

General Dental Practice Inspection (Announced)

Betsi Cadwaladr University
Health Board, Dant-y-Coed
Dental Practice

08 July 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Dant-y-Coed Dental Practice at 1&2 Maelor Buildings, Heol Maelor, Coedpoeth, Wrexham, LL11 3NG within the area served by Betsi Cadwaladr University Health Board on 8th July 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 the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff

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

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

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

- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Dant-y-Coed Dental Practice provides services to between 15,000 and 20,000 patients in the Wrexham and surrounding area. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Dant-y-Coed is a mixed practice providing both private and NHS dental services.

The practice staff team includes 6 dentists (including 2 dental partners for the incorporated company of the practice, Thorp, Boojawon & Associates), 2 hygienists, 1 therapist, 13 dental nurses, a reception manager and a practice manager.

A range of services are provided. These include:

- Examinations, fillings and denture work
- Advanced cosmetic treatment including veneers, crowns and bridges
- Intravenous sedation for nervous and anxious patients (adults only)
- Surgical procedures such as wisdom tooth removal
- Tooth whitening
- Consultation for specialist treatments
- Facial rejuvenation and aesthetics

4. Summary

HIW explored how Dant-y-Coed Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

Patients' responses to HIW's questionnaire indicated they were highly satisfied with the overall services received. We have advised the practice to develop a system for obtaining patient feedback; this feedback should be used to improve and influence service delivery.

Overall, the clinical facilities were good and there were robust monitoring systems and procedures, in line with regulations and/or guidelines. We saw that the decontamination process (to clean and sterilise equipment and instruments) was excellent.

Record keeping was generally good by all the practitioners. However we have advised that patients' medical histories must be completed at each treatment time, in accordance with the General Dental Council standards.

We found that there were good systems and procedures in place to support the delivery of safe, effective and person-centred care. The level of knowledge and expertise amongst the dentists and staff we met was exceptional. Team members worked very well together and had a strong learning and development ethos. We did however identify that improvements were required to the practice recruitment procedures, which the managers agreed to implement with immediate effect.

With the exception of access to people with restricted mobility, all the areas we saw were fit for purpose and generally well maintained. There were detailed cleaning schedules in place to help minimise the risk of cross contamination.

5. Findings

Patient Experience

Patients' responses to HIW's questionnaire indicated they were highly satisfied with the overall services received. We have advised the practice to develop a system for obtaining patient feedback; this feedback should be used to improve and influence service delivery.

We received 20 completed HIW patient questionnaires at the start of the inspection. All of the patients were satisfied with the services provided, they said they were made to feel welcome by staff and received enough information about their treatment. Numerous complimentary comments were added by patients, including four people who commented about previously being scared of dentists but feeling at ease since coming to Dant y Coed. A few other comments have been included, with the patients' consent, below:

"Lovely staff, best dentist I have ever had. Always greeted with a smile. Dentist always understanding and caring".

"Staff are always friendly, efficient and pleasant. Always willing to accommodate needs regarding appointments. Dental care has been excellent. Extremely satisfied".

"Both partners of this practice are always willing to help and go that bit further than most".

Not all of the patients knew how to make a complaint but a couple of them added that they would speak to staff members should the need arise. We saw that patients had access to a range of written information about the service, including the charges for NHS and private dental treatments, out of hours contact details and how to make a complaint. We were informed that the practice leaflet and website were due to be updated following staff changes. This work should be completed as soon as possible to ensure that patients have access to accurate and to up to date information.

We found that some of the staff members were Welsh speaking or could understand Welsh, although there was no obvious means of identifying them. , staff agreed to take into account patients' communication needs and language when conducting their written information and overall communication review.

From our discussions with managers we found that patient surveys were periodically being issued by the dental foundation trainee, as part of their training course, and by the two dental partners as part of their hospital work. However, the practice did not have their own formal system for obtaining feedback, therefore we advised the practice to consider different methods that could be implemented for this purpose.

Improvement needed

The practice should implement their own processes for evaluating patients' experience. The feedback received should be used to improve and influence positive changes to the service delivery.

Delivery of Health and Care Standards

Overall, the clinical facilities were good and there were robust monitoring systems and procedures, in line with regulations and/or guidelines. We saw that the decontamination process (to clean and sterilise equipment and instruments) was excellent.

Record keeping was generally good by all the practitioners. However we have advised that the patients' medical histories must be completed at each treatment time, in accordance with the General Dental Council standards.

We saw documentary evidence demonstrating that the radiograph (x-ray) units used were being regularly checked and maintained. However, there was no head cover on one of the x-ray machines and therefore some of the electrical wiring was exposed, which could potentially pose a risk if tampered with. We were informed that immediate steps would be taken to get this part re-covered.

Improvement needed

The practice is to provide HIW with written confirmation that the head cover on one of the radiograph unit has been repaired and therefore no longer poses potential health and safety risk.

One of the dental nurses' radiographic and radiation protection training was overdue as they were still waiting for a refresher date. However, when we highlighted that, to comply with the General Dental Council's recommendation, at least 5 hours training should be undertaken every 5 years, a suitable online training course was paid for and arranged during our inspection. We saw that all the other relevant staff had undertaken this training within the last 5 years, therefore we did not note this as an 'improvement needed' on this occasion.

We saw that the practice had adequate resuscitation equipment and medication for use in the event of an emergency. There was a system to monitor and replace these in line with their expiry dates. Medication should be immediately accessible in the event of an emergency (in accordance with Resuscitation Council UK guidelines) but we found that one of the medications was kept in the safe and another medication was kept in the fridge. We found that the fridge temperature was not being monitored therefore we advised that the storage of emergency medication be reviewed.

Improvement needed

The overall storage of emergency medication should be reviewed, in line with medication guidelines for dental practices.

Three of the dentists had been trained to provide treatment under sedation. This service was provided for adults only and, from our discussions with staff, we found that there were robust procedures in place. Staff were fully aware of the Intercollegiate Advisory Committee for Sedation in Dentistry guidelines 2015.

We looked at each of the seven surgery rooms which were clean and well stocked with the necessary equipment and instruments needed. One of the dentists had pre-prepared different solutions into Monoject syringes (whereas normally different syringes would be used depending on the solution). The syringes had been stored in individually labelled bags and each syringe included a corresponding letter to denote the solution inside. However there was still potential for human error and risk if the syringes were accidentally mixed up and the incorrect solution used during patient treatments.

Improvement needed

The practice is to provide HIW with written confirmation that all the dentists are now using the appropriate syringes for each solution, thereby minimising the risk of human error and potential harm to patients.

We saw that that the decontamination facilities and procedures were, overall, excellent and in keeping with the Welsh Health Technical Memorandum (WHTM 01-05) decontamination guidelines. The practice had four autoclaves (sterilising equipment), each of which were regularly serviced and tested. However, the vacuum autoclave was used less frequently and therefore only checked prior to being used. Upon our request, managers agreed to re-refer to the manufacturers' guidelines to check whether this autoclave needed more frequent checks. They also agreed to consult with the laboratory to ensure that the impressions returned to the practice had been sterilised beforehand.

We observed that dental instruments were placed in a clearly labelled colour coded box, depending on whether they needed sterilising or had already been processed. Instruments were transported via a goods lift which prevented the risk of spillages between the surgery and decontamination rooms. The lift had two compartments to separate the used and clean instruments. We were informed that there was an additional cleaning regime for the lift to prevent cross contamination. The decontamination room was a latex free area, which helped assure that allergens were not passed on via the instruments to patients

with a latex allergy. There was a clear audit system to trace each sterilised piece of equipment, which again was excellent practice.

On the day of the inspection we saw that a local anaesthetic cartridge had been disposed of in an orange lidded bin, which should be used to dispose of sharps only. One of the dental partners informed us that all the dentists are required to dispose of the local anaesthetic cartridges in the yellow lidded bin in the surgery. Therefore he agreed to remind all the dentists to adhere to this practice at all times.

We looked at a sample of three patient records per dentist and hygienist, which included a patient treated under sedation. The patient records demonstrated that the patients' consent to treatment was being obtained and that their treatment options were discussed. We saw that additional records were documented for patients who received sedation, including a pre-assessment, consent letter and exact dosage used.

We saw that patients' medical histories were being updated on the computer system; the practice policy stated that medical history forms were completed at least every 12 months. However we were informed that patients were not always requested to complete the medical history form unless there were changes since their previous visit. The practice is reminded that the system for checking patients' medical histories should comply with the General Dental Council standards, which states that "*You must make and keep complete accurate patient records, including an up-to-date medical history, each time that you treat patients*".

We saw that there were lockable storage facilities at the premises. The practice had changed to processing radiographs digitally. Arrangements had been made to archive the previous hard copies; however we found that there was no lock on the cupboards that these were held in. As this area was always occupied and plans were already in place to move these to a secure location within the following month, we did not request any further action on this occasion.

Management and Leadership

We found that there were good systems and procedures in place to support the delivery of safe, effective and person-centred care. The level of knowledge and expertise amongst the dentists and staff we met was exceptional. Team members worked very well together and had a strong learning and development ethos. We did however identify that improvements were required to the practice recruitment procedures, which the managers agreed to implement with immediate effect.

There was an effective management structure in place with management tasks delegated between the partners, a practice manager, a nurse manager and a reception manager. We found that staff had a clear sense of their roles and responsibilities. Policies and procedures were comprehensive and the dental nurse manager, responsible for developing and reviewing most of these, had utilised training materials and pictorial/photographic illustrations to best effect.

We found that the two dental partners were highly qualified, skilled and experienced, also undertaking periodic specialist oral surgery and cosmetic dentistry in hospitals. The other dentists and dental nurses were also encouraged to pursue their own special interests, as was evident during our discussions with staff.

New staff members and trainees followed a structured induction programme, in accordance with their individual roles. Our discussion with one of the staff members demonstrated that the induction provided was excellent. However, we identified that there were gaps in the practice's recruitment procedures. For example, when we looked at the file of the most recent employee we found that no written references had been obtained.

We were informed that most staff were employed before the two current dental partners took over the business approximately ten years ago and that a disclosure and barring service (DBS) check was not available for them. Whereas it is not mandatory for practice staff to have DBS checks, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. One of the dentists' DBS check was issued in 2011, whereas we saw that the other dentists had received a DBS check within the last three years (in line with regulations).

Improvement needed

The practice is reminded that all the dentists must have an enhanced DBS certificate of which less than three years have elapsed since it was issued, in line with the Private Dentistry (Wales) Regulations 2008.

The practice should consider obtaining DBS checks for staff who have access to vulnerable adults and children, including those who have access to patient records. This practice would be consistent with the 2011 NHS and Public Health Wales, “Guidance for Safeguarding Children & Vulnerable Adults in General Dental Practice”.

We looked at a sample of team meeting minutes which indicated a series of ‘do’s and don’ts’ instructions or reminders for staff. Therefore we suggested that managers encourage collaboration and active participation by staff, to promote learning and developing from these discussions.

The practice complaints procedure was readily available to patients in the waiting areas. We saw that there were robust policies in place, to include patients receiving NHS and private dental services. A sample of the complaints log we looked at indicated that complaints were taken seriously by the practice and were responded to within timescales, in accordance with the NHS ‘Putting Things Right’ arrangements⁴. However we were informed that not all informal comments, for example if a patient approached the receptionist when a dentist was running late, were recorded. Therefore we suggested that a log of these type of comments be maintained, which should help staff to monitor and, where possible, mitigate any common themes that arise.

We saw documentary evidence demonstrating that staff were up to date with continuous professional development, immunisation checks, professional registration and indemnity checks.

⁴ NHS ‘Putting Things Right’ is the arrangements for dealing with and responding to complaints about NHS services.

Quality of Environment

With the exception of access to people with restricted mobility, all the areas we saw were fit for purpose and generally well maintained. There were detailed cleaning schedules in place to help minimise the risk of cross contamination.

Dant-y-Coed is not accessible for patients using a wheelchair or who have restricted mobility. The dental partners informed us that their proposed adjustments to improve accessibility had been rejected, as the external ramp or facilities needed for wheelchair access would encroach too much on the public pavement and road outside. One of the patient toilets is adapted for disabled access.

Aside from the access restrictions, we found that the facilities were otherwise good. There were two spacious waiting areas for patients, one that included facilities for children, separate staff rooms and sufficient storage facilities. Plans were in place to refurbish one of the surgery rooms.

In response to our questionnaire, one of the patients commented that the surgery could do with a car park for patients. We saw that there was a staff car park to the side of the building but, because of the limited area, the cars were blocking each other and would therefore be unsuitable as a patient car park. A free public car park is situated across the road from the practice, which one patient highlighted as an advantage, and there is on street parking nearby.

We saw evidence of robust infection control measures to prevent cross contamination. There was a dedicated cleaner and we saw that detailed cleaning schedules were displayed in the different parts of the practice. Cleaning equipment and items were colour coded between clinical, toilet/bathrooms and non-clinical areas. We observed that the standard of cleanliness on the day of the inspection was very good.

As the practice had been converted from two neighbouring properties, there were slight floor level differences in a couple of the areas accessed by patients. We were informed that a tape to alert patients had been removed after it started to peel off. However the practice agreed to place signage in these areas to alert patients of a potential hazard.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the patients' experience, delivery of health and care standards and management and leadership. 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 Dant-y-Coed 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: Dant-y-Coed Dental Practice, 1&2 Maelor Buildings, Heol Maelor, Coedpoeth, Wrexham, LL11 3NG

Date of Inspection: 08 July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	<p><i>The practice should implement their own processes for evaluating patients' experience. The feedback received should be used to improve and influence positive changes to the service delivery.</i></p> <p>[Health and Care Standard 6.3]</p>	Following the inspection we are currently developing an anonymous patient feedback form that will be available to all patients in the waiting area. It will be reviewed and evaluated on a quarterly basis to improve and influence positive service delivery.	Angela Howells	Within 2 months
Delivery of Health and Care Standards				
8	<p><i>The practice is to provide HIW with written confirmation that the head cover on one of</i></p>	We can confirm that the radiograph unit in question has been repaired. Letter from engineer	Adrian Thorp	Immediate (completed)

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>the radiograph unit has been repaired and therefore no longer poses potential health and safety risk.</i> [Health and Care Standard 2.9]	to follow.		
8	<i>The overall storage of emergency medication should be reviewed, in line with medication guidelines for dental practices.</i> [Health and Care Standard 2.6]	In relation to storage of intravenous class 2 drug (Midazolam) guidance states that it should be within a locked cupboard (currently stored in our safe). We will continue this procedure within our practice. In relation to buccal class 2 drug (Midazolam) currently stored in our safe, this will now be transferred to the emergency drug box and arrangements have been made to be placed in a key pad locked cupboard.	Ravi Boojawon	Within 2 months
9	<i>The practice is to provide HIW with written confirmation that all the dentists are now using the appropriate syringes for each solution, thereby minimising the risk of human error and potential harm to patients.</i> [Health and Care Standard 2.6]	We have now ceased using this pre-drawn process and will only draw up syringes as and when needed.	Adrian Thorp	Immediate (completed)
Management and Leadership				
11 & 12	<i>The practice is reminded that all the</i>	All new members of staff, including clinicians do have an enhanced DBS certificate.	Angela Howells	12 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>dentists must have an enhanced DBS certificate of which less than three years have elapsed since it was issued, in line with the Private Dentistry (Wales) Regulations 2008.</i></p> <p><i>The practice should consider obtaining DBS checks for staff who have access to vulnerable adults and children, including those who have access to patient records. This practice would be consistent with the 2011 NHS and Public Health Wales, “Guidance for Safeguarding Children & Vulnerable Adults in General Dental Practice”.</i></p> <p>[Health and Care Standards 2.7 and 7.1]</p>	<p>[The dentist’s DBS that was outside of the three year timescale has been asked to renew this and to provide the practice with a copy of the DBS certificate].</p> <p>We have now started a rolling programme of DBS certification for all current members of staff who access to vulnerable adults and children, including reception staff.</p> <p>[DBS checks will be carried out as a matter of course for new members of staff, including clinicians, recruited].</p>		
	Quality of Environment			
N/A				

Practice Representative:

Name (print): Angela Howells.....

Title: Practice Manager.....

Date: 4th August 2015.....