

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board,
Glan Dŵr Dental Practice,
Criccieth

Inspection Date: 19 JANUARY
2017

Publication Date: 20 APRIL
2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	9
	Quality of Management and Leadership.....	12
5.	Next Steps	14
6.	Methodology.....	15
	Appendix A	17

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 Glan Dŵr Dental Practice at 17 Mona Terrace, Criccieth, Gwynedd, LL52 0HG on 19 January 2017.

HIW explored how Glan Dŵr Dental Practice, Criccieth 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

Glan Dŵr Dental Practice, Criccieth has provided services to patients in the Criccieth area since it was taken over in May 2016. The practice forms part of the dental services provided within the area served by Betsi Cadwaladr University Health Board.

Glan Dŵr Dental Practice, Criccieth is a mixed practice providing both private and NHS dental services.

The practice staff team includes four dentists, two therapists, five dental nurses (two of which are trainee nurses), a receptionist and a Practice Manager.

3. Summary

Overall, we found evidence that Glan Dŵr Dental Practice, Criccieth provides patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership.
- The staff team appeared happy in their roles and were competent in carrying out their responsibilities.
- A range of relevant policies and procedures were in place.
- There were excellent dedicated facilities for cleaning and sterilisation (decontamination) of dental instruments.
- Clinical facilities were well-equipped, visibly clean, tidy and in excellent condition.
- There was evidence that patient records were generally of a high standard.

This is what we recommend the practice could improve:

- Introduce a central log to record patients' informal concerns.
- Improve overall arrangements for storing of chemicals and hazardous waste.
- Safeguarding policy needs to be updated to include contact details for the local safeguarding team.
- The practice should review their existing complaints handling policy and ensure it is clear to patients how to raise a complaint for private treatment and NHS treatment.

Findings

Quality of the Patient Experience

We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained from the patient questionnaires was positive and confirmed that patients were very happy with the service they receive.

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

'An extremely well run dental practice and a vital resource for the community'

'Satisfactory service and treatment'

'My mother recommended the practice to me and I have passed on the recommendation to others. Dental treatment can often be scary, especially when you are having complex treatments. It is important to feel that you are safe and can trust the dentist to take you through the pain barrier. I have also been helped to choose private treatments, taken through the costs and options, especially when something radical is required'

'Very happy with this practice and a very caring dental surgeon'

'Very professional, welcoming staff. Dentist is very patient and explains everything clearly. Always makes sure that you are comfortable'

'Very good service'

'Very happy to be treated here as a very nervous patient and made to feel at ease'

'Very friendly and nice around people. [Named staff] is great and ready to help, a nice smile every time. My dentist is the best I have been to. Thanks all for your good work'

Dignified care

We observed the warm, friendly and professional approach adopted by all staff at the practice towards patients. Of the twenty four questionnaires completed, all patients confirmed that they were satisfied with the care and treatment they had received.

The practice has arrangements to protect patients' privacy, including areas for patients to have private conversations with staff and when dealing with patients' telephone messages.

Timely care

The practice tries to ensure that dental care is provided in a timely way and of the completed questionnaires only four patients indicated that they had ever experienced any minor delays.

Ten patients told us that they did not know how to access out of hours care. The practice provides the emergency contact details on their answer phone, website, and patient information leaflets. Contact details are also provided on the outside entrance of the premises along with the practices' opening times; however, the sign was a laminated sign which was pinned to the door. We advised the practice to consider other ways to display the sign.

Staying healthy

All patients who completed our questionnaires stated that they had received enough information about their treatment. There were ample dental health promotion leaflets and posters available at both waiting areas which meant patients had access to information on how to care for their own oral hygiene. Price lists were also clearly on display.

Over 80% of patients told us that their language needs were met and we observed staff communicating with patients bilingually at the practice.

Individual care

Responses from patients' questionnaires showed us that all of the patients felt they were given enough advice about their individual treatment and were very happy with the service they received and were always made to feel welcome.

The practice is located over three floors. The dental surgeries are based on the ground and 1st floor level. Wheelchair users can access the ground floor level of the practice with assistance from staff and can access one of the dental surgeries. There is a door bell available at the main entrance and we advised

the practice to consider lowering the door bell to be within reach of wheelchair users.

There was one unisex toilet at ground floor level for use by patients and one toilet on the first floor for staff. Both facilities were clearly signposted and visibly clean. We did recommend to the practice that they replace the bin in the staff toilet with a foot pedal operated bin.

Improvement needed

The practice was advised to replace the bin in the staff toilet with a foot pedal operated bin.

We reviewed the practices' complaints handling policy and we saw the complaints log. At the point of inspection there had not been any complaints received by the practice. The practices' complaints handling policy covers both private and NHS treatment and is in need of updating to include the correct contact details of the registration authority. We also advised the practice to review the policy and ensure that details about how to raise a complaint for private and NHS treatment are made as clear as possible to patients as they may not want to ask for this.

Improvement needed

The practice should review their existing complaints handling policy and ensure it is clear so patients know how to raise a complaint for private and NHS treatment.

Correct contact details of the registration authority must be included for private treatment.

The procedure for making a complaint was clearly displayed at the reception desk and in both waiting rooms; it was also set out in the 'Patient Information' leaflet. However, despite these measures, we identified from the completed questionnaires, that more than half the patients did not know how to make a complaint. We suggested that the practice consider other ways of ensuring all patients are made aware of how to make a complaint.

The practice informed us that any informal concerns were captured within individual patients' records and dealt with accordingly. We advised the practice to record informal concerns in a central log to enable any common themes to be identified.

Improvement needed

A central log to be put in place to record patients informal concerns

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to their patients in the reception area. We saw evidence that the practice has acted upon and used the feedback to influence changes at the practice. We did advise the practice to display patients' feedback analysis, demonstrating that their individual feedback has been captured and acted upon to enhance learning and improvement at the practice.

Delivery of Safe and Effective Care

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment. The surgeries were modern, well equipped and in excellent condition.

Safe care

We looked at the clinical facilities in all four surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgeries were visibly clean and in excellent condition.

We noted that portable appliance testing (PAT) had been completed on all electrical equipment ensuring all small appliances were safe to use. Fire extinguishers were in place throughout the building and we saw evidence of a current fire equipment maintenance contract. Directions for the emergency exits were clearly visible and the Health and Safety poster was on display.

There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments in place which had been recently reviewed.

We saw contract documentation in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We also saw that the waste had been segregated into the designated coloured bags / containers in accordance with the current method of disposal.

We noted overall that arrangements for storing chemicals and hazardous waste needed to be improved. Oxygen cylinders were stored in a cupboard with no safety sign on display. Cleaning chemicals were stored in a disused shower cubicle in the staff toilet. The door to the staff toilet is marked "staff private" however, the door is unlockable from the outside and no chemical warning signage was present.

Clinical waste was stored in a locked solid construction building in a locked back yard. However, on visual inspection, it was noted that the practice needs to address the security of the locked 'waste' building, mainly the window pane, door frame and the amount of waste bags stored to enable easier and safer access to the facility.

Improvement needed

Review storage of gas cylinders and chemical products ensuring adequate safety and warning signs are displayed.

Address security of the locked 'waste' building.

General health and safety risk assessments were seen on the day, and these had been recently reviewed.

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and evidence of up-to-date ionising radiation training for the dental surgeons. Evidence of the appointment of a radiation protection advisor was not available for us to review on the day of inspection and must be sent to HIW.

Improvement needed

Copy of the appointment of a radiation protection advisor to be sent to HIW

There were acceptable arrangements for protecting patients and staff when the X-ray equipment was in use. We found evidence of safety checks, equipment maintenance and testing on the x-ray equipment. We also saw evidence of regular x-ray image quality audits being carried out.

We did note however, in one of the surgeries, that the x-ray machine did not have a collimator device which is used to further reduce exposure to radiation/X-rays. We brought this to the attention of the practice and advised them to contact their radiation protection adviser.

Improvement needed

Check with the radiation protection adviser regarding no collimator device on x-ray machine.

The practice had procedures in place showing how to respond to patient medical emergencies. We saw records that indicated that the team had received all relevant training. The emergency drugs were stored in a central location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that a system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. However, we advised the practice to devise a checklist of which emergency drugs and equipment should be included in the kit to ensure all items are available.

Improvement needed

Introduce a checklist detailing which emergency drugs and equipment should be included in the kit.

The practice had excellent dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The area was visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff.

We saw that all clinical staff had completed training in the protection of children and vulnerable adults. We saw that the practice had a safeguarding policy in place to protect children and vulnerable adults which had recently been reviewed. However, the policy is in need of updating to include the contact details for the local safeguarding team.

Improvement needed

The safeguarding policy needs to be updated to include contact details for the local safeguarding team

Effective care

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that some relevant audits had been completed or arranged by the practice.

There was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

A sample of 12 patient records were reviewed and overall we found that patient care entries contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. There was also evidence of treatment planning.

Quality of Management and Leadership

We found evidence that this was a very well run service with effective systems to support overall practice management and leadership. A range of relevant policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

We found the practice to have good leadership and clear lines of accountability. Since most of the staff had worked together for many years, there was good rapport amongst them.

We saw completed staff induction folders and these were well planned. We advised the practice to introduce a checklist for the induction programme to ensure all actions are undertaken.

We saw evidence of annual staff appraisals and we also saw that all staff had accessed a wide variety of training; meeting CPD¹ requirements.

We were told that informal team meetings are held with staff on a regular basis. However, no records were kept of the meetings. Arrangements were already in place at the practice for formal team meetings to take place and these will be minuted and recorded in the future.

We confirmed that all relevant staff had undertaken a Disclosure and Barring Service (DBS) check and were registered with the General Dental Council. We saw that one dental practitioner's Disclosure and Barring Service (DBS) check had recently expired and the practice confirmed that a new DBS check was currently being processed.

The dentists' HIW registration certificates were on display, as required by the Private Dentistry (Wales) Regulation 2008, and we saw confirmation of indemnity cover.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice.

We looked at the policies and procedures in place and found that they reflected actual practice, had been reviewed and contained review dates and / or were version controlled. However, there was no system in place to evidence that

¹<https://archive.gdc-uk.org/Dentalprofessionals/CPD/Pages/default.aspx>

staff had reviewed these policies following any changes. We therefore advised the practice to introduce a system to record staff signatures along with review dates and / or version control.

4. 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 Glan Dŵr Dental Practice, Criccieth 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.

5. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. 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

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

³ <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: Glan Dŵr Dental Practice, Criccieth

Date of Inspection: 19 January 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
Page 7	The practice should replace the bin in the staff toilet with a foot pedal operated bin.	The Environmental Protection (Duty of Care) Regulations 1991	The bin was replaced immediately with a foot pedal operated bin as recommended.	T.Jones	20/01/17
Page 7	The practice should review their existing complaints handling policy and ensure that it is clear to patients how to raise a complaint for private treatment and NHS treatment. Correct contact details of the registration authority must be	Health & Care Standards 6.3 Putting Things Right Private Dentistry (Wales) Regulations 2008	The practice complaints policy has been reviewed and updated.	T.Jones	20/02/17

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	included for private treatment.				
Page 8	A central log should be put in place to record patients informal concerns	Health and Care Standard 6.3	A new informal complaints log is now in place.	T.Jones	22/02/17
Delivery of Safe and Effective Care					
Page 10	Review storage of gas cylinders and cleaning chemical products ensuring adequate safety storage and warning signs are displayed.	Environmental Protection (Duty of Care) Regulations 1991 Hazardous Waste Regulations 2005	A new locking system is due to be installed in April.	T.Jones	03/04/17
Page 10	Improve security of the locked 'waste' building.	Environmental Protection (Duty of Care) Regulations 1991 Hazardous Waste Regulations 2005	Improvements to the outbuildings are scheduled to start in April.	T.Jones	03/04/17
Page 10	Copy of the appointment of the radiation protection advisor to be sent to HIW	Ionising Radiation (Medical Exposure) Regulations 2000	Actioned	T.Jones	08/03/17
Page 10	Check with the radiation protection	Ionising Radiation	A new collimator has been ordered	T.Jones	08/03/17

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	adviser regarding no collimator devise on x-ray machine.	(Medical Exposure) Regulations 2000			
Page 11	The safeguarding policy must be updated to include contact details for the local safeguarding team	Health and Care Standard 2.7	The safeguarding policy has been updated to include the contact details for the local safeguarding team.	T.Jones	23/02/17
Page 11	Introduce a checklist detailing which emergency drugs and equipment should be included in the kit.	Health and Care Standard 2.6	A checklist has been produced detailing the drugs and equipment that should be included in the emergency kit.	T.Jones	23/02/17
Quality of Management and Leadership					
	N/A				

Practice Representative: Dr Dylan Parry Jones

Name (print):

Title: Dr

Date: 08/03/17