice, patients are aware of the company running the service. Steps also need to be taken to ensure that staff members are adequately supported by the organisation.

The practice manager started work at Mervinian House when it first opened in 2008, initially as a dental nurse but taking over as practice manager a few years ago. The practice manager was arranging monthly team meetings, although we saw there were occasional gaps where meetings were cancelled. We saw a sample of the minutes, which contained sufficient details to demonstrate

effective team working and development. From our discussion with the practice manager some staffing issues had been addressed in accordance with the relevant staffing policies, including staff disciplinary.

We found that the clinical team were relatively new, both in terms of length of employment at the practice and that some staff were still undergoing training alongside their practice. The newly qualified dentist came from outside the UK to work at the practice in June 2014 and, having not attained their qualification in the UK, they had accepted the health board's performers' list agreement to work under conditional inclusions. With the dentist's consent we contacted the health board regarding the conditions. IDH has since provided HIW with written confirmation of the actions taken to support the dentist in meeting the health board's conditions.

Out of the three dental nurses, two started work there in March 2014 and were less than one year qualified with another year's training to complete and one dental nurse attained her qualification during the summer of 2014.

The dental hygienist was in full-time education, visiting to provide services every few weeks/months but at the time of our inspection had no regular work pattern at the practice.

Improvement needed

IDH is to provide HIW with written confirmation in relation to what additional support is to be considered/provided for the newly qualified and inexperienced clinical staff team, to ensure that the staff continue to develop competencies for the work they undertake.

Disclosure and barring service (DBS) checks were available for all the staff members which, for the dental nurses and dentist, had been obtained during 2013 and 2014. The dentist and trained nurse were registered with the General Dental Council and their certificates of registration, including the dentist's HIW certificate, were displayed within the practice.

One of the dental nurses informed us that she had undergone training but was currently unable to access the IDH online training function. We viewed a sample of staff training records and saw that some of the staff had received training recently, including adult and child protection. Under their General Dental Council registration, staff are responsible for demonstrating compliance with their mandatory training requirements and recommendations. We were informed that there was no formal system to monitor progress with staff members' training.

We were also informed that staff appraisals had not yet been completed because of the staff changes over the last few months, but that the practice manager would be undertaking these shortly. As a couple of staff had worked at the practice for over 12 months, we recommended that their appraisals be conducted as soon as possible.

Improvement needed

The practice is advised that staff should have an annual appraisal and a personal development plan. Although acknowledging that staff are responsible for maintaining their training requirements this process will assist to monitor progress with their professional development and training needs.

We saw that IDH had a comprehensive complaints policy available and that the different timescale between England and Wales was accurately reflected. However, one section related to the role of the Care Quality Commission (CQC) who is the health care regulator in England. As HIW is the regulator in Wales we advised that this section be updated accordingly.

We saw that IDH had provided the practice with policies and procedures, which included their version dates. Many of these were comprehensive, containing step by step guidance for staff to follow, which we acknowledged as noteworthy practice.

Given the number of improvements and immediate action 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

Overall we saw that the environment was accessible and that the areas accessed by patients were fit for purpose and well maintained. There were small windows on a couple of surgery room doors and we advised the practice to cover these, to preserve patients' privacy and dignity. Conversations relating to confidential patient information should be undertaken away from the reception and waiting area or when patients are not present in this area.

Mervinian House Dental Practice occupies a Grade II listed building. The premises is spread over four floors, of which the ground floor only is accessible to patients. There was a small step to enter the building. One of the dental nurses informed us that they assist patients in wheelchairs to enter the premises and had not observed any difficulties in this respect. We were later informed by the practice manager that there is also a ramp that can be used to enable easier wheelchair access.

All the surgery rooms were on the ground floor and accessible for wheelchair use. The patient's toilet had been adapted for disabilities and contained liquid soap, hand dryer and disposable paper towels to help prevent cross infection.

During the inspection we saw that all the areas accessed by patients looked well maintained, clean and tidy. The ground floor of the building was relatively bright with good lighting and ventilation. These rooms were comfortably warm during the inspection.

We noticed that two of the surgery room doors had a small window, enabling people to see in while treatment was taking place. One of the surgery rooms was accessed immediately from the reception area and therefore this could compromise the patients' privacy and dignity. The practice manager informed us of the reason for having these windows, which was that staff operating the x-ray machine could remain outside the room whilst still observing the patient through the window.

Improvement needed

We have advised the practice to cover the windows on the surgery room doors to preserve patients' privacy and dignity whilst receiving dental treatments.

During the inspection we heard the receptionist leaving telephoning messages for patients who had registered with the practice but who had not yet made appointments. The receptionist's message included the name of the patients.

As the reception was situated in part of the waiting room, other patients were easily able to hear these calls and therefore this compromised patient confidentiality.

Improvement needed

Practice staff are advised to protect patients' confidentiality at all possible times. In this respect any telephone conversations and messages that involve disclosing private or sensitive information should not be undertaken within hearing range of other patients.

When looking through policies and procedures we saw that there was a detailed cleaning plan by IDH, covering all areas of the practice. The practice manager informed us that there is no dedicated cleaner therefore this task is mostly undertaken by her. The general standard of cleanliness on the day of the inspection was good. However, as the practice manager also covers the Machynlleth site, we would advise IDH to carefully monitor this practice to ensure that the standard of cleanliness and hygiene can be adequately maintained.

Staff facilities were situated mainly on the first floor, which included a combined staff room and practice manager's office and staff toilets. We saw that there was ample storage space in the building and that some areas within the building were currently not in use.

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 Mervinian House 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: Mervinian House Dental Practice, Dolgellau

Date of Inspection: 06 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	IDH should ensure that patient information leaflets are made available as soon as possible. In this respect the communication needs and spoken language of the patients should be considered. [Health and Care Standard 3.2 and 4.2]			
7	A list of the charges for private dental services should be made available for patients as soon as possible. [Health and Care Standard 3.2 and 4.2]			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
8	<p>The practice is advised to consider various other methods for obtaining patient feedback, so that staff can gain a clear understanding of what is working well and what is not. Where possible, this feedback should be acted upon and used to influence improved changes to the service provision.</p> <p>[Health and Care Standard 6.3]</p>			
Delivery of Health and Care Standards				
11	<p><i>N/A – For information:</i></p> <p><i>All the improvements under this theme were dealt with immediately following the inspection, in accordance with HIW's immediate assurance letter and improvement plan. Additional action has been taken by the dentist and IDH, providing us with sufficient assurance that these matters have been, or are being satisfactorily, addressed.</i></p>	N/A		
Management and Leadership				
11	<p>IDH should take urgent action to ensure that, when they visit the practice, patients</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>are aware of the company running the service. Steps also need to be taken to ensure that staff are adequately supported by the organisation.</p> <p>[Health and Care Standard 3.4 and 7.1]</p>			
12	<p>IDH is to provide HIW with written confirmation in relation to what additional support is to be considered/provided for the newly qualified and inexperienced clinical staff team, to ensure that the staff adequately continue to develop competencies for the work they undertake.</p> <p>[Health and Care Standard 7.1]</p>			
13	<p>The practice is advised that staff should have an annual appraisal and a personal development plan. Although acknowledging that staff are responsible for maintaining their training requirements this process will assist to monitor progress with their professional development and training needs.</p> <p>[Health and Care Standard 7.1]</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Quality of Environment				
14	<p>We have advised the practice to cover the windows on the surgery room doors to preserve patients' privacy and dignity whilst receiving dental treatments.</p> <p>[Health and Care Standard 2.1]</p>			
15	<p>Practice staff are advised to protect patients' confidentiality at all possible times. In this respect any telephone conversations and messages that involve disclosing private or sensitive information should not be undertaken within hearing range of other patients.</p> <p>[Health and Care Standard 2.1]</p>			

Practice Representative:

Name (print):

Title:

Date: