

General Dental Practice Inspection (Announced)

Cemaes Bay Dental Practice /
Betsi Cadwaladr University Health
Board

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	7
	Delivery of safe and effective care	11
	Quality of management and leadership	15
4.	What next?	17
5.	How we inspect dental practices	18
	Appendix A – Summary of concerns resolved during the inspection	19
	Appendix B – Immediate improvement plan	20
	Appendix C – Improvement plan	21

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 Cemaes Bay Dental Practice at 1 The Old Lookout, Cemaes Bay, Anglesey, LL67 0NF within Betsi Cadwaladr University Health Board on the 9 May 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 Cemaes Bay Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. The feedback we received confirmed that patients were very happy with the service they received.

The practice provided a clean environment and the surgeries were well equipped, light and airy. We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment.
- 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.
- Very good clinical records.
- Surgery facilities were well-equipped, visibly clean, tidy and well organised.

This is what we recommend the service could improve:

- Implement a range of clinical audits with a view to identifying areas for improvement.
- Ensure all clinical staff have up to date training in ionising radiation and protection of vulnerable adults.

3. What we found

Background of the service

Cemaes Bay Dental Practice provides services to patients in the Anglesey 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 three dentists and seven dental nurses, two of which are trainee dental nurses.

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 evidence that Cemaes Bay Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

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 21 were completed. Patient comments included the following:

'Have received excellent care'

'Very happy with all aspects of the service and staff. No improvement needed'

'I am entirely satisfied. Thanks to all'

'Always excellent and staff'

'There is no need to improve the service'

'This is a very pleasant and efficient practice. I can think of no way to improve the practice'

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 which gave patients a range of information about the dental practice and oral health information. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

Dignified care

All patients who completed the questionnaires confirmed that they had been treated with respect when visiting the practice.

We also observed the warm, friendly and professional approach adopted by all 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.

We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

The practice provided a range of private and NHS dental treatments.

All patients who completed a questionnaire told us that they had received information about their individual treatment, including available treatment options. However, five patients informed us that they did not understand how the cost of treatment was calculated. We noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and waiting area.

We found that patient information was stored securely to ensure that personal and sensitive information was protected.

Communicating effectively

Some staff at the practice could communicate with patients bilingually. Of the 21 questionnaire completed, 18 patients told us that they have always been able to speak to staff in their preferred language. Nine patients were Welsh speakers and of those, five patients confirmed they were always able to speak to staff in Welsh.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. Patients we spoke with on the day informed us that they had not experience any major delays in being seen by the dentist.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, was detailed on the practice website and was also given on the answer phone message.

Individual care

Planning care to promote independence

All patients told us that they were provided with enough information about keeping their mouth and teeth healthy. We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

All patients confirmed that they were involved as much as they want to be in any decisions made about their individual treatment. We saw evidence of treatment planning and options being discussed with patients.

Patients' medical histories were reviewed and updated at each visit. We noted that patients' medical history forms were scanned and kept separately from patients' clinical notes. We advised the practice that patient's medical histories forms part of the overall clinical record. We recommended to the practice that

patients' medical history, along with the signed FP17 form (patient declaration) should be kept within patients' individual clinical notes rather than being kept in a central location.

Improvement needed

Medical history forms, along with signed FP17 forms to be scanned into patients individual clinical notes.

People's rights

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

The practice was located in a two storey building, with two dental surgeries on the ground floor and one on the first floor. Wheelchair users could access the ground floor level of the practice and could access the reception, waiting area, toilet facilities and two dental surgeries.

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place which covers both private and NHS treatment. The procedure for making a complaint for patients on how to raise a concern was clearly on display in the waiting area and was also available in a leaflet for patients to take away.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients and also providing a comments / suggestion box in the waiting area. The practice informed us that the feedback is discussed at team meetings. We advised the practice to display patients' feedback analysis, demonstrating to patients 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 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 surgeries were light and airy

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

There was one unisex toilet for use by patients and one toilet for staff. Both facilities were signposted and visibly clean. However, no sanitary disposal bin was in place for the staff facilities. We also advised the practice to replace any bins in the toilets with foot operated bins.

We noted that 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.

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. However, we noted that the correct orange bags were not being used in the surgeries in accordance with the

correct method of disposal. We saw that all other waste had been segregated into the designated 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 and any bins to be replaced with foot operated bins.

The practice to ensure that the correct orange bags are used in the surgeries for the disposal of hazardous clinical waste.

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. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination.

However, it was noted that the extractor fan was located on the clean side of the decontamination room, which creates the wrong air flow. We recommended to the practice that they consider reviewing the location of the extractor fan to be in line with WHTM 01-05 guidelines. The practice informed us that future plans are in place to re-furbish the decontamination room.

We saw records that showed the practice undertakes audits of infection control on an annual basis as recommended by WHTM 01-05.

We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. We also noted that the dental instruments were stored in line with their current decontamination policy.

Improvement needed

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

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw

records indicating that the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice. However, they were not kept in a locked cupboard and we advised the practice to consider installing a lock on the cupboard to improve security. We also recommended that the prescription pads are stored securely in the safe at night; which the practice agreed to do. We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use.

However, we noted that a child sized oxygen mask, child ambu-bag and size '4' airway were not available in the kit held by the practice. Our concerns regarding the emergency kit were resolved during the inspection. Details of the immediate improvements we identified are provided in Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider.

Improvement needed

Prescription pads to be stored securely in the safe at night.

Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults. Training certificate for the protection of adults for one of the dental nurses was not available for us to view on the day of inspection. Also, one dental nurse was due to renew her training once she returned from maternity leave. We saw that all other staff had completed training in the protection of children and vulnerable adults.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and had valid Disclosure and Barring Service (DBS) checks in place.

Improvement needed

Ensure all staff are trained in the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

We looked at the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition.

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. However, no quality assurance audits had been undertaken and we recommended to the practice that audits should be done on an annual basis.

One dental nurse's ionising radiation training was due to be renewed and the practice immediately booked the training on the next available course. We saw evidence of up-to-date ionising radiation training for all other clinical staff.

Improvement needed

Forward to HIW the renewed ionising radiation training certificate for one of the dental nurses.

Undertake quality assurance audits of x-rays on an annual basis.

Effective care

Safe and clinically effective care

We saw evidence that the practice had recently carried out a WHTM 01-05 audit of their decontamination arrangements and we were informed that the practice undertook an audit of clinical records during 2015. However, we did not see that the practice had a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We recommend that the practice implement a programme of audits across the year.

Improvement needed

Implement a range of clinical audits with a view to identifying areas for improvement.

Information governance and communications technology

The storage of patient files was appropriate to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to

computer screens was secure and discreet. A data protection policy was in place.

Record keeping

There was evidence that the practice is keeping very good clinical records, demonstrating that care is being planned and delivered to a high standard to ensure patients' safety and wellbeing.

We examined a sample of patients' records and found that 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 where 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 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 the practice to have good leadership and clear lines of accountability.

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.

Governance, leadership and accountability

Cemaes Bay Dental Surgery is owned and managed by one dentist and is supported by a team of dentists and dental nurses.

Staff we spoke with during our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities.

Staff told us that they felt communication within the practice was good and that they felt able to discuss any issues with all members of the team.

Staff and resources

Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements, although one member of staff needed to renew their vulnerable adult protection and ionising radiation training. We also saw evidence of annual staff appraisals and regular team meetings.

All three dentists working at the practice provided private dental services and we saw their HIW registration certificate prominently displayed behind reception as required by the Private Dentistry (Wales) Regulation 2008.

We saw records relating to Hepatitis B immunisation status for all the dentists and dental nurses working at the practice.

We looked at the policies and procedures in place and found that they reflected actual practice. All of the policies and procedures were regularly reviewed, contained review dates and / or were version controlled. However, we advised the practice to introduce a system to contain staff signatures to demonstrate that these had been read and understood by all staff.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The dentists' names and qualifications were also clearly on display.

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
We found that a child sized oxygen mask, child ambu-bag and size '4' airway were not available in the emergency kit held by the practice	This meant children were at risk in an emergency situation	We brought this to the attention of staff who immediately arranged for the items to be purchased	Staff immediately ordered on the day of our visit for delivery the next day.

Appendix B – Immediate improvement plan

Service: Cemaes Bay Dental Practice

Date of inspection: 9 May 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 identified				

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: Cemaes Bay Dental Practice

Date of inspection: 9 May 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				
Medical history forms (along with FP17 forms) to be scanned into individual clinical notes	6.1 Planning Care to promote independence	Documents and photographs are now stored through the practice management software.	DJ Meacher	Completed
Practice to publish / display patients' feedback analysis	6.3 Listening and Learning from feedback	Formal and informal patient feedback is already discussed at each monthly staff meeting. In future, appropriate analysis will be published in the waiting room.	DJ Meacher	Display by 31/07/2017
Delivery of safe and effective care				
The practice should ensure that sanitary disposal bin is provided in the staff toilet and any bins to be replaced with foot operated bins.	2.1 Managing risk and promoting health and safety	Sanitary bin has been placed in the staff toilet and all bins are now foot operated	DJ Meacher	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice must ensure that the correct orange bags are used in the surgeries for the disposal of hazardous clinical waste.		Orange bags are used in the surgery clinical waste bins to transfer waste to the large orange bags already in use for final disposal.	DJ Meacher	Completed
The practice should review the location of the extractor fan in the decontamination room ensuring correct airflow.	2.4 Infection Prevention and Control (IPC) and Decontamination	New ventilation system with remote fans will enable fully compliant air flow.	DJ Meacher	Complete by 31/12/2017
Prescription pads should be stored securely in the safe at night.	2.6 Medicines Management	Prescription pads are now stored in the safe	DJ Meacher	Completed
Ensure all staff are trained in the protection of vulnerable adults.	2.7 Safeguarding children and adults at risk	All staff requiring POVA will be booked onto the next available course.	DJ Meacher	Complete by 31/07/2017
Forward to HIW the renewed ionising radiation training certificate for one of the dental nurses Undertake quality assurance audits on an annual basis	2.9 Medical devices, equipment and diagnostic systems	Nurse concerned is compliant with GDC CPD requirements until the end of her current cycle in August 2018. However, previous course was over 5 years ago and she is booked on an IRMER course to be completed ASAP. Radiographic audit will be completed by the end of September 17.	DJ Meacher DJ Meacher	Complete by 31/07/2017 30/09/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
Implement a range of clinical audits with a view to identifying areas for improvement.	3.1 Safe and Clinically Effective care	Clinical Audit will be undertaken at appropriate intervals.	DJ Meacher	1 st Audit to be completed by 1 st April 2018
Quality of management and leadership				
N/A				

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: David Meacher

Name (print): D J Meacher

Job role: Director

Date: 09/06/2017