

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

31 March 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 the Buckley Dental Practice at Padeswood Road North, Buckley, Flintshire CH7 2JL on 31 March 2016.

HIW explored how the Buckley 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

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

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

The practice staff team includes 3 dentists, 4 registered dental nurses, 1 deputy practice manager, who is also a registered dental nurse, 1 hygienist and 1 receptionist. A range of NHS and private dental services are provided.

### 3. Summary

We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were satisfied with the service provided. The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales.

We found arrangements were in place for the safe use of X-rays. Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment. Arrangements were in place to dispose of waste produced at the practice. Staff demonstrated a satisfactory process for the decontamination of dental instruments. Overall we found patient dental records had been maintained to a high standard.

A deputy manager was responsible for the day to day running of the practice. Staff told us they had training opportunities relevant to their role and that they felt communication within the team was very good. There are regular staff meetings.

A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults. Further training in both areas had been organised. Audits were undertaken in different areas of the practice.

## 4. Findings

### *Quality of the Patient Experience*

**We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were satisfied with the service provided. The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Twenty six patient questionnaires had been completed. Patient comments included:

*“A great practice, which looks after its customers”. “The customer always first”.*

*”Staff are friendly, helpful and all lovely”.*

*‘If it is possible to enjoy a visit to the dentist’s, then we enjoy coming here”.*

*“Very satisfied”.*

Patients who provided comments within the questionnaires told us that the staff were very welcoming, polite and helpful. Patients were very happy with the amount of information; including the advice and help they received when further explanations regarding treatment were required.

Six patients told us they had experienced a delay when waiting to be seen by the dentist but, overall, indicated this had not caused them a problem. There was a process in place for informing patients should their dentist be running late.

The names and qualifications of the dentists, together with the opening times and (emergency) out of hours contact number were clearly displayed in the window near the main entrance.

However 5 out of the 26 patients who provided comments within the questionnaires told us they were not aware of how to access these services. The practice owner and deputy practice manager may wish to consider how to further raise awareness of this.

We saw that a comprehensive practice information leaflet was available and this included practical and useful information. Additional information leaflets were available with regard to healthy lifestyles and smoking cessation.

The practice had assessed patients' views on the service provided via the use of patient questionnaires. This survey is audited every twelve months. We saw that the results of the last survey had been audited to identify any themes and that the outcomes were positive in all areas. One suggestion box for patient's comments was available in the ground floor of the waiting area. While outcomes had been audited, they were not yet available to the patients. We suggested that the outcomes be made available to the patients.

The practice has no designated car parking available for patients to use. However, there is a public car park available nearby.

The practice was accessible to people who use wheelchairs or those with mobility difficulties.

Patients' language requirements would be accommodated in-house i.e. Welsh language.

The practice provided both private and NHS care and treatment and had a written procedure in place for patients to raise concerns (complaints). The procedure met the requirements of the private dentistry regulations and complied with *Putting Things Right*, the arrangements for handling concerns about NHS care in Wales.

We found evidence that formal/written concerns (complaints) were recorded and logged in a complaints file. We were told that informal/verbal complaints were recorded in patient's notes. We advised that informal concerns and complaints be logged to ascertain if any themes were noted. Complaints are discussed at practice meetings to share learning, with the intention of making service improvements

Staff told us they would be comfortable raising work related concerns with senior practice staff.

When we asked patients about the procedure to follow, 11 of the patients who returned questionnaires told us they did not know how to make a complaint. In addition, some patients also commented that they had never had to make a complaint. They also commented they could find out if they had to. Information for patients on how to raise a concern (complaint) was available at the practice. However, the practice owner and deputy practice manager may wish to consider how to further raise awareness of this.



The dentists working at the practice provided mainly private treatment but some NHS dental services were also offered. Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. Prices for private dental services were also available. This meant patients visiting the practice had access to information on how much they may have to pay for their dental treatment.

## *Delivery of Safe and Effective Care*

**We found arrangements were in place for the safe use of X-rays. Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment. Arrangements were in place to dispose of waste produced at the practice. Staff demonstrated a satisfactory process for the decontamination of dental instruments. Overall we found patient dental records had been maintained to a high standard.**

The Buckley Dental practice occupies a semi detached building close to the retail centre of Buckley.

The front exterior of the building appeared well maintained and the practice was signposted. The interior of the building is light, clean and bright and there is a warm and friendly atmosphere.

The practice was accessible for people who use wheelchairs or those with significant mobility difficulties.

Facilities within the practice were organised over two floors. The ground floor comprises a reception area, waiting room, two surgeries and a secure storage area. The first floor contains a decontamination room, staff facilities and one further surgery and toilet. It was noted that some work surfaces would require resealing at some time. This has been booked for the 30 April 2016. Patient toilet facilities were available on the first floor. This contained suitable hand washing facilities and paper towels to reduce cross infection.

Fire exits were signposted and fire safety equipment was available at various locations within the practice building. Maintenance labels indicated that extinguishers had been subject to a service visit within the last 12 months. This meant that staff and patients had information so they could safely evacuate the building in the event of a fire and fire fighting equipment was available for staff to use if necessary.

Maintenance of the premises, facilities and equipment is on a twelve month system.

Contract documentation and arrangements were in place for the disposal of hazardous and non hazardous/domestic waste. Waste produced by the practice was securely stored whilst waiting to be collected. We were informed that the compressor is checked on a daily basis and a record of these checks was available.

The practice decontamination room was also utilised as a staff room. The practice plans to have a separate decontamination room as recommended within Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>1</sup>. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of instruments, in line with recommended best practice.

We observed a member of staff during the process of decontamination and found this to be completed satisfactorily.

The practice had two autoclaves (used for sterilising dental equipment/instruments) which had up to date inspection certificates.

Testing strips were available and demonstrated daily tests had been performed to establish whether the autoclaves had reached a suitable sterilisation temperature and this was maintained for a given period. There were records/logbooks available to demonstrate whether other routine tests, set out within WHTM 01-05, had been conducted on the autoclaves and to confirm they remained suitable for their intended use in line with recommended best practice. We advised that the practice should review the current practice used (water usage) to rinse instruments after ultrasonic bath stage.. The practice should review and confirm temperatures of cleaning solutions in line with manufactures' instructions and the manufacturers' guidelines in relation to cleaning ultrasonic scaler tips. The practice may wish to consider if the current "Heavy duty gloves" used in cleaning process need to be reviewed. The practice has confirmed that the reviews have been carried out and any advice followed where suggested. We saw that instruments had been bagged after sterilisation and placed in surgery drawers. The practice team had recorded one month date, when instruments had to be used by.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice.

The practice manager confirmed that staff had received training in the last twelve months on how to perform cardiopulmonary resuscitation (CPR). Training certificates we saw supported this. It was advised that the practice staff consider carrying out CPR scenarios to underpin training.

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<sup>1</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Staff told us a system was in place to identify and replace expired drugs (monthly check) and to daily check emergency equipment at the practice. We checked the emergency drugs and found all were in date. We also advised that one emergency oxygen cylinder be stationed in an alternative location for safety reasons. This was actioned on day of visit.

Prescription pads were securely stored when not being used to prevent unauthorised persons using them. However, it is advised that a log be kept of all void and issued prescriptions. We also advised that where the practice dispenses smaller quantities of antibiotics, that they check that the most up to date medication leaflet is given with the dispensed medication.

We found arrangements were in place for the safe use of X-ray equipment. A radiation protection file contained all the relevant documentation and information required. However, we noted that current certification was not available for one member of staff. This has now been forwarded to HIW. A current safety check certificate for the equipment was available. We saw certificates that indicated staff training on the safe use of X-ray equipment was up to date. Local rules (for the use of and taking of x-rays) were available. We noted that a current risk assessment was available with regard to non-usage of personal radiation dose badges.

Non-digital X-rays were used and a quality assurance system was in place to ensure that the image quality of these was graded and recorded.

We reviewed a sample of 10 patient dental records. This sample included records that had been completed by all of the dentists working at the practice.

Overall, we found the records had been maintained to a high standard and notes were recorded in a consistent and comprehensive manner. We found advice around the risks and benefits of treatments and alternative treatments had been recorded; treatment plans had been signed by patients. However, we noted that referrals from the dentist to the hygienist had not always been recorded in the patient's notes. Some documentation also required detailing of whom accompanied a child and/or vulnerable adult when they attended for an appointment.

We noted that a record review and audit had been completed in January 2016; this should assist in ensuring that all sections of patient documentation are fully completed.

The practice had written procedures in place for responding to child protection and protection of vulnerable adult issues. The contact details of local safeguarding teams were available so that staff had access to information on who to contact for advice on safeguarding matters. Staff had attended training

on child protection and on the protection of vulnerable adults and further training had been planned and booked.

## *Quality of Management and Leadership*

**A deputy practice manager was responsible for the day to day running of the practice. Staff told us they had training and development opportunities relevant to their role and that they felt communication within the team was good. There are regular staff briefings.**

**A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults, and this was on-going. Audits were undertaken in different areas of the practice.**

A deputy practice manager was responsible for the day to day running of the practice and explained that she would cover duties of other members of the team as necessary. The deputy practice manager was very conversant and knowledgeable with reference to all aspects of the practice and demonstrated a clear commitment to maintaining and improving quality and standards within the practice.

The deputy practice manager confirmed that all clinical staff working at the practice were registered with the General Dental Council. We saw records confirming they had valid indemnity insurance cover in place.

Dentists working at the practice provided both private dental and NHS services. In order for dentists to provide private dental services in Wales they have to be registered with HIW. We saw the dentists had up to date HIW registration certificates confirming their registration. These were prominently displayed in accordance with the relevant regulations for private dentistry.

Records were also available confirming clinical staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patients' safety against blood-borne viruses.

We spoke with several staff working at the practice on the day of our inspection. Staff explained they were able to access training relevant to their role and for their continuing professional development (CPD). We saw a sample of staff training certificates indicating staff had attended training on a range of topics. This meant that patients were treated by staff whom had appropriate skills and up-to-date training.

Staff told us practice meetings were normally held on a monthly basis and topics relevant to their work were discussed. They confirmed that they were able to raise work related issues for discussion at these meetings. We noted

that an agenda and minutes were available. We advised that action and outcomes also be recorded and made available to staff members. Staff appraisals were undertaken.

Peer review takes place on a regular basis, although no evidence was available to us. Therefore we advised for these reviews to be recorded. The staff team use the periods before and after lunch time to discuss audit outcomes and 'listening and learning' regarding new techniques/developments within the area of dentistry. Again, we advised for these meetings to be recorded.

The practice had a comprehensive range of relevant policies and procedures with the intention of providing safe dental services to patients.

There was a system in place to ensure that all staff members were kept informed about any changes to policies and procedures and alerts. Staff members have to sign to state that they have been made aware of these changes. However, we advised that it may be helpful to have a central index sheet, noting date of policy, version number and date of review.

The deputy practice manager undertakes a comprehensive number of audits on a continuous programme, these included:

- Radiographs, x-ray film quality assurance.
- Record Keeping, including oral cancer risk, patient's medical history.
- Audit of record keeping.
- Specialist referrals.
- Treatment audit.
- Mercury hazard.
- Usage of antibiotics.
- Infection control.

Integral to audit outcomes was the 'Lessons learnt' component, which was discussed with staff members. This is commended as excellent practice.

## 6. Next Steps

Findings from this inspection did not result in the need for the practice to complete an improvement plan.



## 7. 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 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. 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

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

<sup>3</sup> <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: The Buckley Dental Practice**

**Date of Inspection: 31 March 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
	<i>No improvements required</i>				
<b>Delivery of Safe and Effective Care</b>					
	<i>No improvements required</i>				
<b>Quality of Management and Leadership</b>					
	<i>No improvements required</i>				