

General Dental Practice Inspection (Announced)

MyDentist, Llandudno / 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 MyDentist at 3 Deganwy Avenue, Llandudno, LL30 2YB, within Betsi Cadwaladr University Health Board on the 8 August 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 MyDentist, Llandudno 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

This is what we recommend the service could improve:

- Recording of patients' notes
- Self evaluate using the Maturity Matrix Dentistry tool
- Ensure required staff renew their training in the protection of children and vulnerable adults

3. What we found

Background of the service

MyDentist, Llandudno provides services to patients in the Conwy area. The practice forms part of Integrated Dental Holdings, known as 'MyDentist', which has a network of dental practices across the UK. MyDentist, Llandudno provides dental services within the area served by the Betsi Cadwaladr University Health Board.

The practice has a staff team which includes five dentists, one hygienist / therapist, three receptionists and a practice manager.

The practice provides a range of NHS and private general 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 MyDentist, Llandudno 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 nine completed questionnaires. There was a good mix of completed questionnaires received from both relatively new patients at the practice (those that had been a patient for less than two years) and long term patients at the practice (those that had been a patient for more than two years).

Overall, patient feedback was positive. One of the patients commented:

"I've found this dental practice brilliant for myself and my family"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

"It's fine as it is"

"More dentists so appointments available earlier"

"Being able to speak to the Llandudno staff when ringing instead of the switchboard in England"

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.

All but one of the patients who completed a questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients who completed a questionnaire felt 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 majority of patients 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.

Whilst 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 half 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.

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 areas. The practice had its own patient information booklet for patients to take away.

Communicating effectively

None of the patients who completed a questionnaire considered themselves to be a Welsh speaker so it was not possible to find out how often patients had been able to speak to staff in Welsh. Most patients, however, indicated on the questionnaire that they were always able to speak to staff in their preferred language, with one patient saying that they were only sometimes able to.

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.

Four out of the nine patients who completed a questionnaire said that they would 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, was given on the answer phone message and patient information booklet.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

The majority of 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 had ample car parking facilities for both patients and staff with dedicated disabled parking. 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

Five out of the nine patients who completed a questionnaire told us that they would 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 written complaints procedure in place for 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 detailed within the patient information leaflet.

Two thirds of patients who completed a questionnaire said that they were asked for their views on the dental practice, 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 in the reception area. The practice also informed us that patients receive a text message after each appointment allowing them to provide feedback. Details of the feedback analysis are published on the practice's website.

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.

We found that patients were provided with safe and effective dental care.

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 were no concerns expressed by patients over the cleanliness of the dental practice; every patient 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 facility for staff. All facilities were signposted and visibly very clean.

We noted that portable appliance testing (PAT) was regularly undertaken 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 noted that the gas maintenance was due to be renewed. We brought this to the attention of the practice manager who immediately booked a

maintenance check for the following day. The service certificate was forwarded to HIW.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments in place which had been recently reviewed.

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 and stored securely while awaiting collection.

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

We saw records that showed the practice undertook audits of infection control 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.

Medicines management

The practice had excellent procedures in place showing how to respond to patient medical emergencies. The practice also undertakes regular emergency scenarios with staff which is good practice. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had two dedicated first aiders.

The emergency drugs were stored securely and in a location making them 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 equipment and emergency drugs to ensure they remained in date and ready for use.

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 were due to renew their training in safeguarding. 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).

The practice informed us that two of the dentists' 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. All other relevant staff had a valid DBS in place.

Improvement needed

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

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

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

We saw evidence that the practice had undertaken risk assessments and regular 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 such as prescribing, oral cancer and referrals.

Quality improvement, research and innovation

We were informed by the practice manager that plans were already in place for peer review between clinical staff to take place which will contribute 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 use 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 were reviewed. Overall, there was evidence that the practice, as a whole, is keeping good clinical records. However, the record keeping of some dentists needed to be improved to include more detail; in particular, in respect of social history, cancer screening and smoking cessation advice given to patients. Consent to treatment was not always recorded.

We also found for some of the dentists that patients' records lacked justification for radiographic x-rays and we found that x-rays were not always reported on nor graded. We found some patients had not received any radiographs prior to treatment.

We also found that a number of patients seen by one dentist were having radiographs taken using the OPG¹ machine without the justification fully recorded.

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, including radiographs 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.

¹ 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.

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.

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 their HIW registration certificate prominently displayed as required by the Private Dentistry (Wales) Regulations 2008. However, three certificates contained the incorrect details for HIW. We advised the practice to contact the Registration Team at HIW in order for replacement certificates to be issued.

We saw records relating to Hepatitis B immunisation status for the majority of staff working at the practice. Three members of staff's immunisation statuses were not available due to the current vaccine supply constraint which is affecting the United Kingdom. Limitations on the supply are likely to continue until early 2018. Until the three members of staff are fully immunised, we saw that the practice manager had completed individual risk assessments and Occupational Health Team informed.

We looked at the policies and procedures in place and found that they reflected actual practice. All policies and procedures contained a review date and / or were 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' 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
There were no immediate concerns identified.			

Appendix B – Immediate improvement plan

Service: MyDentist, Llandudno

Date of inspection: 8 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	Standard	Service action	Responsible officer	Timescale
There were 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): NINA CROSS

Job role: MANAGER

Date: 25/9/17

Appendix C – Improvement plan

Service: MyDentist, Llandudno

Date of inspection: 8 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	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Ensure required staff renew their training in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk	All completed by 22/9/17		
Forward to HIW details of the renewed DBS certificates for two dentists.		Awaiting 1 dentist certificate to return		
Self evaluate using the Maturity Matrix Dentistry tool.	3.3 Quality Improvement, Research and Innovation	Checked this and don't feel it is needed as we already have something the same in place		

Improvement needed	Standard	Service action	Responsible officer	Timescale
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.	3.5 Record keeping	Record card audits are now completed every 3/12 instead of 6/12. Peer review booked for 19/10/17		
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): NINA CROSS

Job role: MANAGER

Date: 25/09/17