

General Dental Practice Inspection (Announced)

Grosvenor Dental Surgery / Betsi
Cadwaladr University 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 inspection of Grosvenor Dental Surgery at 3 Grosvenor Road, Colwyn Bay, Conwy, LL29 7YF, within Betsi Cadwaladr University Health Board on the 23 May 2017.

Our team, for the inspection comprised of two HIW inspection managers 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 Grosvenor Dental Surgery 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.

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
- Excellent clinical records
- Surgeries were well-equipped, tidy and well organised
- 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:

- Implement a formal mechanism to seek the views of patients
- Decontamination room to align with WHTM 01-05
- Devise resuscitation policy.

3. What we found

Background of the service

Grosvenor Dental Surgery provides services to patients in the Colwyn Bay 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 four dentists, (one of which is on vocational training) one hygienist, five dental nurses and a dedicated receptionist.

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 Grosvenor Dental Surgery 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 33 were completed. Patient comments included the following:

'Very happy with surgery'

'Satisfied with the treatment and service'

'Practice provides an excellent service always'

'Excellent staff, friendly, polite, reassuring and listen to the patient. Receptionist is outstanding, a conscientious multi tasking person, very willing to help. No problems with this practice, I am more than willing to recommend to others'

'Continue the high standard'

'First class'

'It runs very smooth, with friendly staff who always make you feel welcome'

'This dental practice is wonderful'

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. However, we did advise the practice to consider replacing one of the surgery doors with a non frosted glass panel to further maintain the privacy and dignity of patients and their safety.

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. One patient did not answer. However, ten 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 displayed around 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 33 questionnaire completed, 31 patients told us that they have always been able to speak to staff in their preferred language. Four patients confirmed they were Welsh speakers and of those, two stated that they have sometimes been 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.

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 and was also given on the answer phone message.

Individual care

Planning care to promote independence

Of the 33 completed questionnaires, only one patient stated that the dental team had not provided them with enough information about keeping their mouth and teeth healthy and that they were not involved as much as they want to be in any decisions made about their individual treatment.

We considered a sample of patient records and found that patients' medical histories were reviewed and updated at each visit. We also saw that treatment options were recorded for each patient along with 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.

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

Listening and learning from feedback

We saw that the practice had a policy in place for dealing with complaints for both private and NHS treatment which was clearly displayed in the waiting area and various notice boards around the practice.

We saw that the practice had a dedicated complaints file in place with clear procedures to deal with formal and informal complaints and concerns. However, we advised the practice to introduce a log in order for any common themes to be identified.

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. However, they do have a comments box in reception. 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

Introduce a log for the complaints file.

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 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 on the ground floor and two toilets for staff on the first floor. All facilities were signposted and visibly clean. However, no sanitary disposal bins were 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 noted that the practice accident book needed to be replaced with the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which includes the Health and Safety Executive (HSE) contact details and protocols.

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. We saw that all other waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Improvement needed

Ensure all accidents are recorded in an approved RIDDOR book.

The practice was advised to ensure that a sanitary disposal bin was provided in the staff toilet and any bins to be replaced with foot operated bins.

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 general condition of the decontamination room needed to be improved. The decontamination room was decorated with wood-chip wallpaper which is not easily cleanable. It was also noted that there was flaking paint and wallpaper around the window and skirting boards. Although the floor was tiled there were visible signs of damage to some of the tiles and grouting allowing debris to be trapped. There were some areas of damage to the worktop surfaces and we found a cavity in the wall at floor level.

It was noted that the practice pre-sterilisation cleaning process is undertaken manually. The autoclave does not have a data logger or printer and no log of every cycle is maintained. We advised the practice that each cycle needs to be logged and records kept for a minimum of 2 years as recommended in WHTM 01-05. The practice informed us that a log will be put in place. They did have a vacuum autoclave but this was not yet in service. We were informed that plans were in place for the vacuum autoclave to be validated and ready for use.

We saw records that showed the practice undertook 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 were informed that arrangements were in place for one of the dental nurses to renew training in infection control. We also noted that the receptionist was responsible for

general cleaning of the practice. We advised the practice that the receptionist should also be trained in infection control if the duties include cleaning clinical facilities.

It was noted that the dental instruments were stored in line with their current decontamination policy.

The flushing of sporadically used outlets for legionella was not being recorded and we advised the practice to introduce a log.

Improvement needed

General condition of the decontamination room to be improved by:

- Re-decorating the walls and repair any damaged floor tiles and grouting.
- Repairing the cavity in the wall and any damages to the worktop surfaces.

Introduce a log and record each cycle of autoclave.

Ensure the receptionist is trained in infection control if cleaning clinical facilities.

Introduce a legionella log to record flushing of outlets.

Medicines management

The practice did not have a dedicated resuscitation policy in place. However, they did have procedures in place showing how to respond to patient medical emergencies in a form of flowchart and a copy of the NHS guidance. We recommended that a dedicated resuscitation policy is developed containing all local procedures for the practice.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider. However, we recommended that all staff receive training in CPR and advised the practice that the receptionist should also be trained.

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. 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. Prescription pads were stored in a locked room at night and we recommended

that the prescription pads should be stored securely in a locked drawer / cabinet in line with NHS guidelines.

Improvement needed

Resuscitation policy to be devised.

Ensure that the receptionist is trained in CPR.

Prescription pads to be stored securely in a locked drawer / cabinet.

Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. We saw evidence that all dentists had completed training in the protection of children and vulnerable adults. However, we were informed by the practice that not all dental nurses had received training in the protection of vulnerable adults and arrangements were in place for four nurses and the hygienist to be trained. We also noted that one dental nurse needed to be trained in the protection of children. We also recommended that the receptionist receives training in the protection of children and vulnerable adults.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all dentists held a valid Disclosure and Barring Service (DBS) check. Only dentists registered with HIW must hold a valid DBS check (for which no more than three years have lapsed). However, the practice informed us that arrangements were in place to renew all staff DBS checks which is deemed good practice

Improvement needed

Ensure all staff at the practice are trained in the protection of children and 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 clean and in good condition. However, it was noted that the door between surgery three and the kitchen was dirty around the edges and handle.

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, the local X-ray rules needed to be customised for surgery three.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

We saw evidence that the practice had undertaken annual image quality assurance audits of X-rays which also included outcomes of reflections, actions and learning.

Improvement needed

Ensure the door between surgery three and the kitchen is cleaned as per cleaning schedule.

Local X-ray rules to be customised for surgery three.

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.

We saw evidence that the practice has used the Maturity Matrix Dentistry tool. This is a self-evaluation tool that 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 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 excellent 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 and of treatment plans 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

Grosvenor 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 directly with the principal dentist.

Staff and resources

Workforce

We saw staff induction folders and overall these were well arranged. However, not all training certificates were easily to hand for all members of the team. We advised the practice to ensure that all personal information and relevant training certificates are kept within staff individual files which the practice agreed to do. All staff had access to policies and procedures. We also saw evidence of annual staff appraisals.

We saw evidence of regular team meetings and we recommended to the practice that these meetings should be formally minuted and include a list of attendees.

All qualified 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. However, one dentist's certificate contained the incorrect practice details. We advised the practice to contact the Registration Team at HIW in order for a replacement certificate to be issued.

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 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 entrance of the premises. The dentists' names and qualifications were also clearly on display.

Improvement needed

The practice should ensure that all team meetings are formally recorded.

Ensure up to date HIW registration certificate is on display for one of the dentists.

Ensure all policies and procedures are regularly reviewed, contain review dates and / or version controlled along with staff signatures.

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 inspection

The table below summarizes 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: Grosvenor Dental Surgery

Date of inspection: 23 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 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: Grosvenor Dental Surgery

Date of inspection: 23 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				
Introduce a log for the complaints file.	6.3 Listening and Learning from feedback	We now have a formal protocol to log complaints	Donna chatham	completed
The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.		We will be completing a questionnaire the same time as the DF1 is to be completed. Similar format to include all performers	Raj Jotangia	completed
Delivery of safe and effective care				
Ensure all accidents are recorded in an approved RIDDOR book.	2.1 Managing risk and promoting health and safety	Ordered and received	Raj Jotangia	completed
The practice was advised to ensure that sanitary		Ordered and received from initial	Raj Jotangia	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
disposal bin was provided in the staff toilet and any bins to be replaced with foot operated bins.		medical- renewed contract		
<p>General condition of the decontamination room to be improved by:</p> <p>Re-decorating the walls and repair any damaged floor tiles and grouting.</p> <p>Repairing the cavity in the wall and any damages to the worktop surfaces.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	Quotes received from 3 local companies on works to be carried out as per report.	Donna Chatham	31 weeks To be completed By 12/8/17
Introduce a log and record each cycle of autoclave.		Prestige autoclave with built in electric data logger serviced and now in full time usage	Donna Chatham	completed
Ensure the receptionist is trained in infection control if cleaning clinical facilities.		Receptionist no longer undertaking these duties	Donna Chatham	completed
Introduce a legionella log to record flushing of outlets		Done on a daily basis with set up and end of day check list	Donna Chatham	completed
Resuscitation policy to be devised.	2.6 Medicines Management	Generic policy now been adapted to surgery site	Raj Jotangia	completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure that the receptionist is trained in CPR.		Enrolled on CPR course run by Cardiff Post Grad held in Glan Clwyd - nov 2017	Raj Jotangia	Earliest possible date
Prescription pads to be stored securely in a locked drawer / cabinet.		All stored upstairs in locked draw in locked office	Donna Chatham	completed
Ensure all staff at the practice are trained in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk	All current staff not completed in-house training to be booked on next available Cardiff post grad course	Raj Jotangia	Awaiting next date
Ensure the door between surgery three and the kitchen is cleaned as per cleaning schedule.	2.9 Medical devices, equipment and diagnostic systems	Part of end of day cleaning routine to wipe down door	Raj Jotangia	completed
Local X-ray rules to be customised for surgery three.		Local measures implemented and local rules amended accordingly	Raj Jotangia	completed
Quality of management and leadership				
The practice should ensure that all team meetings are formally recorded.	7.1 Workforce	Donna Chatham new PM take minutes of all meeting in a designated handover book- which all members of the team have access to.	Donna Chatham	completed
Ensure up to date HIW registration certificate is		Forms completed and sent to HIW and	Raj Jotangia	Awaiting

Improvement needed	Standard	Service action	Responsible officer	Timescale
on display for one of the dentists.		payment made		certificates
Ensure all policies and procedures are regularly reviewed, contain review dates and / or version controlled along with staff signatures		Done annually, all logged in index highlighting when due to be reviewed. staff have now signed all policies	Raj jotangia	completed

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: