

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

Elwy Dental Practice, 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 Elwy Dental Practice, 1 Chapel Street, Abergele, Conwy, LL22 7AW, within Betsi Cadwaladr University Health Board, on 8 November 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:

- 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:

- Seal flooring in two surgeries and around worktop in decontamination room
- Adjust the temperature setting of one boiler
- Fit a rectangular collimator to the x-ray machine in surgery 2

## 3. What we found

### **Background of the service**

Elwy Dental Practice is part of the Mydentist group and 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 the practice manager, three dentists, two dental nurses, two trainee dental nurses 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 generally satisfied with the service offered by the practice.

Prior to the inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice.

In total, we received 21 completed questionnaires; there was a mix of 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. Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

“To be honest, I don't have any advice to give because the service I receive is of a high standard”

“Never had any issues since joining this practice”

“Better appointment system”

### **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 oral health and hygiene.

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



The majority of patients who completed the questionnaire indicated 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 but one of the 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 to discuss personal or confidential information, away from other patients by using the practice manager's office or one of the surgeries when not in use.

## **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. Most 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, more than a third of patients told us they didn't understand how the cost of their treatment was calculated.

Information on general prices for treatment was in the form of a pricing guide which was available on posters within the practice and on the practice web-site. Patients were informed of specific prices relating to individual treatment plans. This meant that the practice made every effort to ensure that patients knew how much their treatment may cost and how costs were calculated.

We were told that the practice's information leaflet as being updated.

## **Communicating effectively**

A few patients who completed a questionnaire considered themselves to be Welsh speakers; the majority of these patients told us that they were never able to speak to staff in Welsh when they wanted to.

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

Although no Welsh speaking staff were employed at the Elwy practice, we confirmed that every effort was made to ensure that patients received a service

in the language of their choice by enlisting the services of Welsh speaking staff employed at other local practices managed by the Mydentist group.

## **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.

Concerns were raised by patients in the questionnaires about the appointment system in place at the practice, with some patients telling us that they often have appointments cancelled. One patient provided the following comment in the questionnaire:

“Had 4 appointments cancelled - please improve on this”

We discussed delays in appointment times with the practice manager who explained that this was due, in the main, to the practice not having enough dentists. However, since the recent employment of a third dentist, waiting times for appointments were reducing. It was recognised that further measures were required to address this issue and the practice manager was exploring other means of reducing the waiting list.

A third of 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.

The out of hours telephone number was displayed on posters within the waiting area, by the main entrance door and on the practice web site.

## **Individual care**

### **Planning care to promote independence**

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

On reviewing a sample of patients' records we found the quality of notes to be very good. Discussions relating to social history, alcohol consumption, smoking and cancer screening were being recorded routinely and consent to treatment was being sought and recorded at each visit.

## People's rights

We found access to the practice for people with restricted mobility to be poor. There was a step leading into the practice from the main street and also steps inside the practice leading to the two ground floor surgeries. One surgery was located on the first floor which was accessed by a steep stairway. We were told by the practice manager that arrangements would be made for people with mobility needs to be seen in one of the other local practices owned by the Mydentist group.

## Listening and learning from feedback

9 of the 21 patients who completed a questionnaire told us that they wouldn't 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. Information for patients on how to raise a concern or complaint was displayed in the reception.

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

Almost two thirds of patients who completed a questionnaire said that they are asked for their views on the dental practice, for example, through patient questionnaires.

We saw a sample of recently completed patient satisfaction questionnaires. Responses were generally positive.

## 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.

We found that there was a robust clinical peer review process in place.

## 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 patients who completed a questionnaire felt that the dental practice was very clean or fairly 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 Executive<sup>1</sup>.

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.

### 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)<sup>2</sup> policy and guidance document. However, we found that the flooring required sealing around the edges and the silicone seal around the worktop housing the two sinks had become detached.

Decontamination equipment and cabinets within the decontamination room were visibly in good condition.

Surfaces within surgeries were easily cleanable to reduce cross infection. However, we did note that the flooring in two of the surgeries were not sealed at the edges. We were informed by the manager that the floor covering within the surgeries were to be replaced in the near future. However, we advised that the floor edges be sealed as an interim measure in order to facilitate effective cleaning and reduce the risk of cross infection.

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

<sup>2</sup> 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

The practice had the use of two autoclaves<sup>3</sup> and we saw inspection certification to show they were safe to use. We saw that daily checks were being carried out 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 in sealed colour coded containers/bags to prevent cross contamination. The dates by which instruments were to be used or reprocessed (cleaned and sterilised) had been recorded on packaging 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.

We did not find any documented evidence to show that a legionella risk assessment had been conducted. A legionella risk assessment must be conducted in order to reduce the risk of infection, in accordance with WHTM 01-05.

We looked at the monthly hot water temperature monitoring records and found that one boiler required adjusting in order to ensure that water temperatures at the outlets are within expected parameters for clinical settings, in accordance with WHTM 01-05.

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

### Improvement needed

The edges of the flooring within the decontamination room and the worktop housing the two sinks must be sealed in order to facilitate effective cleaning and reduce the risk of cross infection.

Floor edges in two of the surgeries on the ground floor must be sealed in order to facilitate effective cleaning and reduce the risk of cross infection.

A legionella risk assessment must be undertaken in order to reduce the risk of infection.

The boiler requires adjusting in order to ensure that water temperature at the outlets are within expected parameters for clinical settings, in accordance with WHTM 01-05.

### 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 able to see records to show that all staff had completed cardiopulmonary resuscitation (CPR) training within the past twelve months.

### Safeguarding children and adults at risk

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

The practice had a procedure 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 the equipment within the practice and noted they were clean and maintained to a high standard.

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. However, we noted that there was no rectangular collimator<sup>4</sup> on the x-ray machine in surgery two.

#### Improvement needed

A rectangular collimator must be fitted to the x-ray machine within surgery 2.

### 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. Checks were also undertaken on equipment to make sure it was working effectively.

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. In addition, a Clinical Support Manager employed by the Mydentist group undertakes regular audits and peer review within the practice and is available to offer guidance and advice to staff.

#### Quality improvement, research and innovation

We were informed that the practice have their own team development tool which 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.

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<sup>4</sup> A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral x-ray procedures by reducing scatter radiation and focusing the radiation beam into the same rectangular shape as the sensor or film being used.



## 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 both paper and computer based information.

## Record keeping

We viewed a sample of patient dental records to assess the quality of record keeping. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

Patient care entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. As previously mentioned, there was also evidence of treatment planning and documented evidence 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.

We found evidence that this was a 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.

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

Elwy Dental Practice was managed by the practice manager. We found the practice manager to be organised and proactive in their approach. Where we identified areas for improvement, the practice manager 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 certificates 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 summarizes 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
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Elwy Dental Practice

**Date of inspection:** 7 November 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 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):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Elwy Dental Practice

**Date of inspection:** 7 November 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
No areas for improvement identified.				
<b>Delivery of safe and effective care</b>				
<p>The edges of the flooring within the decontamination room and the worktop housing the two sinks must be sealed in order to facilitate effective cleaning and reduce the risk of cross infection.</p> <p>Floor edges in two of the surgeries on the ground floor must be sealed in order to facilitate effective cleaning and reduce the risk of cross infection.</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14 (6)</p> <p>2.4 Infection</p>	<p>Facilities have been notified and will be attending site shortly to rectify.</p>		<p>1 month</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>A legionella risk assessment must be undertaken in order to reduce the risk of infection.</p> <p>The boiler requires adjusting in order to ensure that water temperatures at the outlets are within expected parameters for clinical settings, in accordance with WHTM 01-05.</p>	<p>Prevention and Control (IPC) and Decontamination</p> <p>GDC Standard 1.5</p> <p>WHTM 01-05</p>	<p>The boiler has had its temperatures adjusted.</p>		<p>Completed</p>
<p>A rectangular collimator must be fitted to the x-ray machine within surgery 2.</p>	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14. (3) (a) (b)</p> <p>Ionising Radiations Regulations 1999</p> <p>Ionising Radiation</p>	<p>As the inspectors left the building we found the collimator in the draw in surgery 2</p>		<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
	(Medical Exposure) Regulations 2000  2.9 Medical devices, equipment and diagnostic systems			
Quality of management and leadership				
No areas for improvement 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): Sarah Griffiths**

**Job role: Practice Manager**

**Date: 04/12/2017**