



General Dental Practice Inspection (Announced)

Betsi Cadwaladr University Health
Board, The Dental Surgery,
Caernarfon

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Dental Surgery at 39 Chapel Street, Caernarfon, Gwynedd, LL55 2PS, within Betsi Cadwaladr University Health Board on 6 April 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that The Dental Surgery, Caernarfon provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received.
- 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 very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service.
- Clinical facilities were well-equipped, visibly clean, tidy and well organised.
- Appropriate arrangements were in place for the safe use of x-rays.
- Dental instruments were cleaned and sterilised appropriately.
- Systems for governance and monitoring the quality of the service against the requirements of the regulations are in place.

This is what we recommend the service could improve:

- Review their existing complaints handling policy.
- Implement a formal mechanism to seek the views of patients
- Ensure infection control audits are undertaken on an annual basis.
- Cross infection and Safeguarding policies to be reviewed
- More detail to be recorded in patients notes with respect to social history, oral hygiene and diet advice
- Ensure the surgery work surfaces are sealed at their edges

3. What we found

Background of the service

The Dental Surgery, Caernarfon provides services to patients in the Gwynedd area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice employs a staff team which includes the principal dentist, a dental nurse / receptionist, a trainee dental nurse and a practice manager.

The practice provides both private and NHS dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found that this practice was working hard to provide a high quality experience to their patient population. The dentists and dental nurses have worked together for many years and know the needs of their patients very well. The feedback we received 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. A total of fifty one were completed. Patient comments included the following:

'I receive excellent service at all times, staff helpful and accommodating'

'A warm welcome always by the staff and [named staff]. [Named staff] makes you feel comfortable and at ease always and provides all the information I require about my dental treatment'

'I'm very pleased with my dentist and his staff. Nothing is too much problem'

'The service the practice provides is excellent'

'Excellent treatment' Staff are very friendly and extremely professional. Would highly recommend this practice to anyone. I am also a smoker and [named staff] has advised me on the dangers of smoking in relation to gum disease and as a result I am now trying to stop smoking'

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. There were various posters and information

sheets displayed on the notice board which gave patients a range of information about the dental practice. Price lists were also clearly on display in the waiting area and in reception.

Dignified care

All patients were satisfied with the care and treatment they had received at the practice and all patients felt welcomed by staff and confirmed they were always treated with respect. We also observed the warm, friendly and professional approach adopted by staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

Patient information

All patients who completed the questionnaires confirmed that they were always involved in the decisions made about their individual treatment and received sufficient information.

The practice has its own patient information leaflet which provides patients with the practice opening hours and contact details for out of hour's emergency dental care.

Communicating effectively

All staff at the practice can communicate effectively with patients bilingually. All patients who completed the questionnaires stated that they have always been able to speak to staff in their preferred language. Of the fifty one completed questionnaires, forty one confirmed they were Welsh speakers. Oral health information leaflets and information sheets at the practice are also available bilingual.

Timely care

The practice tries to ensure that dental care is always provided in a timely way. All patients who completed the questionnaires stated that they had always been seen on time by the dentist.

Individual care

Planning care to promote independence

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.

Patients' medical histories are reviewed and updated at each visit and we saw evidence of treatment planning and options being discussed with patients.

People's rights

We noted that the practice had a dedicated equality policy in place.

Access to the practice is via a steep and narrow step which is directly located on the main road. The practice informed us that all efforts had been made to provide wheelchair access. However, given the location of the step it is not possible to install a ramp.

Wheelchair users can access the ground floor level of the practice with assistance from staff and can access the reception, waiting area and the dental surgery.

Listening and learning from feedback

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 ensuring correct timescales for acknowledging and responding to complaints were included in line with the regulations for private patients and with 'Putting Things Right' for NHS patients.

The procedure for making a complaint was clearly displayed in the waiting area; it was also set out in the 'Patient Information' leaflet.

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. The practice developed and introduced a central log during our inspection visit.

We discussed the practice's mechanism for seeking patient feedback. The practice informed us that they do not have a formal system in place to seek patient views. We recommended that the practice develops a patient survey in order for patients to provide their feedback. We also advised the practice to display an analysis of the feedback received in the waiting area / reception demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

Improvement needed

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

The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

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 and the surgery was light and airy.

Safe care

There were no immediate assurance issues identified during this inspection visit.

Managing risk and promoting health and safety

There was one unisex toilet for use by patients and one toilet for staff. Both facilities were clearly signposted and visibly clean; however, no sanitary disposal bin was in place for the staff facilities.

We noted that small portable appliance testing (PAT) was undertaken appropriately and at regular intervals to help ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display.

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

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 correct method of disposal.

Improvement needed

The practice was advised to ensure that sanitary disposal bin was provided in the staff toilet

Infection prevention and control

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. It was noted that the last infection control audit was undertaken in February 2016 and we advised the practice that audits are recommended on an annual basis.

There was a dedicated policy in place for cross infection and we noted that this was in need of review. We advised the practice to review the policy ensuring it reflects actual practice.

Improvement needed

The practice should ensure infection control audits are undertaken on an annual basis.

Cross infection policy to be reviewed and updated ensuring it reflects actual practice

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in all relevant areas. We saw records that indicated the team had received all relevant training. The emergency drugs were stored securely and 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.

All clinical staff had up to date CPR training and one member of staff had been trained in first aid.

Safeguarding children and adults at risk

We saw that all staff had completed training in the protection of children and vulnerable adults. We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults; however, the policy was in need of updating to ensure it contained up to date contact details for the local safeguarding team.

We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Improvement needed

Safeguarding policy to be updated to include up to date contact details for the local safeguarding team.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgery and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently and was visibly very clean and in good condition. However, we did advise the practice to seal the surgery work surfaces at their edges and also ensure any areas of wear on the side are replaced.

All radiological equipment was maintained and in good working order. 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 all the clinical staff. During our visit, the notification letter to Health and Safety Executive (HSE) regarding radiological protection could not be found; however, confirmation that the practice is registered with the HSE was sent immediately to HIW following our visit.

Improvement needed

The practice should ensure the surgery work surfaces are sealed at their edges and also ensure any area of wear on the side is replaced.

Effective care

Safe and clinically 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 or arranged by the practice.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care provided to patients.

The practice informed us that plans are already in place to use the Maturity Matrix Dentistry tool and this is scheduled for their next team meeting. Maturity Matrix Dentistry is a self-evaluation tool, which allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

Information governance and communications technology

The practice is currently in the process of computerising patients' paper records and during our inspection visit, over 60% of patients' records had already been transferred.

Record keeping

A sample of patients records were reviewed, this included a mix of paper and computerised records.

Overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we noted that more detail needed to be recorded in respect of social history, oral hygiene and diet advice given to patients within their individual records.

We also noted that paper records lacked an updated charting at each course of treatment and we were informed by the practice that this will be rectified when the remaining paper records are transferred to the computer.

Improvement needed

More detail to be recorded in patient's records in respect of social history, oral hygiene and diet advice.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence that this is a very well run service with a strong commitment to providing high quality and attention to detail despite the relative small size of the practice

Governance, leadership and accountability

The Dental Surgery, Caernarfon has provided services to patients in the Gwynedd area since it opened in July 1991.

We found the practice provided good leadership and clear lines of accountability. Most of the staff had worked together for many years and there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns directly with the lead dentist or with each other.

Staff and resources

Workforce

We saw completed staff induction folders and these were well planned. All staff had been given access to policies and procedures; however there was no formal induction programme check list in place for new staff and we advised the practice to develop and introduce an induction programme check list.

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

We confirmed that all relevant staff 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 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 overall found that they reflected actual practice. However, not all of the policies and procedures contained review dates and / or were version controlled. We did suggest to the practice that they ensure all policies and procedures are regularly reviewed, contains review dates and / or version controlled and ensure all staff sign the policies and procedures demonstrating that these have been read and understood.

We found that the practice displayed its emergency contact details and the practice opening times on the outside entrance of the premises. The dentist' name and qualification were also clearly on display.

Improvement needed

Introduce a formal induction programme check list for new staff.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiation Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: The Dental Surgery, Caernarfon

Date of inspection: 6 April 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Brian Owen

Job role: Dentist

Date: 19 May 2017

Appendix C – Improvement plan

Service: The Dental Surgery, Caernarfon

Date of inspection: 6 April 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should review their existing complaints handling policy and ensure it is clear to patients how to raise a complaint for private and NHS treatment.	6.3 Listening and Learning from feedback	The complaints policy is being updated and a larger sign will be placed on the notice board to draw attention to the documents	Sandra Fox	Done
The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.		We have decided that the initial views will centre on improving the waiting experience and proceed from here to other areas	Brian Owen	3 months
Delivery of safe and effective care				
The practice should ensure that a sanitary disposal bin is provided in the staff toilet	2.1 Managing risk and promoting	We have contacted initial medical about the placement of the sanitary disposal	Janet Owen	Done

Improvement needed	Standard	Service action	Responsible officer	Timescale
	health and safety	bin		
The practice should ensure infection control audits are undertaken on an annual basis.	2.4 Infection Prevention and Control (IPC) and Decontamination	The audit tool from the Wales Deanery has been downloaded	Brian Owen	2 months
Cross infection policy to be reviewed and updated to ensure it reflects actual practice		Policy is being reviewed and updated as necessary	Sandra Fox	4 weeks
Safeguarding policy to be updated to include up to date contact details for the local safeguarding team.	2.7 Safeguarding children and adults at risk	Policy is being updated and all new contacts have been sourced	Brian Owen	4 weeks
The practice should ensure the surgery work surfaces are sealed at their edges and also ensure any area of wear on the side is replaced.	2.9 Medical devices, equipment and diagnostic systems	Seals have been replaced and the damaged edge has been replaced	Brian Owen	Done
More detail to be recorded in patient's records in respect of social history, oral hygiene and diet advice.	3.5 Record keeping	A questionnaire reflecting this has been sourced and will be handed to the patients at their examination appointment and discussed	The whole team	Immediately to 12 months as patients attend
Quality of management and leadership				
Introduce a formal induction programme check	7.1 Workforce	This has now been introduced	Sandra Fox	Done

Improvement needed	Standard	Service action	Responsible officer	Timescale
list for new staff.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Brian Owen

Job role: Dentist

Date: 19 May 2017