

General Dental Practice Inspection (Announced)

Betsi Cadwaladr University
Health Board

{My} dentist Fern Dental
Practice

28 May 2015

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Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Patient Experience	6
	Delivery of Health and Care Standards	8
	Management and Leadership.....	11
	Quality of Environment	13
6.	Next Steps	14
	Appendix A.....	15

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to {My} dentist Fern Dental Practice at 1 Fern Avenue, Prestatyn, Denbighshire, LL19 9DN within the area served by Betsi Cadwaladr University Health Board on 28th 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

{My} dentist Fern Dental Practice provides services to approximately 3,500 patients in the Prestatyn and surrounding area of Denbighshire. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice was taken over by Integrated Dental Holdings Ltd (IDH) during August 2014. IDH has a network of dental practices across the UK and, at the time of our inspection, IDH was in the process of re-branding to {My} dentist. This process had already been implemented at Fern Dental Practice.

{My} dentist Fern Dental Practice is a mixed practice; predominantly offering private dental services and a small number of NHS services.

The practice employs a staff team which includes three dentists, one hygienist, five dental nurses, a receptionist and a practice manager.

A range of services are provided. These include:

- Hygiene services
- Routine conservation
- Crowns, bridges and dentures
- Veneers
- Tooth whitening
- Consultation and referrals for dental implants

4. Summary

HIW explored how {My} dentist Fern Dental Practice meets the standards of care set out in the Health and Care Standards April 2015.

Overall, all the patients we spoke with and who responded to HIW's questionnaire were very satisfied with the services provided.

The availability and presentation of patient information was good. Patients had opportunities to feed back their views about the service. However we found that the forms used for this purpose were standardised across IDH dental practices. Therefore, in order to reflect the services provided at {My} dentist Fern Dental Practice, and to obtain the best quality feedback, we advised IDH to consider tailoring their website and patient surveys where possible.

Overall we saw that the clinical facilities were good and there were monitoring and maintenance systems in place. Improvements have been recommended in relation to the completion of maintenance logs, patient records and radiographic local rules. Other suggestions have been made with regard to obtaining alternative equipment or instruments than those currently in use, in line with best practice.

We found that the management and leadership was effective and information was well organised. The practice manager had implemented systems for monitoring and maintaining standards. IDH had implemented robust policies and procedures, which were in the process of being reviewed to ensure compliance with Welsh legislation and guidelines.

{My} dentist Fern Dental Practice occupies the three top floors above commercial premises. Access to people using a wheelchair or for people unable to manage stairs is greatly restricted due to there being no lift. Internally, we saw that the rooms and facilities were good and generally all the areas we saw were maintained to a high standard.

5. Findings

Patient Experience

Overall, all the patients we spoke with and who responded to HIW's questionnaire were very satisfied with the services provided.

The availability and presentation of patient information was good. Patients had opportunities to feed back their views about the service. However we found that the forms used for this purpose were standardised across IDH dental practices. Therefore, in order to reflect the services provided at {My} dentist Fern Dental Practice, and to obtain the best quality feedback, we advised IDH to consider tailoring their website and patient surveys where possible.

Eleven patients responded to HIW's questionnaire and we spoke with three patients during the inspection. All of them were satisfied with the services provided, confirming they received enough information about their treatment and were made to feel welcome by staff. A couple of the patients we saw spoke highly about the principal dentist and hygienist. Altogether, nine of the patients added complimentary comments about the staff and/or services and a small sample of these have been included below:

"Friendly, polite, informative ... overall would be happy to refer service to anyone".

"The team are extremely welcoming, helpful and professional".

"This practice is excellent – its reception and treatment of patients. Every required detail relating to the service is always readily available".

We commended the practice for the information made available to patients. IDH was in the process of re-branding to '{My} dentist', and this work was well underway. There were new, large notices displaying key information and interesting dentistry facts and figures. Some of the information was in English and Welsh and others, such as a booklet on oral health, contained pictorial illustrations. Most of the patients knew of pertinent information, including how to make a complaint and how to contact the out of hours' service; we saw that these details were clearly displayed within the practice and included the different out of hours' number for private and for NHS patients.

Some of the information was displayed in various areas of the practice; we suggested minor improvements, for example displaying common information together, for example, the Welsh and English version of the complaints procedure and notices regarding NHS and private charges.

We saw that patients were provided with opportunities to provide feedback about the service. There was a supply of feedback forms and a collection box in each of the waiting rooms. IDH also invites patients to provide feedback online and we were informed that this information is monitored and used to improve services where possible. At the time of our inspection however the online service was still in the process of being set up at this practice. The IDH area manager who was present during the inspection stated that standard customer services surveys are periodically texted to a random sample of patients across the UK; following which the overall feedback is analysed and fed back to individual practices.

In addition to the systems above, we suggested that a more regular system be considered for obtaining patients' views; ideally this should be tailored to the services provided at {My} dentist Fern Dental Practice. The overall patient feedback received should be used to influence changes to the service provision, wherever possible.

As IDH were still in the process of updating the patient information leaflets and website information for this practice, we reminded them to take the General Dental Council principles for ethical advertising into account. As suggested with the patient feed back system above, the website information should be tailored to the individual practice and to relevant legislation or guidelines in Wales, so as not to mislead or confuse patients with general IDH services or information not applicable to this practice.

Improvement needed

Up to date written information, including patient leaflets, should be tailored to {My} Dentist Fern Dental Practice and made available to patients as soon as possible.

Delivery of Health and Care Standards

Overall we saw that the clinical facilities were good and there were monitoring and maintenance systems in place. Improvements have been recommended in relation to the completion of maintenance logs, patient records and radiographic local rules. Other suggestions have been made with regard to obtaining alternative equipment or instruments than currently in use, in line with best practice.

We looked at the radiographic equipment and documentation and saw that the equipment had been checked during January 2015. A daily log was being maintained which included the radiograph grading. However, there was no evidence of a regular audit system to monitor the overall daily findings. Therefore we suggested that a more systematic review of radiological procedures be considered, in line with The Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

Improvement needed

A regular radiographic quality assurance/audit system should be developed and maintained, in line with IRMER.

We saw that a notification letter had been sent to the Health and Safety Executive (HSE), regarding the use of radiographic equipment at the practice, as required. We were unable to find a letter notifying the HSE of the change in ownership and therefore the practice manager agreed to write to HSE to notify them of this change.

Improvement needed

A copy of the notification letter regarding the use of radiographic equipment at the practice, sent to HSE following our inspection should be retained at the practice.

One of the dentists did not have an IRMER training certificate available for inspection. However we were presented with a list of the training he had undertaken, which included IRMER and was in line with the General Dental Council training recommendation. The dentist also agreed to make a copy of the training available at the practice for inspection purposes, as required under IRMER.

We found that there were systems and procedures for dealing with emergencies and that all the equipment and medication for this purpose was available and within expiry dates.

The clinical facilities at the practice were good; surgery rooms looked bright and clean, they were spacious and well stocked with all the necessary equipment and instruments. We noticed that the radiographic instructions, referred to as 'local rules', for each surgery, were generic. These instructions did not reflect the different practice which had to be followed in one of the surgery rooms due to the position of the x-ray unit.

Improvement needed

Radiographic local rules should include the details and practice undertaken at each specific individual surgery room.

There was a dedicated decontamination room and we found that this room had been well designed to segregate dirty and clean instruments and to prevent cross contamination. We observed one of the dental nurses completing the decontamination process in accordance with good practice guidelines. However, the extractor fan in this room was covered in dust which could reduce the effectiveness of this process.

Improvement needed

All areas of the decontamination room should be kept hygienically clean and dust free to minimise the risk of infection/contamination.

We suggested that long-handled brushes are used for scrubbing instruments, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05, instead of the short-handled ones currently in use. This should minimise the risk of sharps injuries. We also requested that the practice considers patients who have a latex allergy and, in these instances, suitable alternative gloves should be made available to re-package clean instruments. We saw that the instruments contained the date they were re-packaged and, in line with best practice, we advised the practice to also include the expiry dates on these.

There was documentary evidence of the maintenance checks undertaken for decontamination equipment. However we found that the test sheets for autoclaves and ultrasonic baths (for cleaning and sterilising instruments) were inconsistent and incomplete.

Improvement needed

Maintenance logs for decontamination equipment should be fully completed by all staff as this would demonstrate that the equipment has been adequately checked and maintained.

Contracts were in place for the disposal of hazardous and non-hazardous waste. We noticed that there were orange lidded bins in two of the surgery rooms. However the colour recommended for this type of clinical waste is yellow and the practice manager therefore agreed to obtain yellow bins for this purpose. The larger yellow bins outside were locked but otherwise there was no means of security to prevent them being moved away from the premises.

Improvement needed

Clinical waste should be disposed of in the appropriate coloured waste container.

Additional steps should be taken to secure the yellow clinical waste bins outside the practice, to prevent the risk of these being moved from the site and someone being injured if they were broken into.

From the sample of patient records we looked at, we found that overall the quality of record keeping was very good. However one of the dentist's records was inconsistent in some areas and we discussed this with the dentist concerned.

We saw that significant events or alerts were included within patient records and we suggested that the additional computer icon for alerts could be utilised for this purpose, to help quickly locate important information. We advised the practice that the NHS estimates they provide to patients should also include the NHS contract at the back.

Management and Leadership

We found that the management and leadership was effective and information was well organised. The practice manager had implemented systems for monitoring and maintaining standards. IDH had implemented robust policies and procedures, which were in the process of being reviewed to ensure compliance with Welsh legislation and guidelines.

Fern Dental Practice was originally run by Dr Herd, one of the lead dentists at the practice. The practice was acquired by Denticare in 2012 before being taken over by Integrated Dental Holdings Limited (IDH) in August 2014, currently re-branding to {My} dentist.

The practice manager at {My} dentist Fern Dental Practice also oversees the management of the {My} dentist Llanrwst practice. Dr Herd, the practice manager and IDH's area manager (for the North Wales area) were present during our inspection. All staff members were welcoming towards us and both the practice and area manager were eager to take our suggestions for improvements on board.

At the time of our inspection IDH had initiated the recruitment process for two dentists, one to replace the dentist who was leaving the week following our inspection and one to replace the post currently covered by a vocational dental trainee, who was due to complete their training during the summer of 2015. We were informed that IDH was in the process of obtaining renewal disclosure and barring service (DBS) checks for all their staff. We saw documentary evidence that the dentists' DBS checks had been obtained within the last three years, as required under the Private Dentistry (Wales) Regulations 2008.

Overall we saw that the management of the service was well organised and was underpinned by robust policies and procedures. However the staff annual appraisal programme was behind schedule. We were informed that this process would be completed before the end of June 2015 and, as part of this process, staff would be provided with a personal development plan. As this matter was already in hand and considering that the overall standards were good in other areas, we have not included this in the improvement plan.

We looked at a sample of staff training certificates and saw evidence that staff had attended various mandatory and specialist courses over the last few months and years. In addition to IDH's online learning programme, staff were being supported to learn and develop through attending conferences and external courses.

We looked at a sample of team meeting minutes; meetings were regularly held and there was evidence that staff meetings were used as a method for learning and developing. However, we saw that the focus in recent meetings had shifted towards communicating instructions or reminding staff regarding IDH systems and processes. We suggested therefore that, where appropriate, team meetings were re-focused to encourage active participation and to provide staff with the opportunities to learn and share in the development and shaping of the practice.

We saw that there were systems in place to log and monitor informal and formal complaints received. There were different complaints procedures on display and we suggested that these be reviewed to prevent duplication or confusion for patients. Whereas some policies referred to guidelines and practices in Wales, one of the policies we looked at sign posted staff to the Care Quality Commission, which is the regulator in England. Therefore we advised IDH to continue reviewing their policies and procedures in accordance with the relevant legislation and guidelines in Wales.

Quality of Environment

{My} dentist Fern Dental Practice occupies the three top floors above commercial premises. Access to people using a wheelchair or for people unable to manage stairs is greatly restricted due to there being no lift. Internally, we saw that the rooms and facilities were good and generally all the areas we saw were maintained to a high standard.

{My} dentist Fern Dental Practice is located, above commercial premises, in Prestatyn town centre, and occupies the top three floors of the building. The practice had limited car parking spaces but was within close proximity of a public car park which, at the time of our inspection, was free for up to four hours.

The restricted access to people using a wheelchair or for people unable to manage stairs is a great disadvantage in terms of patient choice and continuity of care. As explained by one of the dentists, once patients are no longer able to access the stairs, they have no option but to refer them to another local dentist who has a ground floor surgery room. Because of the gradient of the stairs and limited outside space, it is unlikely that the practice can make reasonable adjustments to enable easier access. The dentist informed us that his previous attempts to acquire the ground floor and to obtain planning permission to install a lift were refused. Consequently the ground floor was acquired by another business. However IDH is advised to consider this access restriction if planning any future developments in the area.

Once inside the premises, we saw that the facilities and signage were good. There was a patient toilet and a separate staff toilet on the first floor, both containing liquid soap and disposable paper towels to help prevent cross infection. There were four surgery rooms, two on the first floor and two on the second. We noticed that one of the surgery rooms had a small window, to enable the x-ray operator to see in while taking x-rays. We saw that there was a window blind which had been pulled down to protect the patients' privacy and dignity. There was a waiting room on the first and second floor.

Other staff facilities included an office, a staff room/kitchen and changing area on the second floor and a small kitchen area on the first floor.

With the exception of the dust on the extractor fan which we mentioned previously on page 9 of this report, all the other areas we saw were clean and tidy. The rooms were generally bright, well ventilated and lit. The patients we saw complimented the environment since it had been refurbished by IDH.

6. 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 Health and Care Standards. 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 {My} dentist Fern 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: {My} dentist Fern Dental Practice

Date of Inspection: 28 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	Up to date written information, including patient leaflets, should be tailored to {My} Dentist Fern Dental Practice and made available to patients as soon as possible. <i>(Health and Care Standard 3.2)</i>	The Support Centre (company Head Office) are currently pulling together the correct details required for the welsh patient information leaflets. Once this has been done the Practice Manager will be required to send through the relevant practice details to go onto the branded template. Once the draft is approved by the Practice Manager they will be sent to print and posted out to the practice. These will then replace the existing leaflets and be made available throughout the practice for patients to access.	Practice Manager & Support Centre	03/09/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Delivery of Health and Care Standards				
8	<p>A regular radiographic quality assurance/audit system should be developed and maintained, in line with IRMER.</p> <p><i>(Health and Care Standard 2.9)</i></p>	<p>The Practice Manager will complete the company's radiography audit on all dentists. 50 x-rays will be audited for each dentist and a grading of 1,2 or 3 will be assessed. Grade 1 – Excellent - No errors of exposure, positioning or processing. Grade 2 - Diagnostically acceptable - Some errors of exposure, positioning or processing which do not detract from the diagnostic utility of the radiograph. Grade 3 –Unacceptable - Errors of exposure, positioning or processing which render the Radiograph unacceptable.</p> <p>The Practice Manager will discuss the results on individually with the dentists and any common themes will be discussed with the practice team on a team meeting in order to learn and improve going forward.</p> <p>Dentists will be issued with action plans to help improve any issues with x-rays. The radiography audit will then be repeated every 6 months and learning shared again. In some instances the action plans will require a review date where the audit will be repeated more often than 6 months</p>	Practice Manager	03/08/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>for example, should there be any major issues i.e. more than 20% of x-rays with a grading of 3 the audit will be repeated in a month's time to ensure immediate improvements are made.</p> <p>Where dentists require further help, support and or training the Practice Manager will arrange for the Clinical Support Manager and or the Clinical Director to attend the practice and meet with the dentists.</p>		
8	<p>A copy of the notification letter regarding the use of radiographic equipment at the practice, sent to HSE following our inspection should be retained at the practice.</p> <p><i>(Health and Care Standard 2.9)</i></p>	<p>The Practice Manager has contact the Health & Safety team at the Support centre and they have sent her a copy of the letter notifying HSE of the change in ownership. This is now stored as evidence in the Radiography file.</p>	Practice Manager	Completed
9	<p>Radiographic local rules should include the details and practice undertaken at each specific individual surgery room.</p> <p><i>(Health and Care Standard 2.9)</i></p>	<p>The Practice Manager will review the radiography risk assessment for each of the surgeries and ensure that the local rules are amended to reflect the specific circumstances for each surgery at the practice. The local rules will also specify the named RPS, the RPA, X-ray equipment details and they will be displayed next to the relevant x-ray machine. The Practice Manager will review</p>	Practice Manager	17/07/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		these local rules on annual basis or if the machine is moved/replaced or the details of the RPS change.		
9	<p>All areas of the decontamination room should be kept hygienically clean and dust free to minimise the risk of infection/contamination.</p> <p><i>(Health and Care Standard 2.4)</i></p>	<p>The packaging of sterilised instruments are now done using Latex free gloves the Practice Manager has discussed and agreed this at a recent practice meeting with the team.</p> <p>In addition expiry dates are now being placed on bagged instruments</p> <p>The Practice Manager will brief the team and make sure that regular cleaning of the extractor fan on a weekly basis or more often if required is completed as part of the decontamination cleaning schedule. The Practice Manager will conduct spot checks to ensure this is completed.</p>	Practice Manager	Immediately
10	<p>Maintenance logs for decontamination equipment should be fully completed by all staff as this would demonstrate that the equipment has been adequately checked and maintained.</p> <p><i>(Health and Care Standard 2.9)</i></p>	<p>The Practice Manager has held a team meeting to discuss the correct completion of the decontamination equipment log books.</p> <p>The Practice Manager has also discussed and implemented a rota and reiterated the importance of completing daily maintenance and compliance logs.</p> <p>The Practice Manager will complete regular spot checks on the log books to ensure all daily,</p>	Practice Manager	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		weekly, monthly and quarterly tests are being completed and dated correctly.		
10	<p>Clinical waste should be disposed of in the appropriate coloured waste container.</p> <p>Additional steps should be taken to secure the yellow clinical waste bins outside the practice, to prevent the risk of these being moved from the site and someone being injured if they were broken into.</p> <p><i>(Health and Care Standard 2.4)</i></p>	<p>The Practice Manager will raise a job with the company's Facilities team to get contractors to chain the outside yellow clinical waste bins to a wall to prevent from being moved off site.</p> <p>The Practice Manager has spoken to the supplier and they will be providing yellow waste containers at next collection.</p>	Practice Manager	31/08/15
	Management and Leadership			
	N/A			
	Quality of Environment			
	N/A			

Practice Representative:

Name (print): Nadine Phillips

Title: Practice Manager

Date: 03/07/15