

**General Dental Practice  
Inspection (Announced)**  
Betsi Cadwaladr University  
Health Board,  
MyDentist, Menai Bridge

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2017

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## 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.....	8
	Quality of Management and Leadership.....	11
5.	Next Steps .....	13
6.	Methodology.....	14
	Appendix A .....	16

## 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 of MyDentist (Woodlands Dental Centre), The Vicarage, Mona Road, Menai Bridge, LL59 5EA, on 14 March 2017.

HIW explored how MyDentist, Menai Bridge 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 with 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

MyDentist (Woodlands Dental Centre), Menai Bridge provides services to patients in the Anglesey area since it was established in 2007. The practice forms part of Integrated Dental Holdings, known as 'MyDentist', which has a network of dental practices across the UK. MyDentist, Menai Bridge provides dental services within the area served by the Betsi Cadwaladr University Health Board.

MyDentist, Menai Bridge is a mixed practice providing both private and NHS dental services.

The practice staff team includes three dentists, three nurses, two receptionists and a practice manager. On the day of the inspection the regulatory officer was also present.

### 3. Summary

Overall, we found evidence that MyDentist, Menai Bridge 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 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.
- Clinical facilities were well-equipped, visibly clean and tidy.
- Appropriate arrangements were in place for the safe use of x-rays.
- Patients' clinical notes were of a high standard.

This is what we recommend the practice could improve:

- Ensure all policies and procedures are regularly reviewed, are specific to the practice; contain review date and/or are version controlled along with staff signatures.
- The practice should review the airflow in the decontamination area.
- The practice to ensure a written scheme of examination is in place for the autoclave.

## 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. Forty seven were completed and returned to us. Patient comments included:

*'Pleasant and helpful staff'*

*'Friendly helpful staff, no issues with service received'*

*'Excellent service by professional staff at all levels'*

*'Very happy with this practice'*

*'The service has been excellent from start to (almost finished) – last treatment tomorrow. The dentist has discussed the treatment with me and left me feeling confident about it. Also appointment has been made as easy as possible and aftercare has been very good. No complaints. Brilliant practice'*

*'We have always been very happy here at this dental practice'*

*'Very pleased with the way I have been treated. Thank you'*

### Dignified care

We observed the warm, friendly and professional approach adopted by all staff at the practice towards patients. Of the forty seven questionnaires completed, forty six patients confirmed that they were satisfied with the care and treatment they had received. Only one patient indicated that they felt their appointment had been rushed.

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, ten patients indicated that they had ever experienced any minor delays and it was made clear to us that these had not been an issue.

Twenty three patients told us that they did not know how to access out of hours care. There was a sign on the outside entrance of the premises giving the emergency contact details and this was also provided on the practice's answer phone. Contact details are also provided within the patient information leaflet. We suggested to the practice that they consider other ways of ensuring all patients are made aware of the out of hours contact details in case of an emergency.

### Staying healthy

There was ample dedicated dental health promotion information available which meant patients had access to information which could support them in how to care for their own oral hygiene. Price lists were also clearly on display in reception / waiting area.

### 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 two floors and wheelchair users can access the ground floor level of the practice by means of a lift. The reception, waiting area and one dental surgery is accessible for wheelchair users.

There was one unisex toilet accessible for ambulant patients and wheelchair users at ground floor and one toilet on the first floor for staff. Both facilities were clearly signposted and visibly clean. We advised the practice that the bins in the toilet facilities should be foot pedal operated.

### ***Improvement needed***

***The practice was advised to ensure that any bins in the patient and staff toilets are replaced with foot pedal operated bins.***

We saw that the practice had a complaints procedure in place which was displayed on the notice board by the entrance. The procedure for making a complaint was also set out in the 'Patient Information' leaflet. However, despite these measures, we identified from the 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 aware of how to make a complaint. The practice immediately made the complaint procedure available in each of the waiting areas during our inspection visit.

We saw evidence that the practice has a system in place to log formal complaints and concerns. The practice informed us that any informal concerns were captured within individual patients' records and dealt with accordingly. We advised the practice to record any informal concerns in a central log to enable any common themes to be identified. The practice devised and implemented a log during our visit.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area and also over email. The practice also informed us that patients receive a text message after each appointment allowing them to provide feedback. Details of the feedback analysis are published on the practice's website and we saw evidence that the practice has acted upon and used the feedback to influence changes, such as providing more reading materials for patients.

## *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. We found that patients were provided with safe and effective dental care. Patients' clinical notes were of a high standard.**

### Safe care

We looked at the clinical facilities in the 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 good condition and the practice had a safer sharps system in place to reduce the risk of any needle stick injuries. We did suggest that the practice consider installing 'curved'<sup>1</sup> flooring in the dental surgeries and the decontamination room in any future renovation plans. The practice informed us that 'curved' flooring will be installed as part of their renovation plans during summer 2017.

We noted that annual 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 contact. Directions for the emergency exits were clearly visible and the Health and Safety poster was on display.

We found that all chemicals were kept securely and none were left in public areas. 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.

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 we saw evidence of up-to-date ionising radiation training for the dental surgeons.

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<sup>1</sup> Floors in clinical care and decontamination areas should be continual and where possible 'curved' up the wall preventing accumulation of dust and dirt in corners and crevices.

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.

The practice had excellent procedures in place showing how to respond to patient medical emergencies. The practice also undertakes regular emergency scenarios with staff which is good practice. We saw records that indicated that the team had received all relevant training and had two appointed first aiders.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use.

The practice had 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 procedures in place to minimise the risk of cross infection to protect both patients and staff. However, it was noted that the decontamination policy needed to be updated to be more specific to the practice.

***Improvement needed***

***The practice should review and update the decontamination policy ensuring it is specific to the practice.***

It was also noted that the extractor fan was on the clean side of the decontamination room, which creates the wrong air flow. We recommended to the practice that they consider reviewing this to be in line with WHTM 01-05 guidelines.

***Improvement needed***

***The practice should review the location of the extractor fan ensuring correct airflow***

We also noted that one of the autoclaves (sterilisation units) did not have a written scheme of examination and we recommended the practice contacts the engineer / manufacturer to provide one.

***Improvement needed***

***The practice to ensure a written scheme of examination is in place for the autoclave***

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was 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. However, we noted that the policy in place was generic and we recommended that the policy should be updated and made specific to the practice.

***Improvement needed***

***The waste storage and disposal policy to be reviewed and made specific for the practice***

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults and all clinical staff had completed training in this subject. The practice also undertakes regular safeguarding scenario with staff which is good practice.

**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 the practice, as a whole, was keeping excellent clinical records. We examined a sample of patients' records and found that patient care entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and, where required, a treatment plan given to patients. All the dentists documented that cancer screening and smoking cessation advice had been given.

## *Quality of Management and Leadership*

**We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail. The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities.**

MyDentist, Menai Bridge has provided services to patients on Anglesey since it was established in 2007.

We found the practice to have good leadership and clear lines of accountability. The day to day management of the practice is the responsibility of the practice manager who was efficient and competent in her role. Since most of the staff had worked together for many years, there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns.

We saw clear evidence of completed staff induction folders and these were well planned and organised. All staff had been given access to policies and procedures.

We also saw that all staff had accessed a wide variety of training; exceeding CPD requirements, with the number of hours committed through attending training sessions, annual online academy training and also undertaking regular in-house sessions such as emergency and safeguarding scenarios.

We also saw evidence of monthly team meetings and annual staff appraisals with six monthly reviews being undertaken with staff.

We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulation 2008 and we saw confirmation of indemnity cover.

We found that the practice displayed the name and qualifications of all its dental practitioners, its emergency contact details and the practice opening times.

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, generally, they reflected actual practice and included a covering sheet for staff signatures. However, not all of the policies and procedures contained a review date and / or were version controlled and did not correspond with the staff signatures. We advised the practice to ensure all policies and procedures were regularly

reviewed, are made specific to the practice, reflect actual practice and contain a review date and / or are version controlled and should correspond with staff signatures.

#### 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 MyDentist, Menai Bridge 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 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: MyDentist, Menai Bridge**

**Date of Inspection: 14 March 2017**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
Page 6	The practice should ensure that any bins in the patient and staff toilets are replaced with foot pedal operated bins.	The Environmental Protection (Duty of Care) Regulations 1991  Hazardous Waste Regulations 2005 (Wales)	The pedal bins are now in place in both staff room and patient toilets.	Practice Manager	Completed
<b>Delivery of Safe and Effective Care</b>					
Page 9	The practice should review and update the decontamination policy ensuring it is specific to the practice.	Health and Care Standards, 2.4	This was on display in the decontamination room on the day of inspection.	Practice Manager	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Page 9	The practice should review the location of the extractor fan in the decontamination room ensuring correct airflow	WHTM 01-05, Section 6.41 – 6.42	This has been raised with our facilities department and will be looked at to address the incorrect location	Facilities/ Regulatory Officer & PM	September /October 2017
Page 9	The practice should ensure a written scheme of examination is in place for the autoclave	WHTM 01-05 Section 9.3	This has been requested from Eschmann and a copy will be provided once payment has been received.	PM	5 <sup>th</sup> May 2017
Page 10	The waste storage and disposal policy should be reviewed and made specific for the practice	Health and Care Standards, 2.9	A Specific policy has been drawn up with this practice to highlight types of waste disposal used, Location and frequency of pick ups from our waste contract holders so that anyone new in the practice is aware of the system and what is the process specific to this site.	PM	5 <sup>th</sup> May 2017
<b>Quality of Management and Leadership</b>					
	N/A				

**Practice Representative: Ceri Jones Name (print): Ceri Jones**

**Title: Practice Manager Date: 18<sup>th</sup> April 2017**