

General Dental Practice Inspection (Announced)

Oasis Dental Care,
Penrhyndeudraeth / Betsi
Cadwaladr University Health
Board

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2017

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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 Oasis Dental Care at Unit 2A, Snowdonia Business Park, Penrhyndeudraeth within Betsi Cadwaladr University Health Board on the 26 September 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), 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 Oasis 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
- Excellent clinical records
- Dental instruments were cleaned and sterilised appropriately and stored outside clinical setting
- 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:

- Ensure one dentists DBS check is renewed
- Ensure any damages to the dental chairs and surgery cabinetries are repaired in all four surgeries
- Self evaluate using the Maturity Matrix Dentistry tool

3. What we found

Background of the service

Oasis Dental Care provides services to patients in the Penrhyndeudraeth 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 five dentists, one therapist, five dental nurses, two receptionists and a dedicated 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 Oasis 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. The majority of completed questionnaires were from patients who had been at the practice for at least two years.

Overall, patients provided positive feedback. Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

“Excellent service at all times”

“This dentist is great, shame there are not a lot more”

“The staff are very helpful (always)”

Staying healthy

All but two of the patients that completed a questionnaire indicated 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 information. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

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 practice provided a range of private and NHS dental treatments.

All 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.

The majority of patients who completed a questionnaire told us that the cost of any treatment was always made clear to them before they received any treatment. However, about one in every three 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 waiting area which meant patients had access to information on how much their treatment may cost.

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

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

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

Communicating effectively

Eight out of the twenty patients who completed a questionnaire considered themselves to be Welsh speakers. When asked how often they were able to speak to staff in Welsh when they wanted to; five said always and three said only sometimes.

Almost half of the staff working at the practice can communicate with patients bilingually.

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 a process for keeping patients informed about any delays to their appointment times.

Over 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 clearly displayed by the main entrance and was also given on the practice website. We were informed by the practice that no automated answer phone message was available due to technical issues with the answering machine. We were verbally assured that arrangements were in place for the machine to be fixed. Until an automated message can be made, the practice informed us that the out of hours telephone number is given to patients after their appointment.

Individual care

Planning care to promote independence

The vast majority of patients who completed a questionnaire confirmed that the dentists do enquire about their medical history before undertaking any treatment.

We considered a sample of patient records and found that patients' medical histories were reviewed and updated at each visit. However, the medical forms were not countersigned / initialled by the dentists. We advised the practice to

implement a 'new style' medical form with a dedicated space for the dentists to sign / initial, which the practice agreed to do.

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

We also noted that all treatment options were recorded and consent to treatment was obtained from each patient.

People's rights

The practice had in place an equality and diversity policy. The practice is fully accessible for patients with mobility difficulties and has its own parking facilities with dedicated disabled parking.

Listening and learning from feedback

We reviewed the practices' complaints handling policy and we saw that the practice had a dedicated complaints file in place.

Almost a half of patients who completed a questionnaire told us that they did not know how to make a complaint about the dental services they had received. However, we noted that the complaint procedures were clearly on display in the waiting area along with the NHS 'Putting Things Right'¹ poster.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception / waiting area. Patients can also provide feedback via the practice website. Feedback analysis is displayed in the waiting area and is published on the practice website.

The majority of patients who completed a questionnaire told us that they are asked for their views on the dental practice, for example, through patient questionnaires.

¹ [Putting Things Right](#)

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 patients and staff.

We found that excellent patients' clinical notes were maintained.

However, we did find some improvements needed to four dental surgeries.

Safe care

Managing risk and promoting health and safety

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed a questionnaire felt that the dental practice was very clean.

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 ample toilet facilities for use by patients and for staff. All facilities were signposted and visibly clean.

We noted that portable appliance testing (PAT) was undertaken appropriately and at regular intervals to help ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and safety poster was clearly on display.

We found that all chemicals were kept securely and none were left in public areas.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. 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 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 every six months 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 as good practice that the storage of dental instruments were stored outside the clinical setting.

We noted that the practice had a generic Oasis infection control policy in place. We recommended that the policy is reviewed and updated ensuring it contains the specific decontamination protocol for the practice, which the practice did immediately during our visit.

We saw certificates evidencing that the autoclaves had been serviced regularly.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw records indicating that the team had received all relevant training.

The emergency drugs were stored securely 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 three dedicated first aiders. There was one new member of staff who was due to attend CPR training.

Improvement needed

Ensure the new member of staff is trained in CPR.

Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults. We saw evidence that all staff at the practice had completed training in the protection of children and vulnerable adults. However, there was one new member of staff who was due to attend the training.

We confirmed that all relevant staff were registered with the General Dental Council (GDC).

The practice informed us that one 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

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

Ensure the new member of staff is trained in the protection of children and vulnerable adult.

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.

The practice had a total of five dental surgeries and we noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean. One dental surgery had recently been refurbished to a high standard. However, we identified a number of improvements needed to the remaining four dental surgeries.

We found that surgery one; two, three and four needed some form of sink splash back as the painted walls were in poor condition.

We found some small tears on the dental chair upholstery in surgery one; two and four and some rust on the metal components on the dental chair in surgery three, which prevented effective cleaning.

We also found that some of the cabinetry in surgery one, two, three and four had some damage or areas of wear. We also noted some areas of corrosion on the metal arms of the units in surgery one and four.

The practice informed us that plans are already in place to refurbish surgery one to four.

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and we saw evidence that the practice had undertaken image quality assurance audits of X-rays on an annual basis.

We also saw evidence that all clinical staff had received ionising radiation training.

However, we found that the maintenance check of the X-ray machine in surgery one, two, three and four was in need of renewal. The X-ray machine in surgery five had been serviced and we saw the relevant certificate. The practice informed us that the x-ray machines were being serviced on the day of our visit and we saw the engineer on site. The practice had contingency plans in place to only take X-rays in surgery five until the X-ray equipment in surgery one to four had been serviced. We noted that appropriate signage had been displayed and all staff had been made aware. The servicing certificates for the X-ray equipment have since been forwarded to HIW.

Improvement needed

Sink splash back needed for surgery one, two, three and four.

Ensure that the damage to the dental chair upholstery in surgery one; two and four is replaced or re-upholstered.

Ensure that the rust on the metal components of the dental chair in surgery three is repaired.

Any damages to the cabinetry in surgery one, two, three and four should be repaired.

Any areas of corrosion to the metal arms of the units in surgery one and four

should be repaired.

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 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 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

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 total of 25 patients' records and found that entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning where a treatment plan given to patients. The dentists

documented that cancer screening advice had been given. However, we did advise the practice to ensure that smoking cessation advice given to patients is also documented.

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 newly recruited practice manager who was efficient and competent in her role. Staff told us that they were confident in raising any issues or concerns with the practice manager 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.

The practice informed us that annual staff appraisals have not been undertaken with staff for some time. We were told that plans are now in place for appraisals to be undertaken with staff over the coming months. Personal development plan with clinical staff had already been taken place. We saw evidence that the practice also had plans in place for regular team meetings.

All dentists working at the practice provided private dental services and we saw their HIW registration certificates prominently displayed 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. We advised the practice to ensure all policies and procedures contain a review dates and / or are version controlled, along with staff signatures to demonstrate 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 along with the names and qualifications of the dentists.

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 during this inspection.			

Appendix B – Immediate improvement plan

Service: Oasis Dental Care, Penrhyndeudraeth

Date of inspection: 26 September 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 during the 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: Oasis Dental Care, Penrhyndeudraeth

Date of inspection: 26 September 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 the new member of staff is trained in CPR.	2.6 Medicines Management and 7.1 Workforce	Session booked for 20/12/17 in Practice	Dawn Gorle PM	
Forward to HIW details of the renewed DBS certificate for one dentist.	2.7 Safeguarding children and adults at risk	Completed	Dawn Gorle PM	02/11/17
Ensure the new member of staff is trained in the		Completed 19/10/17 In Full	Dawn Gorle PM	19/10/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
protection of children and vulnerable adult.				
Sink splash back needed for surgery one, two, three and four.	2.9 Medical devices, equipment and diagnostic systems	Visit completed - Quote Requested – Awaiting Prices back	Dawn Gorle PM	ASAP – End of Nov
Ensure that the damage to the dental chair upholstery in surgery one; two and four is replaced or re-upholstered.	and	Visit completed - Quote Requested – Awaiting Prices back	Dawn Gorle PM	ASAP – End of Nov
Ensure that the rust on the metal components of the dental chair in surgery three is repaired.	2.4 Infection Prevention and Control (IPC) and	Visit completed - Quote Requested – Awaiting Prices back	Dawn Gorle PM	ASAP – End of Nov
Any damages to the cabinetry in surgery one, two, three and four should be repaired.	Decontamination	Visit completed - Quote Requested – Awaiting Prices back	Dawn Gorle PM	ASAP – End of Nov
Any areas of corrosion to the metal arms of the units in surgery one and four should be repaired.		Visit completed - Quote Requested – Awaiting Prices back	Dawn Gorle PM	ASAP – End of Nov
Self evaluate using the Maturity Matrix Dentistry tool.	3.3 Quality Improvement, Research and Innovation	Application of Interest Completed – awaiting contact	Dawn Gorle PM	Unknown awaiting contact

Improvement needed	Standard	Service action	Responsible officer	Timescale
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): Dawn Gorle

Job role: Practice Manager

Date: 10 November 2017