

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

MyDentist, Llanrwst / 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 MyDentist, Llanrwst at 42 Station Road, Llanrwst, Conwy, LL26 0BT, within Betsi Cadwaladr University Health Board on the 23 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 MyDentist, Llanrwst provided 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.

This is what we recommend the service could improve:

- Ensure staff renew their training in the protection of children and vulnerable adults.

## 3. What we found

### **Background of the service**

MyDentist, Llanrwst 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 one dentist, one hygienist, one dental nurse, two trainee dental nurses, a receptionist and a dedicated practice manager.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found evidence that MyDentist, Llanrwst provided safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were 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.

We received a total of 20 completed questionnaires. There was a good 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.

Overall, patient feedback provided in the questionnaires was positive. One patient commented:

*"Always brilliant service here; very polite staff"*

Other responses given in the questionnaire suggested that making more information available to patients would be beneficial, especially on how treatment costs are calculated.

### 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. 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 a questionnaire confirmed 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.

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.

## **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.

Whilst the majority of patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, a large proportion of patients told us they did not understand how the cost of their treatment was calculated. We noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

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

General information about the practice was available on its website and was displayed around the reception and the waiting areas. The practice also had its own patient information booklet for patients to take away. However, we noted that the information on display was only available in English and we advised the practice to consider providing material bilingually which the practice agreed to consider.

## **Communicating effectively**

Around half of the patients who completed a questionnaire considered themselves to be a Welsh speaker. The majority of these patients told us that they could only sometimes speak to staff in their preferred language. We were informed by the practice that they have recently recruited ample Welsh speaking staff at the practice to communicate with patients in the language of their choice.

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

## **Timely care**

Responses provided by patients in the questionnaires suggested that some patients had experienced long waiting times to see their dentist beyond their appointment time. Patients provided the following comments on how the dental practice could improve the service it provides:

*“Be seen in the time we are supposed to be.”*

*“Be on time!”*

The practice informed us that they try to ensure that dental care is always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

More than a half of patients who completed a questionnaire told us that they would not know how to access the out of hours dental service if they had an urgent dental problem.

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

## **Individual care**

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

We considered a sample of patient records and found that the majority of 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 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 over two floors. The ground floor is fully accessible for patients with mobility difficulties. Wheelchair users could access the ground floor level of the practice and could access the reception, waiting area, toilet facilities and one surgery.

## Listening and learning from feedback

Over half 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 for both private and NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in reception and the waiting areas. Details were also included within the patient information leaflet.

The practice informed us that any informal concerns were captured within individual patients' records. We advised the practice to record any informal concerns in a central log in order for any themes to be identified. The practice agreed to do this immediately.

The majority of patients who completed a questionnaire said that they did not know whether the dental practice had asked for their views on the service provided, for example, through patient questionnaires.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. We noted that the practice did not have a comment box for patients to submit questionnaires anonymously. The practice agreed to implement a comment box as soon as possible. The practice also informed us that patients receive a text message after each appointment allowing them to provide feedback. Patients are also able to give feedback via the practice website and we saw that an analysis of the feedback is also published on the website. However, we did advise the practice to also display an analysis of patient feedback in the waiting areas to demonstrate to patients visiting the practice that their feedback had been captured; and acted upon to enhance learning and service improvement. The practice agreed to do this.

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

There were no concerns expressed by patients over the cleanliness of the dental practice; all but one patient who completed a questionnaire felt that, in their opinion, 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 which had been recently reviewed.

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**

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The facility was very clean, well organised, equipped and uncluttered. Staff demonstrated the decontamination process and we saw certificates showing all registered clinical staff had attended training on decontamination. However, no documentation was available on the day of inspection to evidence that the two trainee dental nurses had completed this training as part of their induction. We were verbally assured by the trainee staff and practice manager that training had been undertaken and documentation evidencing that the training had been completed was forwarded to HIW following our visit.

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. We also noted that the dental instruments were stored in line with their current decontamination policy and were transported between surgeries correctly.

### **Medicines management**

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

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. However, we did advise the practice to consider organising the emergency drugs into boxes / packs relating to potential emergencies along with prompt cards for staff to use in an emergency situation.

We also saw evidence that an effective system was in place to check the emergency drugs and equipment to ensure they remained in date and ready for use.

We were informed by the practice that one member of staff was due to attend cardiopulmonary resuscitation (CPR) training and we saw evidence that this had been booked for the following week. We saw records that indicated the rest of the team had received all relevant training. The practice had one qualified first aider.

### **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 completed training in the protection of children and vulnerable adults. However, we were informed by the practice that one member of staff was due to renew their training in this subject. We were verbally assured that arrangements would be made to renew the training.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and we saw evidence that all staff working at the practice are Disclosure and Barring Service (DBS) checked. We were informed and shown evidence that a DBS check was being renewed for one member of staff.

#### **Improvement needed**

Ensure one member of staff renews their training in the protection of children and vulnerable adults.

### **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.

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 audits such as patient records, infection control, x-ray; hand hygiene 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.

### **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 good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

We examined a sample of patient records and found, as a whole, 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. Cancer screening and smoking cessation advice had also been given and recorded. However, we did find some gaps in the sample of patient records we viewed such as verbal consent for treatment; treatment planning and options which were not always fully recorded for some patients. We discussed our findings directly with the practice and we advised them to undertake more regular audits as part of their peer review process which the practice agreed to do.

## 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. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and we saw that there was a good rapport between the team.

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. Staff are

responsible for undertaking their own training and this is monitored overall by the practice manager. We also saw evidence of annual appraisals and development plans for staff and regular team meetings.

The dentist 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 dentist name 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:** MyDentist, Llanrwst

**Date of inspection:** 23 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:** [MyDentist, Llanrwst]

**Date of inspection:** [23 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
<b>Quality of the patient experience</b>				
[N/A ]	[ ]	[ ]	[ ]	[ ]
<b>Delivery of safe and effective care</b>				
[Ensure one member of staff renews their training in the protection of children and vulnerable adults. ]	[2.7 Safeguarding children and adults at risk ]	[Completed ]	[LS ]	[ASAP ]
<b>Quality of management and leadership</b>				
[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):** [ Laura Sutton ]

**Job role:** [ Practice Manager ]

**Date:** [ 4.4.18 ]