

General Dental Practice Inspection (Announced)

Madoc Dental Care

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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 Madoc Dental Care at 3 Madoc Street, Llandudno, Conwy, LL30 2TL on the 1 August 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

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 Madoc Dental Care provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

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:

- Recording of patient notes
- Self evaluate using the Maturity Matrix Dentistry tool
- Devise a dedicated Control of Substances Hazardous to Health (COSHH) file
- Ensure all portable appliances are tested (PAT)
- Ensure required staff renew their training in the protection of children and vulnerable adults

3. What we found

Background of the service

Madoc Dental Care is a private only dental practice.

The practice staff team includes two dentists, a hygienist, four dental nurses, a receptionist and a dedicated practice manager.

A range of private dental services are provided.

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 Madoc Dental Care 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 20 completed questionnaires, from both relatively new patients (those that had been a patient for less than 2 years) and long term patients at the practice (those that had been a patient for more than 2 years).

Overall, patient feedback was very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides; no improvements were suggested as patients were very happy with the current service provided at the practice. Patient comments included:

'No improvement is required, very efficient practice'

'No improvements to be made, very happy with the service'

'Excellent!'

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 reception area.

All patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

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 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 their dental treatment, including available treatment options and associated costs. 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, around a quarter of patients told us they did not understand how the cost of their 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.

General information about the practice was displayed around reception and the waiting area. The practice had its own patient information leaflet for patients to take away.

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

Communicating effectively

Patients that completed a questionnaire who were Welsh speakers told us that they were only sometimes able to speak to staff in Welsh. All but one of the non-Welsh speaking patients that 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 a process for keeping patients informed about any delays to their appointment times.

Around three quarters of patients who completed a questionnaire said that they would 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, was given on the answer phone message and was detailed on the practice website.

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 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 that patients' medical histories were reviewed and updated at each treatment appointment. All patients who completed the questionnaires confirmed that the dentists do enquire about their medical histories prior to undertaking any dental 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 one dental surgery located on the ground floor and two dental surgeries on the first floor. Wheelchair users could access the ground floor level of the practice and could access the reception, waiting area and one surgery.

Listening and learning from feedback

Just over a quarter 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.

The practice did have a procedure in place for dealing with complaints and this was clearly displayed in the waiting area. However, the notice did not include

the correct contact details of HIW as the registration authority. We brought this to the attention of the practice manager who immediately amended it during our visit.

We saw evidence that the practice had a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received at the practice.

The majority of patients who completed a questionnaire confirmed that 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 issuing questionnaires to their patients and encouraging any written feedback. We saw the 2016 survey results which were extremely positive. However, we did advise the practice to display the 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 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 regulations to ensure the health, safety and welfare of staff and patients.

The practice provided a clean environment and the surgeries were well equipped, 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 and one toilet for staff. The facilities were signposted and visibly very clean.

We were informed by the practice that portable appliance testing (PAT) had not been undertaken. However, the practice confirmed that all portable appliances are visually checked on a regular basis. We recommended that the practice arranges for all portable appliances to be tested ensuring they remain 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. We were informed by the practice that there was no dedicated file in place for the Control of Substances Hazardous to Health (COSHH). Procedures on COSHH was contained within the practice' Health and Safety file. However, there were no individual data sheets relating to COSHH and no relevant risk assessments in place. The Health and Safety Executive (HSE) guidelines require a data sheet and a clear risk assessment in place for every chemical or hazardous substance kept on the premises.

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. However, we did recommend that the practice displays a hazardous waste sign / notice on the door, which the practice did immediately during our visit.

Improvement needed

Ensure all portable appliances are tested (PAT).

Ensure all accidents are recorded in an approved RIDDOR book.

Ensure a dedicated COSHH file is put in place containing individual data sheets and risk assessments for all chemicals held on the premises.

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 facility was very clean, well designed, equipped and uncluttered. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. However, the hygienist was due to renew their training and we were informed that the relevant training would be arranged.

We saw that the practice had undertaken an audit of their infection control. However, the practice had not used the guidance and tool supported by the Wales Deanery¹. We recommended that they use this tool for future audits. The audit tool is aligned to Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

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

Ensure the Wales Deanery audit tool is used for future infection control audits.

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 and all clinical staff had up to date cardiopulmonary resuscitation (CPR) training. The practice had two trained first aiders.

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, we did suggest that the practice organises the emergency drugs into boxes / individual packs relating to potential emergency, which the practice did immediately during our visit. We also noted that the emergency kit contained two CPR pads. We were informed that one was for the use of staff training / demonstration purposes. We advised the practice to ensure the demonstration CPR pad is clearly identified for training purposes only, which the practice agreed to do so.

We saw evidence that an effective system was in place to check the emergency drugs on a monthly basis to ensure they remained in date and ready for use.

¹ <https://www.walesdeanery.org/deanery-homepage>

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 five members of staff are due to renew their training in safeguarding vulnerable adults and one member of staff in safeguarding children. We were verbally assured that arrangements were already in place for those staff to renew their training.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all staff at the practice held a valid DBS check.

Improvement needed

Ensure required staff renew their training 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 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. We were informed by the practice that the X-ray equipment in the hygienist surgery was not in use. We advised the practice to display a 'not in use' notice on the equipment, which the practice did immediately during our visit.

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 was seeking to continuously improve the service provided. We were able to see that audits had been completed and / or arranged by the practice.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is undertaken and contributes to the quality and safety of the care provided to patients. We advised the practice to keep a record of all clinical reviews. We also recommended that the practice uses 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.

Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

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, the record keeping of one dentist needed to be improved to include more detail; in particular, in respect of baseline basic periodontal examination (BPE), treatment options noted, x-ray reporting, cancer screening, and smoking cessation advice given to patients. Considering the variance we found in patients records, it would be advisable for the practice to introduce a means of peer review to help them formulate some agreed standards for record keeping so that the quality is consistent.

Improvement needed

Develop practice wide, uniform and consistent standards for all patient record keeping and introduce a system of peer review to support with the creation and maintenance of this.

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 Private Dentistry Regulations and relevant professional standards.

We found the practice to have good leadership and clear lines of accountability.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

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 duties and responsibilities.

Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice manager who was efficient and competent in her role. Since most of the staff had worked together for many years, there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities.

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 dentists working at the practice provided private dental services and we saw that the HIW registration certificate prominently displayed in reception as required by the Private Dentistry (Wales) Regulations 2008.

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. However, we found that not all policies and procedures contained a review date and / or was version controlled. We advised the practice to ensure all policies and procedures contain a review date and / or are version controlled, along with staff signatures 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 name and qualifications was 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

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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
There were no immediate concerns identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Madoc Dental Care

Date of inspection: 1 August 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	Regulation/ Standard	Service action	Responsible officer	Timescale
There were no immediate concerns identified during 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: Madoc Dental Care

Date of inspection: 1 August 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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
Practice to display patients' feedback analysis.	GDC Guidance, Section 2.1	Feedback is displayed in waiting room	Lydia Bullock	Done
Delivery of safe and effective care				
Ensure all portable appliances are tested (PAT).	The Electricity at Work Regulations 1989 and HSE	This has been arranged and is taking in the next week.	Lydia Bullock	1 week
Ensure all accidents are recorded in an approved RIDDOR book.	Health and Safety Executive	RIDDOR book is kept separately behind reception	Lydia Bullock	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(HSE)			
Ensure a dedicated COSHH file is put in place containing individual data sheets and risk assessments for all chemicals held on the premises.	COSHH Regulations 2002	to put into a separate file this week	Lydia Bullock	1 week
Ensure the Wales Deanery audit tool is used for future infection control audits.	WHTM 01-05	Used for our last audit which took place 2 weeks ago	Lydia Bullock	Done
Ensure required staff renew their training in the protection of children and vulnerable adults.	GDC GUIDANCE 4.3.3, 8.5	Still trying to find a course in the area that can accommodate staff.	Lydia Bullock	6 months
Self evaluate using the Maturity Matrix Dentistry tool.	Wales Deanary	To use this in the next 4 weeks to see what we can improve on	Lydia Bullock	4 weeks
Develop practice wide, uniform and consistent standards for all patient record keeping and introduce a system of peer review to support with the creation and maintenance of this.	Regulation 14 (2)	Record templates have changed and are clear to members of staff	Lydia Bullock	Done
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

Name (print): Lydia Bullock

Job role: Practice Manager

Date: 29.8.2017