

General Dental Practice Inspection (Announced)

White Gables Dental Practice /
Betsi Cadwaladr University Health
Board

Inspection date: 16 January 2018

Publication date: 17 April 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	16
4.	What next?.....	18
5.	How we inspect dental practices	19
	Appendix A – Summary of concerns resolved during the inspection	20
	Appendix B – Immediate improvement plan	21
	Appendix C – Improvement plan	22

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 White Gables Dental Practice at 96 Conway Road, Colwyn Bay, LL29 7LE within Betsi Cadwaladr University Health Board on the 16 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 White Gables Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

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

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- 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:

- There were no improvements identified.

3. What we found

Background of the service

White Gables Dental Practice provides services to patients in the Colwyn Bay 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 hygienist, six dental nurses, two receptionists and 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.

We found evidence that White Gables Dental Practice 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 30 completed questionnaires. The majority of 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 very positive. Patient comments included the following:

"All the members of my family receive excellent care at this practice; all the staff are kind, thoughtful and professional. We are given appropriate advice and information. I have nothing but praise for this practice"

"Staff are friendly and helpful. Fees seem reasonable and the practice is welcoming and clean"

"Always has been excellent, have been coming since a small child & wouldn't hesitate to recommend White Gables to anyone else"

"Second to none the care and reassurance given. Especially for someone who doesn't like the dentist. He's [the dentist] so caring and considerate and takes time with his patients"

"I'm really happy with all aspects of this service at this dental practice"

Patients were asked in the questionnaires how the dental practice could improve the service it provides. The majority of patients told us that the service could not be improved. However, some suggestions from patients included:

“More appointments for emergency although the dentist do always try to find me an appointment”

“Evening appointments”

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 for NHS and private treatment 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:

“Everyone is very helpful and lovely”

“All of the staff here are very friendly”

“Always a friendly and professional service”

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

Almost 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 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 the reception and the waiting areas. The practice also had its own patient information booklet for patients to take away.

Communicating effectively

There was a good mix of staff working at the practice who can communicate bilingually with patients. Staff identified themselves as Welsh speakers by wearing a Welsh language badge.

The majority of patients who completed a questionnaire who considered themselves to be Welsh speakers confirmed that they were always able to speak to staff in their preferred language. Two Welsh speaking patients commented in the questionnaires that they would like to see more patient information made available bilingually.

All non-Welsh speaking patients 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.

The majority of 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 was included in the 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 but one patient who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

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

The practice is located on the ground floor and is fully accessible for patients with mobility difficulties. Wheelchair users could access the reception, waiting area, toilet facilities and all the dental surgeries.

Listening and learning from feedback

A third of patients who completed a questionnaire told us that they would not know how to raise a concern or complaint about the services they receive at the dental practice. We saw that the practice had a written complaints procedure in place covering both private and NHS treatment. The procedure for making a complaint for patients on how to raise a concern was clearly on display. Details were also included within the patient information leaflet.

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 advised the practice to display an analysis of patient feedback to demonstrate to patients that their feedback had been captured and acted upon to enhance learning and service improvement, which the practice agreed to do.

The majority of 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 the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

The practice provided a clean environment and the surgeries were light and airy.

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

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The building appeared to be very well maintained internally and externally. During a tour of the building we saw that all areas were very clean, tidy and free from obvious hazards.

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. The facility was signposted and visibly very clean.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure all small appliances 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. There was a file available containing a number of data sheets relating to

Control of Substances Hazardous to Health (COSHH) and relevant risk assessments were 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.

Infection prevention and control

Decontamination of dental instruments was done within the surgeries and we were satisfied that the arrangements in place were as effective and appropriate as they could be considering the practice did not have a separate and dedicated decontamination room. Within the surgeries there were designated areas for cleaning and sterilisation. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. We also found that the procedures in place for the cleaning, sterilisation and storage of instruments were in line with their current decontamination policy and latest best practice guidelines.

We were informed by the practice that plans were in place for a separate and dedicated decontamination room to be installed as part of their refurbishment programme. We saw the drawn up plans the practice had in place.

We saw records that showed the practice undertook audits of infection control on a regular basis 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.

Medicines management

The practice had good procedures in place showing how to respond to patient medical emergencies.

All staff had received cardiopulmonary resuscitation (CPR) training. We were informed by the practice that one member of staff was due to renew their CPR training and we saw evidence that this had been booked for March 2018. The practice had two qualified first aiders.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check

the equipment and emergency drugs to ensure they remained in date and ready for use.

Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults.

We saw evidence that all clinical staff had received training in the protection of children and vulnerable adults. We were informed that all staff at the practice were due to renew their training and that this had been arranged for the following day at the practice.

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 surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition.

We did find a very small tear on one of the dental chairs and we were verbally assured by the principal dentist that plans are in place for the chair to be repaired as soon as possible. We were informed that the practice is currently seeking quotes.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

We saw evidence that the practice had undertaken risk assessments and regular image quality assurance audits of X-rays.

Effective care

Safe and clinically effective care

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

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 confirmed that they have plans in place to use the Wales Deanery 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, as a whole, 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. All the dentists documented that cancer screening and smoking cessation advice had been given.

We found that the batch number and expiry date of local anaesthetic was not always being recorded. We discussed this with the practice and we were informed that they had recently stopped recording this information following updated guidelines by the GDC. Recording of batch number and expiry date is not mandatory. However, it is recommended as best practice. The practice informed us that they will immediately reintroduce recording of the batch number and expiry date to patient records.

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.

The day to day management of the practice was the responsibility of the practice manager who was efficient and competent in her role. Most of the staff had worked together for many years and there was a good rapport amongst them. Staff told us that they were confident in raising any issues or concerns directly with the practice manager or the principal dentists.

We found that staff were clear and knowledgeable about their roles and responsibilities.

Staff and resources

Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements. We also saw evidence of annual staff appraisals and regular team meetings.

The dentists working at the practice provided private dental services and we saw their HIW registration certificate prominently displayed as required by the Private Dentistry (Wales) Regulations 2008.

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.

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

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified during this inspection			

Appendix B – Immediate improvement plan

Service: White Gables Dental Practice

Date of inspection: 16 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
There were no immediate assurance issues identified 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: White Gables Dental Practice

Date of inspection: 16 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				
The practice is not required to complete an improvement plan				
Delivery of safe and effective care				
N/A				
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):

Job role:

Date: