

## **General Dental Practice Inspection (Announced)**

Marquess Dental / Betsi

Cadwaladr University Health  
Board

Inspection date: 18 July 2017

Publication date: 19 October 2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	17
4.	What next? .....	19
5.	How we inspect dental practices .....	20
	Appendix A – Summary of concerns resolved during the inspection .....	21
	Appendix B – Immediate improvement plan .....	22
	Appendix C – Improvement plan .....	23

**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 Marquess Dental at Holyhead Road, Llanfairpwllgwyngyll, Anglesey, LL61 5TX, within Betsi Cadwaladr University Health Board on the 18 July 2017.

Our team, for the inspection comprised of a HIW inspector 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 Marquess Dental 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 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
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays

This is what we recommend the service could improve:

- Ensure all required staff renew their training in safeguarding children and vulnerable adults
- Ensure all dentists working at the practice are fully aware of the guidance for Delivering Better Oral Health and the British Periodontal Society guidance
- Undertake an audit of patients' records, individually and as a practice.

## 3. What we found

### **Background of the service**

Marquess Dental 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 has a staff team which includes three dentists, two hygienists, five dental nurses, a receptionist and a practice manager.

The practice provides a range of NHS and private 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 Marquess Dental 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.

In total, we received 21 completed questionnaires. The majority of completed questionnaires were from patients who had been with the practice for more than two years.

Overall, patient feedback was very positive. Some of the comments provided by patients on the questionnaires included:

*"It is very good here, and very careful with the patients"*

*"It's a great team. First class"*

*"I've no complaints. Always treated in a friendly efficient manner"*

## Staying healthy

All but one of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth 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. 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 and were made to feel welcome by the practice team.

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

The practice had arrangements in place 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**

Each patient, who completed a questionnaire, told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about available treatment options. While the majority of patients, who completed a questionnaire, said that the cost of any treatment was always made clear to them before they received any treatment, more than a third of patients told us they did not understand how the cost of their treatment was calculated.

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 reception and the waiting area. The practice had its own patient information booklet for patients to take away.

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. Two thirds of the patients, who completed a questionnaire, considered themselves to be Welsh speakers. There was a split amongst Welsh speakers when asked how often they were able to speak to staff in Welsh when they wanted to; some said that they were always able to but some said only sometimes.

All non-Welsh speaking patients, who completed a questionnaire, told us that they were always able to speak to staff in their preferred language.

## **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 the process for keeping patients informed about any delays to their appointment times.

Almost a third of patients, who completed a questionnaire, said that they did not know how to access the out of hours dental service if they had an urgent dental problem. 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**

We considered a sample of patients' 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 wanted 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. All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

### **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 and an

OPG<sup>1</sup> room located on the ground floor and two dental surgeries located on the first floor. Wheelchair users could access the ground floor level of the practice and could access the reception, waiting area, toilet facility, two dental surgeries and the OPG room.

### Listening and learning from feedback

More than a third of patients, who completed a questionnaire, told us that they did not know how to raise a concern or complaint about the services they receive at the dental practice.

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.

We saw that the practice had a dedicated complaints file in place with clear procedures to deal with formal and informal complaints and concerns.

Not all patients, who completed a questionnaire, knew whether the dental practice asks for their views about the service provided, for example, through patient questionnaires.

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.

---

<sup>1</sup> An OPG is a panoramic or wide view x-ray of the lower face, which displays all the teeth of the upper and lower jaw on a single film. It demonstrates the number, position and growth of all the teeth including those that have not yet surfaced or erupted.

## 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 very 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 were no concerns raised by patients over the cleanliness of the dental practice; all but one of the patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

There was one unisex toilet for use by patients on the ground floor and one toilet facility for staff on the first floor. All facilities were signposted and visibly very clean.

We noted that portable appliance testing (PAT) had been undertaken at regular intervals to 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. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

### 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. The facilities were very clean, well equipped and uncluttered. However, we found that the doors to the decontamination rooms were left open. There was an 'employee only' sign displayed. However, as the rooms are in a publicly accessible area, we advised the practice to keep the doors closed at all times to prevent unauthorised access. The practice immediately arranged for the doors to be closed.

We noted that the dental instruments were stored in line with their current decontamination policy. However, we noted that some dental instruments contained a coloured tape / band. We also noted that the instruments were transported between surgeries and the decontamination room in bags. Our concerns regarding the dental instruments and the transportation of dental instruments were dealt with under our immediate assurance process and are provided in Appendix A.

We saw a detailed legionella risk assessment which had been carried out by an external company. We saw evidence that the practice had acted upon the assessment and the only remaining action was for all staff to undertake legionella awareness training.

We saw that the practice had undertaken a very comprehensive audit of their infection control process and all actions identified were completed. However, the practice had not used the tool supported by the Wales Deanery<sup>2</sup>. We recommend that they use this tool for future audits which the practice agreed to do. The audit tool is aligned to Welsh Health Technical Memorandum 01-05

---

<sup>2</sup> <https://www.walesdeanery.org/deanery-homepage>

(WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

#### Improvement needed

Ensure all staff undertake legionella awareness training.

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. 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. 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.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had at least two dedicated first aiders.

#### 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 clinical staff had completed training in the protection of children and vulnerable adults. However, we were informed by the practice that some of the clinical staff training is due for renewal. We were verbally assured that arrangements were already in place for those staff to renew their training. 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). The practice informed us that one of the dentist Disclosure and Barring Service (DBS) check needed to be renewed and arrangements would be made. All dentists registered with HIW must hold a valid DBS check for which no more than three years have lapsed. The DBS certificate for one of the hygienists was not available for us to view. All other relevant staff had a valid DBS in place.

#### Improvement needed

Ensure required staff renews their training in the protection of children and vulnerable adults.

Forward to HIW details of the renewed DBS certificate for one of the dentists.

Forward to HIW details of the DBS certificate for one of the hygienists.

### **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 excellent 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.

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.

### **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**

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

A sample of patients' records was reviewed.

Overall, there was evidence that the practice, as a whole, is keeping satisfactory clinical records. However, it was evidence that not all dentists working at the practice were aware of the 'Delivering Better Oral Health'<sup>3</sup> guidance and the British Periodontal Society<sup>4</sup> guidance for periodontal patients. We recommend that all dentists review the guidance to improve their knowledge.

We also noted that no audits of patients' records had been undertaken at the practice and we recommended that an audit is completed, individually and as a practice.

#### Improvement needed

Ensure all dentists working at the practice are fully aware of the guidance for Delivering Better Oral Health and the British Periodontal Society.

Undertake an audit of patients' records, individually and as a practice.

---

<sup>3</sup> <http://www.designedtosmile.co.uk/DBOHv3SEP2014SummaryTables.pdf>

<sup>4</sup> <http://www.bsperio.org.uk/>



## 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**

We found the practice had 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. The staff told us that they were confident in raising any issues or concerns directly with the dentist.

### **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. We also saw evidence of annual staff appraisals and regular team meetings. The team also meets up at the beginning of each day to discuss issues and ensure the day runs efficiently.

All three dentists working at the practice provided private dental services and we saw their HIW registration certificate prominently displayed in the surgeries as required by the Private Dentistry (Wales) Regulation 2008. However, the certificate for the principal dentist contained the incorrect details for HIW. 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 staff working at the practice.

We looked at the policies and procedures in place and found that they reflected actual practice. The policies and procedures were regularly reviewed, contained review dates and / or were version controlled and contained staff signatures which demonstrated that these had 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.

## 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 Radiations 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 noted that some dental instruments contained a coloured tape / band and therefore the instruments may not be fully decontaminated.	This meant there was a risk of cross infection.	We raised this concern with the practice during the inspection and requested this was immediately resolved.	The practice immediately put plans in place for the tape and colour bands to be removed during our inspection.
We noted that the dental instruments were transported between surgeries and the decontamination room in bags.	This meant instruments were not fully protected in closed containers.	We brought this to the attention of the practice who immediately arranged for some closed containers to be purchased.	Containers were immediately ordered on the day of our visit for delivery the next day.

## Appendix B – Immediate improvement plan

**Service:** Marquess Dental

**Date of inspection:** 18 July 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 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:** Marquess Dental

**Date of inspection:** 18 July 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>				
Practice to publish / display patients' feedback analysis.	6.3 Listening and Learning from feedback	Reviewing options – noticeboard or a webpage or combination of both	G Buse	6 months
<b>Delivery of safe and effective care</b>				
Ensure all staff undertake legionella awareness training.	2.4 Infection Prevention and Control (IPC) and Decontamination	To be conducted at next team meeting	G Buse	2 months
Ensure staff renew their training in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk	To be completed as soon as possible – or where relevant where staff return to work	G Buse	1 month

Improvement needed	Standard	Service action	Responsible officer	Timescale
Forward to HIW details of the renewed DBS certificate for one of the dentists.		Certificate already received	G Buse	Completed
Forward to HIW details of the DBS certificate for one of the hygienists.		To complete DBS form as soon as possible	G Buse	1 month
Ensure all dentists working at the practice are fully aware of the guidance for Delivering Better Oral Health and the British Periodontal Society.	3.5 Record keeping	Guidance for both made available to all dentists	G Buse	Completed
Undertake an audit of patients' records, individually and as a practice.		Arrangements in place to complete	G Buse	6 months
<b>Quality of management and leadership</b>				
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**

**Name (print): DR GERAINT BUSE**

**Job role: PRACTICE PRINICPAL / DIRECTOR**

**Date: 30/8/17**