

## **Dental inspection Follow-up Inspection (Announced)**

mydentist, IDH Crickhowell

Powys Teaching Health Board

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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 follow-up inspection of mydentist, IDH Crickhowell within Powys Teaching Health Board on the 20 April 2017.

Our team, for the inspection comprised of one HIW Inspector and one peer reviewer (dentist).

Further details about how we conduct follow-up inspections can be found in Section 5.

## 2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. All suggested improvements had been undertaken and regular audits to maintain good standards were in place.

This is what we found the service did well:

- Staff were friendly, competent and understood their roles
- Patients were satisfied with the service they received
- The practice offered a safe and effective service
- There was evidence of clear management and leadership
- The internal fabric of the building had been vastly improved

We made one recommendation as a result of our inspection. This related to dentists discussing treatment options with patients.

## 3. What we found

### Background of the service

HIW last inspected mydentist IDH Crickhowell on 13 August 2015.

The key areas for improvement we identified included the following:

- IDH must consider inspection findings in relation to individual dentists and record keeping and provide HIW with a written plan of how it intend to support the practice manager to ensure that there is adequate performance management and accountability of dentists working at the practice. An immediate focus of performance management should be quality of record keeping.
- In relation to the use of radiographic equipment: The practice must nominate an appropriately trained and competent lead who will take responsibility for ensuring all policies and procedures are up to date, adhere to regulations and take account of best practice, published guidelines. The practice must ensure that the Health and Safety Executive are notified, (or obtain evidence that this has previously been done) of the use of radiographic equipment on the premises. Evidence of this, once complete, is to be forwarded to HIW.
- IDH should explore further options for improving the area to the rear of the practice and provide HIW with an action plan outlining their proposals.
- The practice needs to ensure that all dentists explain and discuss treatment options in a manner which is appropriate to the individual patient. It would be beneficial if dentists also clarify understanding.

The purpose of this inspection was to follow-up on the actions implemented to rectify the identified improvements required at the last inspection.

## 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.*

During our inspection a number of patient satisfaction questionnaires were distributed and returned and although it was not included in the follow up requirements, we thought it would be beneficial to explore the comments.

### What we found on follow-up

During the inspection we distributed HIW questionnaires to patients to obtain their views on the services provided. A total of 12 were completed. Patient comments included the following:

*"Really friendly staff"*

*"Used to be terrified of the dentist but since coming here I have no fears at all"*

*"Feel that treatment options are not always explained or discussed - dentist just treats. It's sometimes as though they are rushing on to next patient. Reception staff very helpful and friendly".*

On the whole, the responses from the questionnaires were positive with patients stating that they were always made to feel welcome, there were no delays or if so they were very insignificant times and patients were always kept informed. Without exception everyone was satisfied with the service received from the dental practice.

### Communicating effectively

Although there were mainly positive responses, one comment made by a patient (above) indicates that at times dentists may not discuss and explain options in a manner that is appropriate for all patients

### Improvement needed

The practice needs to ensure that all dentists explain and discuss treatment options in a manner which is appropriate to the individual patient. It would be beneficial if dentists also clarify understanding.

## 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 were assured that the areas identified for improvement had been satisfactorily addressed. This meant that the practice was delivering an effective service in a safe environment for patients and staff.

### What improvements we identified

Areas for improvement identified at last inspection included the following:

- IDH should explore further options for improving the area to the rear of the practice and provide HIW with an action plan outlining their proposals
- In relation to the use of radiographic equipment: The practice must nominate an appropriately trained and competent lead who will take responsibility for ensuring all policies and procedures are up to date, adhere to regulations and take account of best practice, published guidelines. The practice must ensure that the Health and Safety Executive are notified, (or obtain evidence that this has previously been done) of the use of radiographic equipment on the premises. Evidence of this once complete is to be forwarded to HIW.

### What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Record card audit are currently being conducted monthly and reviewed quarterly by the Area Manager/Clinical Support Manager. Xray audits and prescribing audits will be completed at regular intervals. The dentists are visited by the clinical support manager who will monitor performance and will produce an action plan of any improvements required. This will be monitored regularly.
- The company has recently delivered radiation protection training to all Managers who are the responsible person who will ensure policies and procedures will be kept up to date. Each Clinician is classified as a radiation protection supervisor and can work with the Manager in

relation to any radiation related queries. The Clinical support manager will review the radiography audits to ensure adherence to guidelines. The company have notified the HSE that xrays are taken. Evidence has been forwarded with this action plan.

- Improvements have been made to the external area by sealing all cavities around the external of the property. The Manager will regularly monitor the external area and keep in contact with the Landlord and neighbour and raise any concerns immediately.

## **What we found on follow-up**

### **Safe care**

#### **Managing risk and promoting health and safety**

Mydentist had submitted to HIW an action plan describing how they would address and maintain the issues to the rear of the building. On inspection of the area, we found it was tidy and clutter free. There were three bins for waste which were locked and secure. The neighbouring property had also purchased a bin and this was seen to be kept in good condition. The practice manager told us that relationships between the neighbour and the practice had improved and property boundaries were now being respected. We were satisfied that there was no further health and safety risk.

### **Effective care**

#### **Safe and clinically effective care**

In relation to the use of radiographic equipment, mydentist had submitted to HIW a copy of the Radiation Protection File, confirmation of notification from the Health and Safety Executive and an explanation that the practice manager would be the nominated lead with the support of each dentist for clinical expertise when required. On inspection, we saw that local rules were clearly visible on the walls of each surgery with each dentist's name printed as leads. We were therefore satisfied that the radiographic requirements identified had been met.

With regard to the decontamination room made one suggestion to the practice regarding signposting in the decontamination room to clearly mark the direction of process. Additionally, although all staff have been trained we suggested the process could be laminated and made visible on the wall of the decontamination room so that any new staff would be familiar with the routine immediately.

## Record keeping

We looked at a sample of patient records and all were found to be of a satisfactory standard. We were told that new dentists had been employed in the practice and this had offered the opportunity to revisit and set improved standards in record keeping.

We asked how the organisation supported the practice manager and whether this support was effective and were told that new structures had been put in place whereby clinical and managerial support was visible and easily accessible. The practice seemed to be well run with each member of staff understanding their role and what was expected of them.

## 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.*

This area was not inspected on this occasion.

## 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 conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects 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:** IDH, mydentist, Crickhowell

**Date of inspection:** 20 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
There were no Immediate assurance issues 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):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** IDH, mydentist, Crickhowell

**Date of inspection:** 20 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
<b>Quality of the patient experience</b>				
The practice needs to ensure that all dentists explain and discuss treatment options in a manner which is appropriate to the individual patient. It would be beneficial if dentists also clarify understanding.	3.2 Communicating effectively	Practice meeting to be held to ensure dentists are discussing treatment options. Once options are given they are to be included in writing on FP17DC where a patient is required to sign. After completing practice meeting all dentists will complete a reflective writing template to clarify understanding.  Two quarterly record card audits will be completed over the next 6 months to ensure this information is being discussed with patients and recorded	Practice Manager	Meeting to discuss to be completed before 21 <sup>st</sup> August 2018 with audits being completed in September and December 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		and reviewed at team meetings		
<b>Delivery of safe and effective care</b>				
No identified improvements				
<b>Quality of management and leadership</b>				
No identified improvements				

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): Sarah-Jane Davies**

**Job role: Practice Manager**

**Date: 21<sup>st</sup> July 2017**