

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

04 April 2016

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced follow-up inspection at Rosehill Dental Practice, Iscraig, Rosehill Street, Conwy, LL32 8LD within the area served by Betsi Cadwaladr University Health Board on 4<sup>th</sup> April 2016.

During the inspection we 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 Standards<sup>1</sup>. 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 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
- Conversations with staff

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

<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>

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet

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

Rosehill Dental Practice provides services to approximately 4,000 patients in the Conwy and surrounding area. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice team includes one principal dentist/practice owner, four dental nurses and one receptionist.

A range of services are provided. These include:

- Routine check ups and examinations
- Fillings
- Crowns and bridges
- Extractions
- Tooth whitening

This inspection was undertaken to follow-up the areas for improvement highlighted during HIW's previous inspection on 21<sup>st</sup> July 2015. We were informed that the current individual owner/principal dentist is in the process of selling the business to another local dentist. However, the principal dentist, who has run the practice since 1991, intends to continue working there for the foreseeable future.

## 4. Summary

Since our previous inspection in July 2015, we found that key information for patients was now clearly displayed, including out of hours contact details and complaints procedure.

However, no progress had been made to develop a system to assess and evaluate patients' experience. This task is expected to be pursued by the new proposed owner.

We found considerable improvements in the practice decontamination and infection control systems and procedures. Staff had clear roles and responsibilities, which were demonstrated to us. There were improved systems in place for the disposal of general and hazardous waste.

However, the improved practice we found was not underpinned by sufficiently robust policies, procedures and audit systems. Therefore we have recommended further improvements in these areas.

Overall, the weaknesses we found previously concerning the management and leadership of the practice remained. Specifically, the principal dentist is too busy to manage the practice and there is no practice manager. Despite this, all the staff were kind and co-operative with us and the patients.

We found there was no clear system for the development and review of policies and procedures. Some of these were not robust enough and made no reference to clinical guidelines. Therefore the improvements needed following our inspection were only partially met or remained unmet.

There was less clutter than previously found and areas looked tidier and more organised. The lack of storage space remains an issue, however. There were plans to re-surface the area leading up to the side entrance, which will improve wheelchair accessibility. There were structured cleaning schedules and systems in place.

## 5. Findings

### *Patient Experience*

Since our previous inspection in July 2015, we found that key information for patients was now clearly displayed, including out of hours contact details and complaints procedure.

However, no progress had been made to develop a system to assess and evaluate patients' experience. This task is expected to be pursued by the new proposed owner.

Following the previous inspection, we advised the practice to display key information, including the out of hours contact details and complaints procedure, in a more prominent location within the practice. On this occasion, bilingual Welsh/English notices about this information were clearly displayed in the waiting room. This included NHS 'Putting Things Right', which describes the arrangement for dealing and responding to complaints about NHS services in Wales.

We advised the practice to improve the overall communication methods, using a range of formats and taking into account patients' language and communication needs. We spoke with staff who confirmed the computer system is used to highlight if patients have additional or specialist needs. Therefore, staff can offer the appropriate support patients need when they come into the practice.

At the time of our follow up inspection, the practice was unable to accept additional referrals, as only one dental surgery was in use and a change of ownership was in progress. Therefore, when the practice is in the position to accept new patients, we suggested the new patient questionnaire includes an area for them to notify the practice of any specialist requirement and language preference, which should be input onto the system.

We were informed that, because the practice was in the transition of a change of ownership, no progress had been made to develop systems to assess and evaluate patients' experience. Therefore this task was pending.

### *Improvement pending*

***The practice must have a system to assess and evaluate patients' experience. Patient feedback should be used to influence positive changes to the service provision.***

## *Delivery of Health and Care Standards*

**We found considerable improvements in the practice decontamination and infection control systems and procedures. Staff had clear roles and responsibilities, which were demonstrated to us. There were improved systems in place for the disposal of general and hazardous waste.**

**However, the improved practice we found was not underpinned by sufficiently robust policies, procedures and audit systems. Therefore we have recommended further improvements in these areas.**

During the previous inspection we identified serious concerns regarding the decontamination and infection control procedures. These findings are detailed in HIW's inspection report dated 21<sup>st</sup> July 2015.

Our observations on this occasion confirmed that significant improvements had been undertaken to reduce the risk and spread of infection. There were clear processes in place for sterilising, packaging and storing clean dental instruments and equipment, as described to us by the dental nurses we spoke with. Records were kept to demonstrate that regular checks and tests were being undertaken; for example legionella, autoclaves and ultrasonic bath (equipment for cleaning and sterilising dental instruments).

Staff had dedicated decontamination and cleaning tasks. The decontamination room was free of clutter, looked much fresher and was better organised than on our previous inspection.

There was an infection control policy on display, which followed the British Dental Association guidelines. Staff confirmed they were aware of its contents. However, this policy was not signed or dated, therefore we advised the current dentist/owner to introduce a system to demonstrate that policies were being regularly reviewed and updated. The dentist informed us that an infection control audit, following the WHTM 01-05 guidelines, had been undertaken since our last inspection. However this audit had not been documented and no further audit had been undertaken since.

### ***Improvement needed***

***There should be much more robust systems and management structures in place for infection prevention and control, which should include regular documented audits and actions.***

We were informed that there are plans in place by the new proposed owners to create a new decontamination room.

Following our previous inspection, we advised that more frequent radiograph quality image audits should be undertaken. We recommended that the practice referred to the Wales Deanery 'Clinical Audit and Peer Review Cookbook' guide for peer and clinical audits, which includes radiography. Since our inspection, a radiograph image quality audit, sampling 10 radiographs, had been undertaken on 1<sup>st</sup> February 2016.

***Improvement needed***

***Following on from our previous inspection, we recommend that structured and regular audits are undertaken, in line with clinical guidelines such as the Wales Deanery 'Clinical Audit and Peer Review Cookbook'.***

We were provided with a resuscitation policy, developed in line with our recommendation from our previous inspection. This policy was very basic and undated.

***Improvement needed***

***More robust resuscitation procedures should be developed, in line with Resuscitation Council UK guidelines for primary dental care.***

Staff were receiving annual cardio pulmonary resuscitation (CPR) training. However no additional opportunities were being provided to ensure staff maintained competency to deal with potential emergency situations, for example scenario based exercises.

***Improvement needed***

***The practice should also consider supporting CPR training with additional learning opportunities, for example scenario based exercises.***

We found that one of the medicines required in the event of an emergency, Glucagon, previously stored in the fridge, was now being stored with the remainder of the emergency kit. Staff confirmed a system was in place to replace medication within the frequency recommended by the manufacturer.

We found that the storage and disposal of waste had been reviewed. New pedal and non-touch bins had been bought and we found that general and hazardous waste were being disposed of appropriately.

## ***Management and Leadership***

**Overall, the weaknesses we found previously concerning the management and leadership of the practice remained. Specifically, the principal dentist is too busy to manage the practice and there is no practice manager. Despite this, all the staff were kind and co-operative with us and the patients.**

**We found there was no clear system for the development and review of policies and procedures. Some of these were not robust enough and made no reference to clinical guidelines. Therefore the improvements needed following our inspection were only partially met or remained unmet.**

Following our previous inspection, we requested that a review of all policies and procedures be undertaken to ensure that they are accurate and up to date. On this occasion, we were informed that this work was in progress. There was no evidence of a version control system, many policies were undated and there was no evidence of a good filing system to ensure that staff could access these as and when necessary.

### ***Improvement needed***

***Ongoing work is needed to ensure that the practice has robust policies and procedures in place to support safe and clinically effective care.***

At the time of our inspection, the principal dentists did not have a Disclosure and Barring Service (DBS) disclosure dated within the last three years, in line with the regulations for private dentistry. However, this time we found a DBS check had been issued in August 2015. The improvement plan response from our previous inspection confirmed that DBS checks for all staff will be obtained in line with the management and ownership change of the practice.

Previously, we recommended improvements to ensure staff members were being adequately supported, for example by regular team meeting discussions and staff appraisals. We found that the improvements taken since then were limited. For example, the last documented team meeting was dated July 2015. There was no structured staff appraisal form; brief appraisal information had been typed onto a blank page and was generally insufficient to promote continuous professional development. The British Dental Association personal development plan format had been completed for individual staff but there was no evidence how their progress was to be monitored over the next year.

### ***Improvement needed***

***The annual staff appraisals and personal development plans need to be improved, to demonstrate continuous professional development.***

***Team meetings should be clearly documented and demonstrate learning and improving.***

As in the previous inspection, we were informed that staff kept their own training certificates at home. Although the improvement plan stated that a single record of staff training would be kept, we found there was no clear system to monitor training. We were informed that staff were up to date with mandatory training, having printed out their CPD records (on the Wales Deanery system) last August 2015 to demonstrate this.

***Improvement needed***

***The practice is reminded to develop a clear system for monitoring training and learning opportunities.***

Although there was evidence of improvement during this inspection, some of the improvements were limited and insufficient to demonstrate clear leadership and direction. We were informed that exchange of contracts had been due some months ago, but negotiations were still taking place. However, the dentist was confident that the change of ownership would go ahead within the next couple of months, after which he will remain as a salaried dentist.

However, the improvement needed with regard to management and leadership remains unmet. As stated in our previous report:

***Improvement needed***

***Urgent consideration should be given to the overall management and leadership of the practice, in order to ensure that:***

- ***As far as possible, regulations and standards are being complied with.***
- ***There is strong governance, leadership and accountability to promote the sustainable delivery of safe and effective care.***

***HIW is to be notified of the completion date of the sale of the business, once made known to the current owner/dentist.***

## *Quality of Environment*

**There was less clutter than previously found and areas looked tidier and more organised. The lack of storage space remains an issue, however. There were plans to re-surface the area leading up to the side entrance, which will improve wheelchair accessibility. There were structured cleaning schedules and systems in place.**

We found that wheelchair access had not yet been improved since our previous inspection. The surface leading up to the side entrance remained uneven. However the dentist informed us that the person responsible for maintaining the driveway has agreed to re-surface this area, which should improve overall access.

### ***Improvement pending***

***Continue to negotiate with owner, responsible for side entrance of premises, with view to improving wheelchair access.***

We were presented with copies of the revised cleaning schedules, which demonstrated that there were clearer protocols in place to maintain overall cleanliness. These schedules covered all rooms, including cupboards, shelves and work surfaces. However, we reminded staff to consistently initial the schedules on a daily basis (the last schedule was dated 16<sup>th</sup> November 2015), as evidence that the tasks had, in fact, been undertaken, which staff agreed to do. We found that there were different cleaning products for clinical and non-clinical areas, as recommended in infection control guidelines.

## 6. Next Steps

Some of the previous improvements noted in our inspection on 21<sup>st</sup> July 2015 have only been partially met or remain unmet. Therefore, these improvements have been carried forward to Appendix A of this report, to be responded to again by the practice.

The updated improvement plan should clearly state when and how the findings identified at the Rosehill Dental Practice will be addressed, including timescales. The action(s) taken need to be specific, measurable, 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.

**Appendix A**

**General Dental Practice: Improvement Plan**

**Practice: Rosehill Dental Practice, Iscraig, Rosehill Street, Conwy**

**Date of Inspection: 04 April 2016**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
6	<p><b><i>The practice must have a system to assess and evaluate patients' experience. Patient feedback should be used to influence positive changes to the service provision.</i></b></p> <p>Health and Care Standard 6.3</p>	<p>I now have a system in place which assesses and monitors the quality of service that we provide to our patients. This includes a questionnaire which is sent out twice yearly to a randomly selected group of 100 patients. When sufficient forms are returned a member of staff will then be detailed to sift through them and identify issues. These issues will then be discussed at staff meetings, and if we agree that the issue is important, and that the patient has a valid point, a plan will be devised on how to improve things.</p>	Chris Gash until owner change.	Within 6 months
<b>Delivery of Health and Care Standards</b>				
7	<p><b><i>There should be much more robust</i></b></p>	Starting immediately with audit against HTM01 05	Chris Gash	To complete

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><b><i>systems and management structures in place for infection prevention and control, which should include regular documented audits and actions.</i></b></p> <p>Health and Care Standard 2.4</p>			audit in 4 weeks
8	<p><b><i>Following on from our previous inspection, we recommend that structured and regular audits are undertaken, in line with clinical guidelines such as the Wales Deanery 'Clinical Audit and Peer Review Cookbook'.</i></b></p> <p>Governance, Leadership and Accountability</p>	Audits are taken regularly in Cross infection control, radiation protection, radiography standards, and resuscitation at present	Chris Gash	ongoing
8	<p><b><i>More robust resuscitation procedures should be developed, in line with Resuscitation Council UK guidelines for primary dental care.</i></b></p> <p>Health and Care Standard 2.1 and 7.1</p>	<p>We have audited our procedures using the resuscitation council's guidelines and improved our documentation and training where indicated.</p> <p>A regular re-audit is scheduled.</p> <p>A named dental nurse has been allocated to the weekly equipment and drug inspections.</p>	Chris Gash	Completed. Audit 20/5/2016
8	<p><b><i>The practice should also consider supporting CPR training with additional</i></b></p>	Now introduced.	Chris Gash	Now introduced

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>learning opportunities, for example scenario based exercises.</i></p> <p>Health and Care Standard 2.1 and 7.1</p>			and regularly timetabled.
<b>Management and Leadership</b>				
9	<p><i>Ongoing work is needed to ensure that the practice has robust policies and procedures in place to support safe and clinically effective care.</i></p> <p>Governance, Leadership and Accountability</p>	To go through all policies and procedures and introduce a consistent governance framework	Chris Gash, until management change	1 year
10	<p><i>The annual staff appraisals and personal development plans need to be improved, to demonstrate continuous professional development.</i></p> <p><i>Team meetings should be clearly documented and demonstrate learning and improving.</i></p> <p>Health and Care Standard 7.1</p>	<p>The appraisals will be improved using a simplified Knowledge and skills framework based on the model in agenda for change, and focusing on six key areas.</p> <ol style="list-style-type: none"> <li>1. communication</li> <li>2. personal and people development</li> <li>3. health, safety and security</li> <li>4. service improvement</li> <li>5. quality</li> </ol>	As above	On the next annual appraisal .

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>6. equality and diversity</p> <p>This will include monitoring of training, particularly in the core learning areas.</p> <p>Clear explanations will be given about the role of appraisal.</p> <p>Team meetings have been regularly scheduled where we pick one of the standards which we are required to perform to and discuss how we can improve, taking into account patient feedback and the results of our auditing process.</p> <p>Staff are encouraged and supported to take on tasks which arise from these processes, and are fully supported in their new roles.</p>		These have started, and are scheduled at intervals of one month or less.
10	<p><b><i>The practice is reminded to develop a clear system for monitoring training and learning opportunities.</i></b></p> <p>Health and Care Standard 7.1</p>	A framework is in place and is being piloted at present. This will be brought together with improved appraisals to ensure that learning opportunities are maximised.	Donna Evans	6 months
10	<p><b><i>Urgent consideration should be given to the overall management and leadership of the practice, in order to ensure that:</i></b></p>	We are all aware of the standards which we are required to perform to, and have regular team meetings where we are working through the list to improve standards. Clear lines of accountability	Chris Gash	Within 8

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> <li><i>As far as possible, regulations and standards are being complied with.</i></li> <li><i>There is strong governance, leadership and accountability to promote the sustainable delivery of safe and effective care.</i></li> </ul> <p><i>HIW is to be notified of the completion date of the sale of the business, once made known to the current owner/dentist.</i></p> <p>Governance, Leadership and Accountability</p>	<p>have been established and more time has been allocated for team meetings.</p> <p>The Practice should be changing ownership and management within the next few week. Contracts have been drawn up, but not yet exchanged.</p> <p>We will notify HIW immediately when a date has been confirmed</p>		weeks
<b>Quality of Environment</b>				
12	<p><i>Continue to negotiate with owner, responsible for side entrance of premises, with view to improving wheelchair access.</i></p> <p>Health and Care Standard 2.1</p>	Ongoing.	New owner	1 year

**Practice Representative:**

**Name (print):** .....Chris Gash.....

**Title:** .....Dentist.....

**Date:** .....28th May 2016.....