

**General Dental Practice
Inspection (Announced)**
Powys Teaching Health
Board,
Llys Einion Dental Practice

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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 Llys Einion Dental Practice at 60 Heol Maengwyn, Machynlleth, Powys, SY20 8DY on 12 July 2016.

HIW explored how Llys Einion 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

Llys Einion Dental Practice provides services to patients in the Machynlleth area of Powys. The practice forms part of dental services provided within the area served by Powys Teaching Health Board.

Llys Einion Dental Practice is a mixed practice providing both private and NHS services. NHS services are only provided for children. A range of general dental services are provided at the practice, who are also part of the “Designed to Smile” tooth brushing programme.

The practice staff team includes 2 dentists; 1 hygienist; 2 dental nurses and 1 receptionist.

3. Summary

Overall, we found evidence that Llys Einion Dental Practice delivers a friendly, professional dental service to patients but there are a number of systems which should be in place to support the safe and effective delivery of care which need to be strengthened.

This is what we found the practice did well:

- Patients we spoke to were extremely happy with the service provided
- Staff we spoke to were happy in their roles, understood their responsibilities and enjoyed their work at the practice
- Clinical facilities are well-equipped, visibly clean and tidy

This is what we recommend the practice could improve:

- Medicines management
- Emergency equipment and procedures
- Improvements in some of the decontamination procedures to align with WHTM 01-05
- Arrangements for the safe use of x-ray equipment
- Recording of patient notes.

Please see Appendix A for full details of the recommendations made.

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained from 20 patient questionnaires was extremely positive and patients cited the friendly, caring and professional attitude of the practice staff.

The practice has been in a historic building since 2007, converted to provide dental services and every effort has been made to provide a comfortable, safe and pleasant facility for all patients.

There is a large, open and light waiting area with comfortable seating and a small dedicated area for children to play. The play area was visibly clean and tidy.

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

“I have found the practice to be of the highest standard in every respect. How fortunate we are to have such a dental surgery in our small town.”

“As a nervous patient, I am always made to feel relaxed and welcome by all staff. Always clean and tidy.”

“Staff are always very helpful, and efficient. Atmosphere in the practice is welcoming. Treatment is spot on and always fully explained.”

“Very friendly and helpful practice. I have a fear of dentists / dental treatment. Glenys and her team have never failed to help me overcome this fear and attend regularly for check ups and treatments when needed. Would never use another practice whilst Llys Einion continues. Thanks to Glenys and your team.”

Dignified care

Without exception, all patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by the staff. We also

observed the warm, friendly and professional approach adopted by staff towards the patients.

Timely care

The practice works hard to ensure that dental care is provided in a timely way. Of the 20 questionnaires completed, only two of the patients had experienced minor delays in being seen by the dentist on the day of the appointment. Two thirds of patients also told us they knew how to access out of hours care. The out of hour's telephone number for patients to call when in need of urgent dental treatment was displayed at the practice. The number is also included in the information leaflet available at reception.

Staying healthy

All patients who completed the questionnaires stated that they received enough information about their treatment.

We noticed a plentiful supply of dental health information leaflets in the waiting room which patients could read and take home. There were posters displayed on notice boards which also gave a range of information about how to improve and maintain good dental health.

Information leaflets provided by the practice were bilingual.

Individual care

Responses from patient questionnaires indicated that all patients felt they were given enough advice about their individual treatment and were very happy with the service they received. Patients told us that they are always made to feel very welcome. It was evident from the questionnaires that staff always take time to listen to patients and advise them about any concerns or questions they may have.

Wheelchair users can access the practice with assistance and the use of a ramp is made available. The toilet facilities were fully accessible for wheelchair users. There is a downstairs surgery which is used for anyone who has difficulty in using the stairs to the first floor where the second surgery is located.

We saw the practices' complaints policy and we reviewed the complaints log. At the point of inspection there had not been any complaints received by the practice. The complaints policy for private treatment is in need of updating to include details of the registration authority. The practice also needs to develop an additional complaints policy for NHS patients which must be in line with 'Putting Things Right'.

When asked about making a complaint about their care or treatment, only half of the patients who completed the questionnaires said that they knew how to make a complaint. The practice should ensure that details about how to raise a complaint are made as clear as possible to patients as they may not want to ask for this.

Improvement needed

The practice should update their existing complaints policy for private treatment to include details of the registration authority.

The practice will need to develop a new policy for NHS patients in line with 'Putting Things Right'.

Delivery of Safe and Effective Care

The surgeries were visibly clean and tidy and the decontamination room was well laid out and effectively used, however we have identified a number of improvements needed to systems in place at this practice to support the delivery of safe and effective dental care.

The systems for managing medication and emergency equipment were particularly in need of review. Improvements were also needed to systems in place in respect of decontamination; this is to ensure compliance with WHTM 01-05.

Safe care

The practice has a separate decontamination room on the first floor and we looked in detail at their systems and processes for decontamination of dental instruments. The room was visibly clean and tidy and, despite being small, the space was effectively organised and used. We noted that there was no sign outside the room and it may be advisable to consider this to help ensure that there is no unauthorised access. We noted that chemicals in use at the practice were being stored in an unlocked cupboard within this room, with no warning signs. The practice should review this storage to ensure that the practice is in line with Control of Substances Hazardous to Health (COSHH) requirements.

Improvement needed

Review the storage of chemicals and ensure that it is in accordance with COSHH regulations.

The practice were undertaking daily tests on the autoclave (a machine used to sterilise pre cleaned dental instruments) but were not recording the parameters or retaining test strips for the first check of the day. We recommend that they do this to bring their system fully in line with WHTM 01-05 guidelines. Each time the ultrasonic bath (a tank used to clean dental instruments prior to sterilisation) is used, dental nurses carry out a foil test, however; no protein testing is carried out on the unit. We recommended that the guidelines of WHTM 01-05 are reviewed in relation to this cleaning equipment and the frequency of foil testing amended and a protein test introduced.

Improvement needed

In accordance with WHTM 01-05:

- ***Review and amend the procedure for recording start of day autoclave checks***
- ***Review foil testing frequency on the ultrasonic bath and introduce protein testing***

After sterilising instruments, the practice were packing and sealing them and marking with the date of processing. In accordance with WHTM 01-05, the date of expiry should also be recorded on the packaging.

Improvement needed

Both the date of processing and expiry should be clearly marked on each sealed instrument pack.

There was a contract in place to ensure the safe disposal of all clinical waste generated by the practice. To further improve these arrangements, there should be foot operated bins and sanitary waste bins in all toilet areas. We saw the area outside where clinical waste awaiting collection was stored prior to collection and noted that the bin itself did not lock. A replacement bin should be obtained to improve the security of this. Additionally, the outside area did not lock and could also be open to unauthorised access. This should also be reviewed.

Improvement needed

Obtain a lockable bin for all clinical waste awaiting collection.

Ensure there are foot operated bins and sanitary disposal in all toilet areas.

There was documentation to support the safe use of radiographic equipment. The practice could not locate their letter notifying the Health and Safety Executive of the use of x-ray equipment on the premises. We advised that they check that this has been done and explained the process they will need to follow. We saw that there were local rules displayed in both surgeries for staff use and we saw that these needed a minor update to reflect a new member of staff now working at the practice. In addition, the practice needs to ensure they have a Radiation Protection Advisor and we advised them to explore this and identify a suitable company or individual as soon as possible.

Improvement needed

Appoint a Radiation Protection Advisor

The practice had previously undertaken an audit of image quality but had not been carrying these out on a regular basis. We advised that these audits be carried out at least annually, to help with the prompt identification of any issues that may be present or arising.

We found a number of areas for improvement in relation to medicines management and emergency procedures at the practice.

- There was a stock of emergency equipment and medicines for use in the event of an emergency (patient collapse) but we found that some of these were out of date.
- In addition to out of date medicines, some of the emergency equipment was also out of date.

(We dealt with these findings through our immediate assurance process and the practice responded promptly by resolving the issues we had identified the day following our inspection visit.)

- We also found a number of other out of date medicines (non emergency) in the stock cupboard.
- There was an antibiotic prescribing record book but a number of entries within this had been incorrectly made.
- The prescribing of antibiotics was not consistently in line with latest guidelines for length of treatment.
- Medicines were being stored in a general use fridge, where non medicine items were also kept.
- There was no practice specific resuscitation policy in place.
- One dentist had not undertaken CPR training since 2014. The General Dental Council (GDC) highly recommend that dental professionals do at least two hours training each year in dealing with medical emergencies.

Improvement needed

Introduce a system to ensure that all emergency equipment and medicines are kept in date.

Improvement needed

Introduce a system to ensure that medication is not kept past its expiry date.

Improvement needed

Review antibiotic prescribing to ensure that treatment length is in accordance with current guidelines.

Improvement needed

All medicines needing refrigeration should be stored away from non medicine items in a fridge which is tested daily to ensure that temperatures are within safe limits.

Improvement needed

Create a practice specific resuscitation policy setting out roles and responsibilities of staff in the event of an emergency.

Improvement needed

Ensure that the frequency of undertaking CPR / medical emergencies training is in accordance with the recommendations of the relevant professional body.

Effective care

We looked at a sample of five patient records per dentist working at the practice, therefore 10 records in total. These predominantly related to private patients, but we also looked at the records relating to a small number of NHS patients (children). Overall, we found that the records were of a satisfactory standard, but the record keeping of one dentist needed to be improved to include more detail overall. The records kept by the dental hygienist were found to be of a particularly high standard. Considering the variance we found, it would be advisable for the practice to introduce a means of peer review to help them formulate some agreed standards for record keeping so that the quality is consistent.

Improvement needed

Develop standards for all patient record keeping and introduce a system of peer review to support with the creation and maintenance of this.

We saw that one dentist was taking clinical photographs (with the appropriate consent and safeguards in place) of patients' teeth and using these to help explain particular problems and recommended treatments. This is an example of innovative, good practice.

Quality of Management and Leadership

We found that the principal dentist provided clear leadership to the staff team, many of whom had worked at the practice for a number of years. In light of a recent increase in the size of the team, some of the governance systems will now need to be strengthened to ensure that standards and consistency can be maintained.

We found a happy, cohesive staff team, the majority of whom had worked together for a number of years and were committed to delivering a high quality friendly service to their patients.

There had recently been some new staff employed at the practice but there was no procedure or policy in place to guide the recruitment of new staff. As a result of this, there were no particular pre employment checks conducted on new staff members. We recommend the practice address this and link the policy they create to safeguarding requirements.

Improvement needed

Introduce a policy setting out an agreed system of pre employment checks which help to ensure the suitability of new staff to work within the practice.

We looked at a range of training certificates and noted that the staff had accessed a wide variety of training in order to comply with their continuing professional development (CPD) requirements. It would make the monitoring of staff training and development easier if there was a central log of training dates maintained at the practice and they may wish to consider creating one of these.

We saw registration and indemnity certificates for the principal dentist but at the time of our inspection these were not available for the associate dentist. Immediately following our visit we confirmed that all registration and insurance cover were in place as required and expected.

The DBS (disclosure and barring service) check for the principal dentist was not available to see although we received verbal assurance that one was available. All dentists registered with HIW must hold a valid DBS check for which no more than three years have lapsed. We explained this to the dentist who agreed to ensure that this was adhered to.

Improvement needed

Forward to HIW details of the DBS certificate not available on the day of inspection.

We saw evidence of regular staff meetings which had been recorded and the content of which looked useful and appropriate to the staff team. There was no system for staff appraisals and we suggested that this be set up, particularly as there has recently been an increase in the size of the staff team with new members of staff employed.

Improvement needed

Introduce a system for regular appraisals of staff with the intention of promoting and maintaining high standards and the development of staff members.

We noted that the dental hygienist generally worked alone without the support of a dental nurse. We recommended that this be reviewed to ensure that lone working is minimised and the hygienist better supported in carrying out dental care.

Improvement needed

Review the current arrangement whereby the dental hygienist works alone.

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 Llys Einion 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 of the NHS in 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 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². 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

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <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: Lllys Einion Dental Practice

Date of Inspection: 12 July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7.	<p>The practice should update their existing complaints policy for private treatment to include details of the registration authority.</p> <p>The practice will need to develop a new policy for NHS patients in line with 'Putting Things Right'.</p>	Regulation 15 (4) (a)	This is in the process of being updated at present	A Pryce	1/12
Delivery of Safe and Effective Care					
8.	Review the storage of chemicals and ensure that it is in accordance with COSHH regulations.	Regulation 14 (1) (d)	Cupboard locks are being installed and a sign placed	G Davies	2/12

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9.	In accordance with WHTM 01-05: <ul style="list-style-type: none"> Review and amend the procedure for recording start of day autoclave checks Review foil testing frequency on the ultrasonic bath and introduce protein testing 	Regulation 14 (6)	Look into different record keeping book for autoclave Consult with ultrasonic manufacturer to introduce appropriate protein test	I Evans	1/12
9.	Both the date of processing and expiry should be clearly marked on each sealed instrument pack.	Regulation 14 (1) (b)	Buy second date stamp so that both dates are placed on clean instruments	I Evans	done
9.	Obtain a lockable bin for all clinical waste awaiting collection. Ensure there are foot operated bins and sanitary disposal in all toilet areas.	Regulation 14 (6)	done	G Davies	1/12
9.	Appoint a Radiation Protection Advisor		To appoint ASAP	G Davies	1/12
10.	Introduce a system to ensure that all emergency equipment and medicines are kept in date.	Regulation 14 (1) (d)	Have second book in store cupboard Both books signed and countersigned by dentist	G Davies	Done
10.	Introduce a system to ensure that	Regulation	Second book (signed and counter	G Davies	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	medication is not kept past its expiry date.	14(1) (d)	signed by dentists and nurse)		
11.	Review antibiotic prescribing to ensure that treatment length is in accordance with current guidelines.	Regulation 14 (1) (b)	Carried out antibiotic audit through Welsh deanery and are now following NICE guidelines in all cases	G Davies	Done
11.	All medicines needing refrigeration should be stored away from non medicine items in a fridge which is tested daily to ensure that temperatures are within safe limits.	Regulation 14 (1) (b)	Removed from refrigerator and kept within manufacturers instruction	I Evans	Done
11.	Create a practice specific resuscitation policy setting out roles and responsibilities of staff in the event of an emergency.	Regulation 14 (2)	To be looked into immediately Contacted BDA for advice and template	A Pryce	1/12
11.	Ensure that the frequency of undertaking CPR / medical emergencies training is in accordance with the recommendations of the relevant professional body.	Regulation 14 (1) (b)	The practice has annual CPR / medical emergency training in house – all members of the practice are to attend, in line with GDC standard		Held every March
11.	Develop standards for all patient record keeping and introduce a system of peer review to support with the creation and maintenance of this.	Regulation 14 (2)	Look into peer review and practice audit so that all individuals comply with practice standards	G Davies	2/12

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
12.	Introduce a policy setting out an agreed system of pre employment checks which help to ensure the suitability of new staff to work within the practice.	Regulation 14 (2)	Have looked into this with the help of the BDA, and following their template	G Davies	1/12
12	Forward to HIW details of the DBS certificate not available on the day of inspection.	Regulation 13 (3)(c) Schedule 2	Contact DBS, application made, will forward when arrived	G Davies	1/12
13	Introduce a system for regular appraisals of staff with the intention of promoting and maintaining high standards and the development of staff members.	Regulation 14 (2)	Look into this following BDA Guidelines and templates	G Davies A Pryce	2/12
13	Review the current arrangement whereby the dental hygienist works alone.	Regulation 14 (1) (d)	Review	G Davies J King	2/12

Practice Representative:

Name (print):Glenys Davies.....

Title:

Date:2/8/16.....