

General Dental Practice Inspection (Announced)

The Dental Studio, Llandudno /
Betsi Cadwaladr University Health
Board

Inspection date: 9 January 2018

Publication date: 10 April 2018

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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 The Dental Studio at 49, Madoc Street, Llandudno, LL30 2TW, within Betsi Cadwaladr University Health Board on the 9 January 2018.

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 Dental Studio, 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 very satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays
- Patients' clinical notes were of a high standard
- Systems for governance and monitoring the quality of the service against the requirements of the regulations were in place.

This is what we recommend the service could improve:

- Medicines management
- Clinical waste
- Appropriate internal signage throughout the practice.

3. What we found

Background of the service

The Dental Studio provides services to patients in the Llandudno 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 one principal dentist, one dental nurse, one trainee dental nurse and a receptionist. The role of Practice Manager is undertaken by the dental nurse.

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.

We found evidence that The Dental Studio provides safe and effective care to their patients 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. All questionnaires were completed by long term patients at the practice (those who had been a patient for more than two years).

Overall, patient feedback was positive. Patient comments included the following:

"Perfect every time. Lovely staff and understanding dentist. I am so lucky to have this dentist and team. Thank you"

"The staff are always friendly. Any concern is taken seriously and dealt with on the initial appointment. The practice is always clean and tidy. I have recommended this practice to both family and friends. Excellent service"

"I have been coming here since before I can remember and even though dentist has changed always get treated well. Never afraid to visit my dentist"

"I have always had good treatment and have been coming for a number of years"

"I have found the practice to be very professional"

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 patients who completed the questionnaires 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. Comments provided by patients in the questionnaires that praised the staff included:

“Staff are exceptional, very helpful. Cannot fault them”

“Very happy with staff and dentist”

We also observed the warm, friendly and professional approach adopted by all staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

Each patient who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about available treatment options.

The majority of patients who had received treatment at the practice confirmed that the cost of their treatment was always made clear to them, and that they understood how the cost of their treatment was calculated.

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

Communicating effectively

All patients, including Welsh speakers who completed a questionnaire, told us that they could always 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.

All patients who completed a questionnaire confirmed that they would know how to access the out of hours dental service if they had an urgent dental problem.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, was given on the answer phone message and patient information leaflet.

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.

Patients' medical histories were reviewed and updated at each visit. All patients who completed a questionnaire confirmed that the dentist do enquire about their medical history before undertaking any treatment.

People's rights

We noted that the practice had a dedicated equality policy in place.

The dental practice is located on the first floor and is unable to provide disabled access for patients. However, the practice provides the contact details of the

NHS helpline within the practice information leaflet for patients who are unable to access the premises.

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place for NHS and private patients. The procedure for making a complaint on how to raise a concern was clearly on display in the reception / waiting area. Details were also included within the patient information leaflet.

All patients who completed a questionnaire said that they know how to raise a concern or complaint about the services they receive at the dental practice.

We reviewed the practice's complaints handling policy and at the point of inspection there had not been any formal complaints received by the practice.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the waiting area. The practice informed us that the feedback is discussed at team meetings. We did advise the practice to display patients' feedback analysis, demonstrating to patients that their individual feedback had been captured and acted upon to enhance learning and service improvement, which the practice agreed to do.

All patients who completed a questionnaire told us that they have been asked by the dental practice for their views on the service provided there, for example, through patient questionnaires.

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 surgery was light and airy. However, we did find some improvements needed to medicines management and hot water supply in the decontamination room and toilet facility.

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.

During a tour of the building we saw that all areas were very clean, tidy and free from obvious hazards. However, we did recommend that the practice ensures that the facilities at the premises are clearly signposted for patients and visitors such as identifying the reception and waiting area, toilet facility, surgery, fire exits, staff only and private areas.

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.

There was one unisex toilet for use by patients and staff. However, no sanitary disposal bin was in place. We also advised the practice to replace the bin in the toilet with a no 'hand touch' bin.

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. The Health and Safety poster was clearly on display by reception.

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.

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.

We found that the sharps disposal box was sited on the surgery floor. We recommended that the practice arranges for the sharps box to be wall mounted close to point of use. We also recommended that the practice arranges for any unused medicines to be added to their waste contract.

Improvement needed

Ensure all facilities at the premises are clearly signposted for patients and visitors identifying public, private and staff only areas.

Ensure that a sanitary disposal bin is provided in the staff / patient toilet facility and replace the bin with a no 'hand touch' bin.

Ensure that the sharps disposal box is wall mounted close to point of use.

Add unused medicines container to the waste contract.

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 clean, well organised, equipped and uncluttered.

Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. However, we did advise the practice to ensure that long handled scrubbing brushes are used in the scrubbing sink. We also recommended that the practice replaces any bins with a no 'hand touch' bin.

We also noted that there was no hot water available in the decontamination room or in the patient / staff toilet facility. Our concerns regarding the hot water

were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

We saw records that showed the practice had undertaken audits of infection control on a regular basis. We saw evidence that the practice had used the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales. We also saw evidence that the practice had recently undertaken infection control audits based on the Health Technical Memorandum 01-05 (HTM 01-05) which is the standard for England. We advised the practice to only undertake infection control audits supported by the Wales Deanary¹ which the practice agreed to do.

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 and transported in line with their current decontamination policy.

Improvement needed

Ensure that a long handled scrubbing brush is used in the scrubbing sink.

Replace the bin in the decontamination room with a no 'hand touch' bin.

Medicines management

We saw that the practice had a resuscitation policy in place with very clear procedures showing how to respond to patient medical emergencies. We saw records that indicated the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice.

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. However, we did

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

recommend that the practice log the expiry dates of airways and defibrillator pads.

We also found that the following equipment were not available in the kit held by the practice.

- adult and child sized ambu-bag,
- clear face masks size 0,1,2,3 and 4
- airways size 0,1,2 and 3

Our concerns regarding the emergency kit were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. The principal dentist is trained in first aid. However, the training is in need of renewal. First Aid certificates last for three years from their date of issue. Health and Safety Executive (HSE) recommends that First Aiders attend annual refresher training to help maintain basic skills and to keep up to date with any changes to first-aid procedures.

Improvement needed

Log the expiry dates of airways and defibrillator pads.

Ensure a member of staff is fully trained in first aid.

Safeguarding children and adults at risk

We saw that all staff had completed training in the protection of children and vulnerable adults. We saw that the practice had a safeguarding policy in place for children and vulnerable adults.

We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We looked at the surgery and found that it contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently and was 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 found that the practice had not undertaken any formal quality assurance audits of x-rays.

Improvement needed

Ensure formal quality assurance audits of x-rays are undertaken.

Effective care

Safe and clinically effective care

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

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care provided to patients.

The practice also informed us that they have plans in place to 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.

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 was maintaining clinical records to a high standard. We examined a sample of patients' records and found that patient care 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 and, where required, a treatment plan given to patients. 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.

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 had good leadership and clear lines of accountability.

Most of the staff had worked together for many years and there was a good rapport amongst them. The staff told us that they were confident in raising any issues or concerns directly with the principal dentist.

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 accessed a wide variety of training; meeting and exceeding the Continuous Professional Development (CPD) requirements with

a number of hours committed through attending training session. We also saw evidence of annual staff appraisals and regular team meetings.

The principal dentist working at the practice provided private dental services and we saw the HIW registration certificate 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. 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. However, we noted that the practice had one policy in place for whistleblowing and underperformance. We recommended to the practice that they have separate policies in place for whistleblowing and underperforming.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The principal dentist' name and qualifications were also clearly on display.

Improvement needed

Ensure separate policies are in place for whistleblowing and underperforming.

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
<p>We found that the following equipment were not available in the resuscitation kit held by the practice.</p> <ul style="list-style-type: none"> • adult and child sized ambu-bag, • clear face masks size 0,1,2,3 and 4 • airways size 0,1,2 and 3 	<p>This meant that adults and children were at risk in an emergency situation.</p>	<p>We brought this to the attention of staff who immediately arranged for the items to be purchased.</p>	<p>Staff immediately ordered the equipment on the day of our visit for delivery the next day.</p>

Appendix B – Immediate improvement plan

Service: The Dental Studio, Llandudno

Date of inspection: 9 January 2018

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
<p>Finding:</p> <p>We found that there was no hot water available in the decontamination room and toilet facility.</p> <p>The practice owner must make arrangements to ensure that hot water is supplied in the decontamination room and staff / patients toilet.</p>	<p>WHTM 01-05 16.3b, 16.3f, Appendix 2</p>	<p>Two over sink water heaters will be installed by Plumber and Electrician in decontamination room and staff/patients toilet by 26/01/18.</p>	<p>Fariborz Farsaikiya</p>	<p>26/01/18</p>

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): Fariborz Farsaikiya

Job role: Dentist

Date: 16/01/2018

Appendix C – Improvement plan

Service: The Dental Studio, Llandudno

Date of inspection: 9 January 2018

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 all facilities at the premises are clearly signposted for patients and visitors identifying public, private and staff only areas.	2.1 Managing risk and promoting health and safety	All facilities at the premises are clearly signposted for patients and visitors identifying public, private and staff only areas.	S. Ardalan	14/02/18
Ensure that a sanitary disposal bin is provided in the staff / patient toilet facility and replace the bin with a no 'hand touch' bin.		A sanitary disposal bin is provided in the staff / patient toilet facility and the bin is replaced with a no 'hand touch' bin.	S. Ardalan	25/01/18

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure that the sharps disposal box is wall mounted close to point of use.		The sharps disposal box is wall mounted close to point of use.	F. Farsaikiya	18/01/18
Add unused medicines container to the waste contract.		Unused medicines container is added to the waste contract with Cannon Hygiene.	S. Ardalan	14/02/18
Ensure that a long handled scrubbing brush is used in the scrubbing sink.	2.4 Infection Prevention and Control (IPC) and Decontamination	A long handled scrubbing brush is used in the scrubbing sink.	S. Ardalan	11/01/18
Replace the bin in the decontamination room with a no 'hand touch' bin.		The bin in the decontamination room is replaced with a no 'hand touch' bin.	S. Ardalan	11/01/18
Log the expiry dates of airways and defibrillator pads.	2.6 Medicines Management	The expiry dates of airways and defibrillator pads are logged.	S. Ardalan	11/01/18
Ensure a member of staff is fully trained in first aid.		[Named staff] has completed workplace first aid course.	F. Farsaikiya	12/02/18
Ensure formal quality assurance audits of x-rays are undertaken.	2.9 Medical devices, equipment and diagnostic systems	Quality assurance audit of x-rays are undertaken.	S. Ardalan	14/02/18

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
Ensure separate policies are in place for whistleblowing and underperforming.	7.1 Workforce	Separate policies are in place for whistleblowing and underperforming.	S. Ardalan	07/02/18

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): Fariborz Farsaikiya

Job role: Dentist

Date: 14/02/18