

General Dental Practice Inspection (Announced)

Deganwy Dental Practice, 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 Deganwy Dental Practice, 125 Station Road, Deganwy, Conwy, LL31 9EJ, within Betsi Cadwaladr University Health Board, on 17 October 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 the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

We found that patients were treated with respect and that the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner.

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Equipment and dental surgeries were clean, tidy and generally well maintained
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff had good access to training and support from the wider practice team.

This is what we recommend the service could improve:

- Update complaints information within practice leaflet and on website to include HIW contact details
- Formalised arrangements for the disposal of medication
- Repair base of dental chair in one surgery

3. What we found

Background of the service

Deganwy Dental Practice provides services to patients in the Conwy 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 practice manager, three dentists, seven dental nurses, two hygienist and two receptionists.

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 that the staff at the practice worked hard to provide patients with a high quality service and positive patient experience.

We saw that patients were treated with dignity, respect and politeness by the practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice.

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 a patient at the practice for more than two years.

Overall, patient feedback was very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides, and some of the comments received were:

"Already as perfect as it could be!"

"Fantastic service. Best I have ever been to."

"The dental practice provides excellent care and attention. As a family we have received very good treatment."

Staying healthy

We found that the practice had a range of health promotion information leaflets available in the waiting area. This was to help to promote the need for patients to take care of their own health and hygiene.

No smoking signs were displayed throughout the practice which confirmed the emphasis being placed on compliance with smoke free premises legislation.

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

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a small, friendly team and we saw polite and courteous interactions with patients. All patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

Staff confirmed that they were able to provide privacy to patients, if they wanted, to discuss personal or confidential information with the dental team, away from other patients

Patient information

Information on general prices for treatment was in the form of a pricing guide which was available as a brochure and on the practice web-site. Patients were clearly informed of specific prices relating to individual treatment plans. This meant that patients knew how much their treatment may cost.

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 were helped to understand the treatment options available. The majority of the patients that completed a questionnaire told us that they had received clear information about their dental treatment, including available treatment options, associated costs and how these costs were calculated.

Communicating effectively

A quarter of patients who completed a questionnaire considered themselves to be Welsh speakers. Of these patients one said they could always speak to staff in Welsh, whilst others told us that they could only sometimes or never speak to staff in Welsh when they wanted to. However, we confirmed that Welsh speaking staff were employed at the practice and that every effort was made to ensure that patients received a service in the language of their choice.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times and we saw a practice policy to support this arrangement.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed on the main entrance door, included in the patient information leaflet

and on the answer phone message. The majority 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.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were well maintained. 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 of patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We found access to the practice to be good. A ramp was available to assist patients with mobility problems in negotiating the main entrance. The practice had three surgeries in use, all located on the ground floor.

Toilet facilities were available for patient use on the ground floor with good access for people with mobility needs.

Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern or complaint was displayed in the reception area and included in the patient information leaflet.

We were informed that the practice received very few complaints and that these were dealt with at source where appropriate. A record of complaints was maintained. This enabled staff to monitor and address any common themes or trends in the complaints received.

The majority of patients who completed a questionnaire told us that they knew how to raise a concern or complaint about the services they receive at the dental practice

Just over a third of patients who completed a questionnaire told us that they were not asked for their views on the dental practice, for example, through patient questionnaires. However, we found that patient satisfaction surveys were undertaken on a regular basis and there was a comments box with comments cards within the waiting area to enable patients to express their views about the service.

We found that the complaints information within practice leaflet and website required updating in order to include HIW contact details.

Improvement needed

Update the practice leaflet and website in order to include HIW contact details.

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 the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

Safe care

Managing risk and promoting health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice. We found the practice to be well maintained both inside and outside and the surgeries were clean, tidy and well organised. There were no concerns expressed by patients over the cleanliness of the dental practice. All of the patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months to make sure they were working properly.

Portable Appliance Testing (PAT) of electrical equipment had been carried out within the last 12 months in line with the recommendations of the Health and Safety Executive¹.

Suitable arrangements were in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely in an enclosed area whilst waiting to be collected by the contractor company. We discussed the need for staff to ensure that all clinical waste is placed directly into designated orange plastic bags rather than placed in black plastic bags first. The practice manager actioned this during the inspection.

Non hazardous (household) waste was collected through arrangements with a private company.

We found that an older version of the Health and Safety Law poster was on display. We brought this to the attention of the practice manager who made immediate arrangements to purchase a new poster. We were provided with a copy of the order confirmation as proof of purchase.

Infection prevention and control

The practice had a well equipped designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)² policy and guidance document.

Decontamination equipment and cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of two autoclaves³ and we saw inspection certification to show they were safe to use. We saw that daily checks were being carried out

¹ <http://www.hse.gov.uk/pubns/books/hsg107.htm>

² The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on decontamination.

Instruments were being stored appropriately to prevent cross contamination. The dates by which instruments were to be used or reprocessed (cleaned and sterilised) had been recorded in accordance with WHTM 01-05.

The practice had conducted an infection control audit in July 2017, to identify areas for improvement and development as part of the overall quality assurance monitoring activity. We saw that, where areas for improvement had been identified by the practice, they had taken steps to address these issues.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). We saw records showing that the emergency drugs and equipment had been checked regularly and were within their expiry dates.

We were informed that unused medication was returned to the pharmacy. However, there were no records maintained of medication disposal. We suggested that arrangements be formalised so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.

We were able to see records to show that all staff had completed cardiopulmonary resuscitation (CPR) and that further refresher training had been booked for November 2017.

We found that there was no paediatric self inflating resuscitation bag (Ambubag) or oxygen mask available. This was brought to the attention of the

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

practice manager who immediately ordered the equipment. We were provided with a copy of the order confirmation as proof of purchase.

Improvement needed

Medication disposal process should be formalised so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. Training records showed that all staff had completed training on child and adult protection.

The practice had a policy in place detailing the steps to take, and relevant organisations to contact, should they have any safeguarding concerns.

Medical devices, equipment and diagnostic systems

We looked at all the clinical facilities (surgeries) within the practice and noted they were clean, tidy and generally maintained to a high standard. Surfaces within surgeries were easily cleanable to reduce cross infection. However, we did note that there was a small area of rust on the base of one of the dental chairs.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training records demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

Improvement needed

Measures must be taken to repair the small area of rust on one of the dental chairs in order to facilitate effective cleaning and reduce the risk of cross infection.

Effective care

Safe and clinically effective care

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included infection control audits, surgery audits and obtaining patient feedback to help identify areas for improvement and checks on equipment to make sure it was working effectively.

Quality improvement, research and innovation

Peer review audits were undertaken regularly.

We saw evidence that the practice used self-evaluation tools such as audits and training needs assessments to enable the dental team to focus on how they work and consider improvements to the quality and care provided in a range of areas.

Information governance and communications technology

Patient records were stored and maintained both electronically and in paper format. We found suitable processes in place to ensure security of computer based information.

Record keeping

There was evidence that the practice was keeping very good clinical records, demonstrating that care was being planned and delivered to a good standard to ensure patients' safety and wellbeing.

We examined a sample of patients' records and found that entries contained sufficient information regarding medical history, discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. The dentist documented that cancer screening and smoking cessation advice had been given.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

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

The practice was managed by the practice manager assisted by the lead dentist. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior staff and their colleagues. They also told us they had opportunities to attend relevant training.

Governance, leadership and accountability

Deganwy Dental Practice was managed by the practice manager, with the support of the lead dentist. We found the team to be organised and proactive in their approach to the management of the practice. Where we identified areas for improvement, the practice team demonstrated a willingness and commitment to address these promptly.

We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw that team meetings and internal training events were being held on a regular basis with detailed minutes produced.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Staff and resources

Workforce

We saw that there was a formal staff recruitment process in place with required background checks being undertaken before commencement of employment.

Records demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities.

Records showed that staff received annual appraisal of their performance, supported by quarterly supervision and support meetings.

We found that dentists and nursing staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentists working at the practice provided both NHS and private dental services and we saw their HIW registration certificate displayed as required by the regulations for private dentistry. We also saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice.

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 found that an older version of the Health and Safety Law poster was on display.	The poster did not contain up to date information in relation to the reporting of health and safety issues which could lead to issues not being addressed appropriately resulting in a risk of harm to patients staff and visitors.	We brought this to the attention of the practice manager.	The practice manager made immediate arrangements to purchase a new poster. We were provided with a copy of the order confirmation as proof of purchase.
We found that clinical waste was being placed in black plastic bags before being transferred into the designated clinical waste orange coloured plastic bags for disposal.	This practice increases the risk of cross infection.	We brought this to the attention of the practice manager.	The practice manager actioned this during the inspection by informing staff of the correct procedure for disposal of clinical waste..

<p>We found that there was no paediatric self inflating resuscitation bag (Ambubag) or oxygen mask available.</p>	<p>This increases the risk of harm to patients as the practice could not respond appropriately in the event of a child requiring resuscitation.</p>	<p>This was brought to the attention of the practice manager</p>	<p>The practice manager immediately ordered the equipment. We were provided with a copy of the order confirmation as proof of purchase.</p>
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Appendix B – Immediate improvement plan

Service: Deganwy Dental Practice

Date of inspection: 17 October 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted 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: Deganwy Dental Practice

Date of inspection: 17 October 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				
Update the practice leaflet and website in order to include HIW contact details.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (4) (a) and (b)	The practice website has been updating accordingly.	Louise Williams	November 2017
	6.3 Listening and Learning from feedback	Practice leaflets are to be updated when they are next ordered.	Louise Williams	March 2018
Delivery of safe and effective care				
Medication disposal process should be	Private	Contract updated with Initial to include a	Louise Williams	November

Improvement needed	Standard	Service action	Responsible officer	Timescale
formalised so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.	Dentistry (Wales) Regulations 2008 Regulation 14. (1) (b) WHTM 01-05 Appendix 1 2.6 Medicines Management	3 monthly collection of expired emergency medication.		2017
Measures must be taken to repair the small area of rust on one of the dental chairs in order to facilitate effective cleaning and reduce the risk of cross infection.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (3) (b) 2.9 Medical devices, equipment and diagnostic	The small area has been repaired as advised.	Erik Lof	November 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
	systems			
Quality of management and leadership				
No improvement needed.				

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): Louise Williams

Job role: Team Leader

Date: 27/11/17