

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board, Chapel
Cottages Dental Practice

7 October 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.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	11
5.	Next Steps	13
6.	Methodology.....	14
	Appendix A	16

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Chapel Cottages Dental Practice at 5 Chapel Cottages, High Street, Gresford, Wrexham on 7 October 2015.

HIW explored how Chapel Cottages Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in Section 6 of this report.

2. Context

Chapel Cottages Dental Practice provides services to patients in the Gresford and surrounding areas of Wrexham. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

Chapel Cottages Dental Practice is a mixed practice providing mainly private and some NHS (children only) dental services.

The practice staff team includes three dentists (including the principal dentist/owner), two hygienists, one therapist, three nurses, two reception staff and a practice manager.

A range of private dental services and NHS children's dental services are provided.

3. Summary

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. The feedback we gained through our patient questionnaire responses was unanimously positive. There were established mechanisms for seeking and reviewing patient feedback as a way of assessing the quality of the service provided.

Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were satisfied that radiographic equipment was used appropriately and safely.

The sample of records we looked at provided evidence of individualised patient care. We found that record keeping was of a good standard.

We found that effective leadership was provided by the practice manager. Staff we spoke to were committed to providing high quality care to patients and were knowledgeable about their particular roles and responsibilities. Policies and procedures were recently reviewed and well organised, but we recommended some updates were made.

4. Findings

Quality of the Patient Experience

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. The feedback we gained through our patient questionnaire responses was unanimously positive. There were established mechanisms for seeking and reviewing patient feedback as a way of assessing the quality of the service provided.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Twenty questionnaires were completed and returned to us. Patient comments included:

“Always able to make appointments and receive good quality service at all times.”

“Cured me of a ‘phobia’ of the dentist. Excellent practice. Recommended to both friends and family over the years.”

All the staff are very professional and friendly. Reception are also very welcoming and helpful.”

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. We found that there were arrangements for staff to have conversations with patients in a private area, away from other patients if required. We observed staff speaking to patients in a friendly and professional way. Feedback from the patients who completed the questionnaires was unanimously positive. All patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

Timely care

The practice tries to ensure that care is provided in a timely way. We were told there was a flexible appointment system in place, whereby patients could book appointments both in advance and on an emergency basis. The majority of patients told us they did not experience delay in being seen by the dentists. Those that had experienced delay said this had only been occasionally or not for long. Staff confirmed that if a dentist was running late, they would keep patients informed of this.

The majority of patients told us they knew how to access out of hours dental care. We saw a sign in the window with details of the emergency contact telephone number so that patients could access emergency dental care when the practice is closed.

Staying healthy

We found evidence to indicate that patients are empowered and supported to take responsibility for their own health and wellbeing. All patients who completed the questionnaires told us they received sufficient information about their treatment, which enables them to make an informed decision about their care. We also noted there were health promotion leaflets in the waiting room and in the reception area.

Individual care

Through discussions with staff on the day of inspection we were able to conclude that the practice has recognised the diversity of its practice population and had considered its responsibilities under equality and human rights legislation.

Due to the constraints of the building and limited space, both surgeries are currently located on the first floor which is only accessible via a flight of steep stairs. We were told that the practice had plans for building renovations in the future to increase accessibility for patients with mobility difficulties by providing either a ground floor surgery or stair lift.

We saw that patient information leaflets were available at the reception desk, which provided useful information about the practice. We were also told that the practice provided spare reading glasses in various strengths to assist patients with completing forms and reading information.

We saw evidence that the practice invited patient feedback. A detailed patient survey was conducted every three years on behalf of the practice and we saw the survey results from April 2015 which indicated a high level of patient satisfaction. Results from the previous survey showed that patient satisfaction had increased. The practice also conducted patient questionnaires and we were told that a comments book was available. The practice also had a Facebook page where patients could provide comments, which was regularly reviewed.

The practice had a procedure in place for all patients to raise concerns (complaints), whether they were private or NHS patients. We found that slight amendments to the timescales for responding to complaints were required.

These will ensure the policy fully reflected the current arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'). For patients receiving NHS treatment the policy should also contain contact details for the local Community Health Council and Public Services Ombudsman for Wales. In accordance with The Private Dentistry Wales 2008 Regulations¹, the policy needed to include the contact details of HIW. Following the inspection, we saw that the policy had been updated with these amendments.

We saw there was a poster in the reception area which referenced complaints, but this was not easily visible and did not include full details of the complaints procedure. We also saw that the private price list was not easily visible.

Improvement needed

The practice should ensure that the full complaints procedure and price list are easily visible, so that patients do not have to ask for this information.

We were told that the practice had not received a written complaint. We were shown a book where informal and verbal complaints were recorded. The theme emerging from these complaints regarded the stairs at the practice. Staff confirmed they were aware of this and had plans to improve the accessibility.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Delivery of Safe and Effective Care

Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were satisfied that radiographic equipment was used appropriately and safely.

The sample of records we looked at provided evidence of individualised patient care. We found that record keeping was of a good standard.

Safe care

Clinical facilities

We found evidence to indicate the practice has taken steps to ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice. Contract documentation was in place for the disposal of non hazardous and hazardous waste. The practice was visibly well maintained internally and externally and fire extinguishers were placed strategically and had been serviced regularly.

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence of effective infection prevention and control measures in place that are based on the Welsh Health Technical Memorandum 01-05² (WHTM01-05) guidelines. Examples included the following:

- A dedicated area for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves and eye protection
- Dedicated hand washing sinks

² <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

- Logbooks for checking equipment had been maintained and the equipment used for the cleaning and sterilisation of instruments was visibly in good condition.

We saw that instruments were stored appropriately and there was a system in place to ensure they were not stored for longer than the timeframe recommended by the WHTM 01-05 guidelines.

We saw evidence that infection control audits had been completed in accordance with WHTM 01-05. The practice had also signed up to the audit tool developed by the Dental Postgraduate Section of the Wales Deanery.

Emergency drugs and resuscitation equipment

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were up-to-date policies in child and adult safeguarding, and all staff had received appropriate training. Staff told us they felt well supported in their roles and were able to raise any concerns they may have. We also saw evidence that the practice undertakes adequate pre-employment checks of any potential members of staff before they join the practice. At the time of our inspection, we found that two of the dentists did not have a Disclosure and Barring Service (DBS) certificated dated within the last three years in line with the regulations for private dentistry. Following the inspection, the practice informed HIW that this had been addressed and the latest DBS certificates were kept on file.

Radiographic equipment

We saw documentation confirming that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. In addition to this, we were also able to confirm that all staff involved in taking radiographs had sufficient, recent training to meet standards for personnel who carry out these

procedures. This is in accordance with the requirements of the General Dental Council³ and Ionising Radiation (Medical Exposure) Regulations 2000.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engages in relevant audits, including infection control and x-ray audits. Clinical staff did not receive formal peer review, although we were told that ad hoc discussions about any clinical issues took place. We recommended the practice formalised arrangements for peer review of clinical staff at the practice as a way of ensuring the quality of the care provided.

Improvement needed

The practice should formalise quality assurance arrangements, including peer review of clinical staff.

Patient records we saw were maintained in accordance with legislation and clinical standards guidance. We looked in detail at a total of nine patient records across the dentists and we found that record keeping was of a good standard.

The majority of patient information was completed electronically or scanned. We found that some patient information relating to children receiving NHS treatment was kept in a folder in a cupboard in the staff office. While this was not easily accessible to unauthorised persons, we recommended this be stored in a locked cupboard to ensure the confidentiality and security of the information.

Improvement needed

Any paper patient information must be stored securely, in a locked cupboard to help ensure the confidentiality and security of information.

³ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Quality of Management and Leadership

We found that effective leadership was provided by the practice manager. Staff we spoke to were committed to providing high quality care to patients and were knowledgeable about their particular roles and responsibilities. Policies and procedures were recently reviewed and well organised, but we recommended some updates were made.

The day to day management of the practice is the responsibility of the practice manager. We saw a staff team at work who seemed happy and competent in carrying out their roles. The practice team were well established and there was a low turn over of staff. We also saw that the practice had conducted the Maturity Matrix Dentistry (a practice quality assurance tool for dental teams) which is noteworthy practice.

We saw evidence to show that staff were able to access training relevant to their role and for their continuing professional development (CPD) and we saw evidence of appropriate training within the staff records.

We were told that all staff received an appraisal approximately once every year and we saw an example of this. We confirmed that all relevant staff were registered with the General Dental Council and had appropriate indemnity insurance. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. However, we saw these certificates were not visible to patients. Following the inspection, the practice confirmed this had been addressed, by moving the certificates to the waiting room for patients to see.

We saw there were records relating to Hepatitis B immunisation status for all clinical staff working at the practice. However, we noticed that three members of staff had not developed full immunity and the records were not clear regarding whether a booster was required. As these staff members last received immunisations more than five years ago, we advised that staff members seek guidance on this from occupational health.

Improvement needed

The practice should ensure that all staff are sufficiently protected against blood borne viruses by ensuring the relevant staff seek guidance regarding their immunity status and whether boosters are required.

We checked the systems in place at the practice to ensure any new staff receive an appropriate induction, so that they are aware of practice policies and

procedures. We looked at the policies and procedures in place at the practice and saw evidence that they had been reviewed regularly and were clearly organised. However, we saw that amendments were needed to the confidentiality policy to include details of how a patient's privacy and dignity is maintained. A freedom of information act compliance document needed to be developed.

Improvement needed

The practice should update policies and procedures to include details of how a patient's privacy and dignity is maintained.

The practice must develop a freedom of information act compliance document.

We saw that there was effective internal communication between staff members. We were told that staff meetings were held monthly and we saw meeting notes to indicate this. We could see in the meeting notes that appropriate matters were discussed, including the recording of informal complaints. We advised the practice to also ensure that any actions for individual staff members were clearly recorded.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Chapel Cottages Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1 Health and Care Standards



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 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. 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

⁴ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁵ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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
- 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Chapel Cottages Dental Practice

Date of Inspection: 7 October 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	The practice should ensure that the full complaints procedure and price list are easily visible, so that patients do not have to ask for this information.	Health and Care Standards 6.3; General Dental Council Standards 5.1.5	The price list was moved to the reception desk immediately after the inspection. The complaints procedure has been updated and is now available in a double sided A4 leaflet which is placed with the other oral health and health promotion leaflets.	Paula Marshall Practice Manager	Completed 19/10/15
Delivery of Safe and Effective Care					
10	The practice should formalise quality	Health and	Guidance for Peer Review sought	Paula	January

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	assurance arrangements, including peer review of clinical staff.	Care Standards 3.3; Private Dentistry (Wales) Regulations section 14(2).	from the Dental Postgraduate Department at the Wales Deanery. The clinical team consisting of 3 dentists, 2 hygienists and a therapist will meet in January to discuss topics for audit.	Marshall Practice Manager	2016 start.
10	Any paper patient information must be stored securely, in a locked cupboard to help ensure the confidentiality and security of information.	Health and Care Standards 3.5	NHS acceptance forms were moved to a locked filing cabinet immediately after the inspection. These forms are now being scanned into patient notes.	Paula Marshall Practice Manager	Completed 01/10/15
Quality of Management and Leadership					
12	The practice should ensure that all staff are sufficiently protected against blood borne viruses by ensuring the relevant staff seek guidance regarding their immunity status and whether boosters are required.	General Dental Council Standards 1.5.2	All members of staff have received boosters for Hepatitis B. The three members of staff with a low response to the immunisation have been referred to Occupational Health for guidance. Risk assessments have been completed for these staff.	Paula Marshall Practice Manager	December 2015
12	The practice should update policies and procedures to include details of	Health and Care	The Confidentiality Policy and Freedom of Information act	Paula Marshall	Completed 19/10/15

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>how a patient's privacy and dignity is maintained.</p> <p>The practice must develop a freedom of information act compliance document.</p>	<p>Standards 4.1; Freedom of Information Act 2000</p>	<p>compliance document have been updated and are available on request from reception.</p>	<p>Practice Manager</p>	

Practice Representative:

Name (print): Paula Marshall

Title: Practice Manager

Date: 09/11/2015