

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health board, White
Arcade Dental Practice

25 January 2016

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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 White Arcade Dental Practice at 4-5 White Arcade, King Edward Street, Barmouth, LL43 1NY on 25 January 2016.

HIW explored how White Arcade 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

White Arcade Dental Practice provides services to patients in the Barmouth area of Gwynedd. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

White Arcade Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists (one of whom works one clinic a month at the practice), three dental nurses and one receptionist.

A range of NHS and some private dental services are provided.

3. Summary

During this inspection we had some very positive feedback from patients who were evidently very happy with the care they receive from the practice. The premises appeared clean and were tidy and spacious. We have made three recommendations for improvement to the amount of dental health promotion given to patients, the policies for dealing with complaints and ensuring that there is a formal system for seeking and acting on patient feedback.

There was variability in our findings relating to how well the practice delivers safe and effective care to patients. As a result of this, we are not assured that all aspects of care are planned and delivered as safely as possible.

We made requests for immediate improvement in relation to emergency procedures (patient collapse) and were satisfied with the practice response to this. We also requested immediate improvement to the organisation and availability of policies and procedures relating to the safe use of x-ray equipment and the practice has taken some measures to resolve these issues which we are continuing to monitor. We have made a number of other recommendations for improvement.

In contrast to our negative findings, we found that the standard of record keeping was good and procedures for the decontamination of instruments were appropriate.

We found that there were systems in place to varying degrees to support the day to day running of the practice. There was confusion about management roles and responsibilities and insufficient delegation of authority at the practice on a daily basis which meant that many policies and procedures were not up to date and some were not being consistently followed. We have made four recommendations to address the shortfalls we found in the management and leadership at this practice.

4. Findings

Quality of the Patient Experience

During this inspection we had some very positive feedback from patients who were evidently very happy with the care they receive from the practice. The premises appeared clean and were tidy and spacious. We have made three recommendations for improvement to the amount of dental health promotion given to patients, the policies for dealing with complaints and ensuring that there is a formal system for seeking and acting on patient feedback.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

“White Arcade is an excellent practice with friendly staff and great treatment.”

“One of the best dentists I’ve ever been to in Wales.”

“Very satisfied overall with the dentist, nurse and receptionists.”

Dignified care

Patients told us that they found the practice team very welcoming. Staff were friendly and courteous to patients who came for appointments and those they spoke to over the telephone.

Timely care

During our visit, we saw that patients were arriving and being seen promptly for their appointments. The majority of patients told us that they never had any delays in being seen for their treatment. There were three comments from patients which said there had sometimes been a delay, but not of unacceptable length.

Staying healthy

All patients who gave us feedback told us that they were given enough information about their treatment and some provided additional positive comments such as *“excellent communication”*.

We noticed that there was very little dental health promotion information available for patients in the waiting room. The practice should improve this to

increase the opportunities taken to provide good dental hygiene advice to their patients.

Improvement needed

Increase the dental health promotion information displayed in the waiting area and made available to patients.

Individual Care

There is no parking near to the dental practice but staff told us that they were not aware of this causing a particular problem for patients. There is a step into the main entrance of the practice but patients with mobility difficulties can use another door which provides level access and they are able to be seen in one of the surgeries which has no step.

There was a complaints policy in place and we saw some records of previous complaints which had been made and dealt with. These seemed to have been appropriately managed in a reasonable timescale. There were some aspects of the complaint policy which were not in accordance with the Welsh NHS complaints procedures (called 'Putting Things Right'¹) and the policy did not provide a separate procedure to be used by patients receiving private treatment.

Improvement needed

Review the complaints policy and specifically:

- ***Ensure the procedure for complaints about NHS treatment is in accordance with 'Putting Things Right'.***
- ***Ensure there is separate provision for dealing with complaints about private dental treatment which is compliant with regulations 15 and 16 of the Private Dentistry (Wales) Regulations 2008.***

The practice had previously given out questionnaires to get patient views on their service and had reviewed the results of these. We discussed the need for a system whereby the practice regularly seeks patient feedback, reviews the results and takes action to address any issues that patients identify.

¹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

Improvement needed

Ensure there is a system so that patient feedback is regularly sought, analysed and acted on.

Delivery of Safe and Effective Care

There was variability in our findings relating to how well the practice delivers safe and effective care to patients. As a result of this, we are not assured that all aspects of care are planned and delivered as safely as possible.

We made requests for immediate improvement in relation to emergency procedures (patient collapse) and were satisfied with the response to this. We also requested immediate improvement to the organisation and availability of policies and procedures relating to the safe use of x-ray equipment and the practice has taken some measures to resolve these issues which we are continuing to monitor. We have made a number of other recommendations for improvement.

In contrast to our negative findings, we found that the standard of record keeping was good and procedures for the decontamination of instruments were appropriate.

Safe care

There were systems in place to promote health and safety at the practice. We saw that portable appliances had been tested for safety of use and were told that this was done every two years.

There was a contract in place for the collection and disposal of hazardous waste generated by the practice. There is no outside area at the practice; therefore any waste awaiting collection is stored in the decontamination room. We discussed improving this situation and advised the practice to consider storing this waste in plastic bins which are more secure than plastic bags alone.

Improvement needed

Review how waste awaiting collection is stored and implement a more appropriate option.

The practice was visibly well maintained, particularly the one surgery room which had been more recently refurbished.

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 that there were infection prevention and control measures in place based on the Welsh Health Technical Memorandum 01-05² (WHTM 01-05) guidelines. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing. Records for each sterilisation cycle were kept electronically and backed-up

The practice had started to undertake an infection control audit but had not completed it. They had never previously undertaken any infection control audits. We advised that the practice conducts an annual audit using the Welsh Deanery audit tool which is specifically aligned to the Welsh decontamination guidance document (WHTM01-05).

Improvement needed

Undertake an infection control audit. Use the tool which is aligned to Welsh guidance. Implement a system whereby these audits are carried out regularly.

There were medicines and equipment available for use in the event of a patient emergency at the practice. However, we identified significant concerns which we required the practice to deal with within 48 hours of our inspection due to the potential risk to patients. Whilst staff all had up to date training in resuscitation, the emergency equipment and medicines were stored in a disorganised manner, not ready for use, contained out of date syringes and did not have appropriate airway equipment. The practice staff were responsive to this and we were satisfied with the actions they took to put this right so that the emergency equipment and medication would be safe to use if required. The

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

resuscitation policy was out of date and instructed staff to follow procedures that are no longer advised by experts in resuscitation.³

(In respect of emergency equipment and medication, immediate improvement was requested verbally on the day of our inspection. This was followed up in writing immediately following our inspection)

The staff had been to a child safeguarding training day but only one of the dentists had done adult safeguarding training. We found that safeguarding policies all needed to be reviewed and updated and include relevant local contact information and procedures to be followed.

Improvement needed

Review safeguarding policies and ensure that they contain the relevant local contact information and procedures to be followed.

There were x-ray machines in use in both surgeries at the practice. They had both been regularly serviced to ensure they were safe to use. The dentists operating them had also undergone the appropriate level of training.

The policies and procedures which should be in place in order to help ensure the safe and appropriate use of x-ray equipment at the premises were not adequate. We found that the controlled areas⁴ were not appropriately identified and therefore restricting entry to these areas was made more difficult. We also found that there were no working instructions including what staff should do in the event of a malfunction with the equipment. Where there were policies associated with x-ray use, these were templates that had not been completed appropriately for the practice. We were sufficiently concerned about these omissions in information that we wrote to the practice and asked that they respond within seven days with their actions. We were broadly assured by the response we received. It must be noted that it remains the responsibility of the registered professionals (dentists in this case) to ensure that standards are in

³ Resuscitation Council UK. www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr

⁴ 'Controlled areas' are where x-rays are carried out and radiation is present. They should be clearly marked and entry into them restricted for health and safety purposes.

place to comply with all relevant regulations. Whilst other practice staff can support in achieving this, they do not ultimately hold responsibility.

(Immediate improvements to address this were requested during our inspection and the practice have responded sufficiently to provide us with assurance that they have dealt with the issues)

Effective care

There was only one dentist working full time at the practice and he was able to show us evidence of the audits he had undertaken with the aim of ensuring consistency and quality in the care he provided. These included x-ray audits and particular aspects of record keeping. We suggested that the team could build on this and conduct more detailed audits of patient records to help maintain the quality and consistency.

Overall, the quality of recording within patient records was of a consistently good standard. There was evidence that treatment had been appropriately discussed and planned with patients.

We found that smoking cessation advice was not always recorded and advised that this be discussed with patients and noted consistently within the records.

Improvement needed

Ensure that smoking cessation is routinely discussed with patients where appropriate and recorded within their records.

Quality of Management and Leadership

We found that there were systems in place to varying degrees to support the day to day running of the practice. There was confusion about management roles and responsibilities and insufficient delegation of authority at the practice on a daily basis which meant that many policies and procedures were not up to date and some were not being consistently followed. We have made four recommendations to address the shortfalls we found in the management and leadership at this practice.

The day to day management of the practice had been delegated to the dental nurse with the most experience. However, she had been given no specific management training or support and also did dental nursing and reception work. As a result, there was some confusion around who should take responsibility for what and we found some omissions in policies and the procedures that were being followed, indicating that the lack of proper management provision was having a negative impact on the governance of the practice. For example, we found there was an induction procedure available for new staff but this had not been followed when the most recent new staff had joined the team. We were told that this was due to time pressures and having to balance a wide variety of responsibilities.

Improvement needed

Ensure that there is sufficient time made available to carry out management responsibilities and that the staff required to do this work are appropriately trained and supported in this role.

Ensure that there is adequate induction given to new staff

Despite this, we saw a staff team at work who seemed happy and competent in carrying out their roles. The team (dental nurses and dentists) at the practice had been relatively stable, some of the staff having been there for a number of years. There was open, friendly communication between all members of the team throughout our visit.

The dental nurse / practice manager had completed annual appraisals for all staff. We saw more than one years worth of evidence indicating that completing appraisals is established practice.

There is a wide variety of policies and procedures which we expect to see in place and in use in order to support the safe and effective running of a dental practice. The majority of these policies were available, however many were out of date, or had been printed from different internet sources and as they had not

been re-written to reflect the circumstances of this practice, they were not relevant.

Improvement needed

Review all policies and procedures ensuring that:

- ***The creation date is printed and review date identified***
- ***They are customised and written for the needs of White Arcade dental practice.***

We looked at training records and saw that staff had been on a variety of courses, completed online training and used other education opportunities such as reading dental journals. Apart from one dentist, the staff had not been trained in adult safeguarding. We discussed this and recommended that they find suitable training opportunities as soon as possible.

Improvement needed

Find suitable training courses in adult safeguarding so that the knowledge amongst the team can be improved.

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 White Arcade 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 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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <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: White Arcade Dental Practice

Date of Inspection: 25 January 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	Increase the dental health promotion information displayed in the waiting area and made available to patients.	Standard 1.1			
	Review the complaints policy and specifically: Ensure the procedure for complaints about NHS treatment is in accordance with 'Putting Things Right'.	Standard 6.3 Regulation 15 Regulation 16			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Ensure there is separate provision for dealing with complaints about private dental treatment which is complaint with regulations 15 and 16 of the Private Dentistry (Wales) Regulations 2008.				
	Ensure there is a system so that patient feedback is regularly sought, analysed and acted on.	Standard 6.3			
	<p>Urgent matter dealt with under Immediate Assurance procedures:</p> <p>We found syringes and needles in the emergency treatment kit which had expired in 2004.</p> <p>The practice owner must make arrangements to ensure the practice complies with Regulation 14 (3) (b) of the Private Dentistry (Wales) Regulations 2008. Specifically, all items within the emergency treatment</p>		The practice have completed all actions related to this.		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	kit must be in date and ready for use at all times.				
	<p>Urgent matter dealt with under immediate assurance procedures:</p> <p>There were no controlled areas designated. The purpose of these is to clearly show where X-rays are taken and where any special safety precautions should be taken.</p> <p>The practice owner must ensure that radiation protection procedures are complete and meet with the requirements of the relevant regulations. Specifically, the areas where X-rays are taken must be properly designated as controlled areas with all safety steps taken to support this.</p> <p>(The Ionising Radiations Regulations 1999)</p>		The practice have completed all actions in relation to this		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
8	Review how waste awaiting collection is stored and implement a more appropriate option.	Standard 2.4			
9	Undertake an infection control audit. Use the tool which is aligned to Welsh guidance. Implement a system whereby these audits are carried out regularly.	Standard 2.4			
	Review safeguarding policies and ensure that they contain the relevant local contact information and procedures to be followed.	Standard 2.7			
	Ensure that smoking cessation is routinely discussed with patients where appropriate and recorded within their records.	Standard 1.1			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
	Ensure that there is sufficient time made available to carry out management responsibilities and that the staff required to do this work are appropriately trained and supported in this role.	Standard 7.1			
	Ensure that there is adequate induction given to new staff	Standard 7.1			
	Review all policies and procedures ensuring that: The creation date is printed and review date identified They are customised and written for the needs of White Arcade dental practice.	Standard 2.1 Standard 3.1			
	Find suitable training courses in adult safeguarding so that the knowledge amongst the team can be improved.	Standard 2.7			

Practice Representative:

Name (print):

Title:

Date: