

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

Inspection Date: 21 March 2017

Publication Date: 22 June 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.....	8
	Quality of Management and Leadership.....	10
5.	Next Steps	11
6.	Methodology.....	12
	Appendix A	14

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 Penmaenmawr Dental Practice, Medical Hall, Pant Yr Afon, Penmaenmawr, Conwy, LL34 6BA on 21 March 2017.

HIW explored how Penmaenmawr 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 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

Penmaenmawr Dental Practice is a long established practice providing services to patients in the Conwy area since it was established in 1992.

The practice forms part of the dental services provided within the area served by Betsi Cadwaladr University Health Board.

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

The practice staff team includes the principal dentist and one dental nurse.

3. Summary

Overall, we found evidence that Penmaenmawr Dental Practice 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:

- Review their existing complaints handling policy ensuring it is clear how to raise a complaint for private and NHS treatment.
- Introduce a log to record patients' informal concerns.

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. Eighteen were completed and returned to us. Patient comments included:

'Made to feel very welcome. Shown all treatment plans. Very friendly all the time'

'Best dental experience I have ever had'

'They have made me feel totally relaxed. Full marks and more, the best practice I've been to'

'All the team are very approachable. They are all an asset to the practice'

'Excellent dental care and [staff name] dental nurse is superb'

'Always made to feel very comfortable'

Dignified care

All patients stated they were satisfied with the care and treatment they had 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.

The practice had 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. Of the eighteen questionnaires completed, only three of the patients had experienced minor delays in being seen by the dentist on the day of the appointment. One patient made it clear to us that this was because of an emergency appointment.

Of the eighteen questionnaires, seventeen patients told us they knew how to access out of hours care. There was a sign on the outside entrance of the premises giving the emergency contact details and a poster was also on display in the waiting area. Contact details are also provided within the patient information leaflet and appointment cards.

Staying healthy

There was ample dedicated dental health promotion information available which meant patients had access to information which could support them in caring for their own oral hygiene. A television screen was also available in each surgery, enabling the dentist to show patients a video or pictograms of oral health treatment and ensuring patients were provided with enough information about their treatment. 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.

Access to the practice is via steep steps. The practice informed us that all efforts had been made to provide wheelchair access. However, given the location of the steps, it is not possible to install a ramp.

There was one unisex toilet accessible to patients and one staff toilet. Both facilities were clearly signposted and visibly clean.

We saw that there was a complaints procedure in place which was displayed in the waiting area. We reviewed the practice's complaints handling policy and, at the point of inspection, there had not been any complaints received by the practice. The practice's complaints handling policy covers both private and NHS treatment and we advised the practice to review the policy to ensure that details about how to raise a complaint for private and NHS treatment are made as clear as possible to avoid patients having to ask staff for guidance.

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.

The practice informed us that any informal concerns were dealt with immediately. However, these were not captured in a central log. 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 patients in the waiting 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 service improvement.

Improvement needed

Practice to publish / display patients' feedback analysis

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.

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 assessment documentation 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 both the dentist and dental nurse.

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 procedures in place showing how to respond to patient medical emergencies which are displayed in each room. We saw records that indicated that the team had received all relevant first aid and emergency resuscitation training, including advanced life support and anaphylaxis training.

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. Instrument storage was excellent and well organised with all instruments wrapped or covered in drawers.

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.

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.

Effective care

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that relevant audits had been completed such as, quality of X-rays, patient consent, emergencies, prescribing, infection control and waste.

There was evidence that the practice 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. The dentist 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.

Penmaenmawr Dental Practice has provided services to patients in Conwy since it was established in 1992.

We found the practice to have good leadership and clear lines of accountability. The dentist and nurse have worked together for over 25 years and it was apparent that there was a good rapport between them. They told us that they were confident in raising any issues or concerns with each other.

We saw that the dentist and dental nurse had accessed a wide variety of training; meeting and exceeding the CPD¹ requirements with the number of hours committed through attending training sessions. We also saw evidence of monthly team meetings and annual staff appraisals

We confirmed that both the dentist and the dental nurse had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council. The dentist HIW certificate was 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 qualification of the dentist, 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 they reflected actual practice, had been regularly reviewed and were version controlled. We did suggest to the practice that they ensure all staff sign the policies and procedures when they are reviewed demonstrating that the policies and procedures had been read and understood.

¹ Continuing Professional Development (CPD)

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 Penmaenmawr 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.

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: Penmaenmawr Dental Practice

Date of Inspection: 21 March 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
Page 6	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.	Health & Care Standards 6.3 GDC 5.1 Putting Thing Right	We have corrected the wall poster and all literature to show Patients full details of how to complain both for Private and NHS Patients		
Page 7	A central log should be put in place to record patients informal concerns	GDC 5.1.7	A central log has been designed and is available for any informal concerns.		
Page 7	Practice should publish / display patients' feedback analysis	Health & Care Standards 6.3	A feedback poster is now in use.		
Delivery of Safe and Effective Care					

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	N/A				
Quality of Management and Leadership					
	N/A				

Practice Representative:

Name (print): Mrs Anne Harris

Title: Practice Manager/DCP

Date: 09/05/2017