

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

Yr Hen Orsaf Dental Practice,  
Betsi Cadwaladr University Health  
Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Yr Hen Orsaf Dental Practice at Yr Hen Orsaf, Bethesda, Gwynedd within Betsi Cadwaladr University Health Board on 30 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), and other relevant 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 service 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 make sure that care was delivered in a safe and effective manner.

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Equipment and dental surgeries were clean, tidy and generally well maintained
- 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:

- Re arranged the decontamination room to improve the air flow and decontamination process

- Undertake infection control audits using the Wales Deanery<sup>1</sup> tool
- Conduct daily checks of compressor and record findings
- Nominate a suitably trained First Aider
- Replace the mercury spillage kit
- Ensure that patients countersign medical history forms
- De-nature<sup>2</sup> controlled drugs and maintain record of disposal

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<sup>1</sup> The Wales Deanery is an organisation that works in partnership with local health boards and NHS trusts in Wales providing medical and dental educational facilities and leading on education research.

<sup>2</sup> A process which allows dental practices and other similar places to comply with the requirements of the Misuse of Drugs Regulations 2001 by making controlled drugs unsuitable for consumption.

## 3. What we found

### **Background of the service**

Yr Hen Orsaf Dental Practice provides services to patients in the Bethesda area of Gwynedd. The practice forms part of the North Wales Community Dental Services which is managed by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes one dentist, dental therapist, two dental nurses and a healthcare support worker.

The practice provides NHS general dental services only.



## Quality of patient experience

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

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

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 20 completed questionnaires. The majority of questionnaires were completed by long term patients at the practice (those who had been a patient for more than two years).

Overall, patient feedback provided in the questionnaires was positive about the care and treatment provided at the dental practice. Patient comments included:

“Excellent care and treatment given at this surgery”

“Very impressed with this Dental Practice, staff are polite and courteous. Also dentist and dental therapist are highly skilled”

“I'm more than happy with the service provided at this surgery”

Patients were asked in the questionnaires how the dental practice could improve the service it provides. Numerous patients answered this question by telling us that they felt there were too few dentists currently working at the practice which was having an impact on waiting times for appointments. Some of the comments received from patients in the questionnaires about this issue included:

“By having more dentists, having one is ridiculous even check-up's are very, very behind the appropriate time”

“By employing more dentists”

“Sometimes there is a longer wait than for treatment than is ideal”

This was discussed with the management team who advised that the health board was actively recruiting dentists at the time of the inspection.

## **Staying healthy**

Every patient who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth 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.

## **Dignified care**

The staff presented as a small, friendly team and we saw polite and courteous interactions with patients during telephone conversations and at the reception desk.

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:

“The staff are always very pleasant considerate, willing to answer questions and provide an excellent service. Thank you”

“Very friendly and courteous staff. Always helpful”

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

## **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 told us that they had received clear information about available treatment options.

The majority of patients who had received treatment at the practice said in the questionnaires that the cost of their treatment was always made clear to them. However, almost a third of these patients told us that they didn't understand how the cost of their treatment was calculated.

Information on general prices for treatment was posted in the reception area and noted within the patient information leaflet. Patients were clearly informed of specific prices relating to individual treatment plans. This meant that patients knew how much their treatment may cost.

### **Communicating effectively**

Every effort was made to ensure that patients received a service in the language of their choice. Welsh speaking staff were employed at the practice and translation service could be accessed if required.

All of the patients who completed a questionnaire, which included Welsh and non-Welsh speakers, told us that they were always able to speak to staff in their preferred language.

### **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.

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

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed in the reception/waiting area and included in the patient information leaflet.

### **Individual care**

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

We viewed a sample of patient records and found that they were well maintained. All treatment options were recorded and consent to treatment was obtained from each patient.

Patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

Patients' medical histories were reviewed and updated at each visit.

### **People's rights**

The practice had two surgeries in use, both located on ground floor level.

We found access to the practice to be good with designated disabled parking spaces.

Toilet facilities were available for patient use with good access.

### **Listening and learning from feedback**

6 of the 20 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 if they needed to.

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

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

Almost a half of patients who completed a questionnaire told us that they weren't aware of being 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 provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

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

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

## Safe care

### Managing risk and promoting health and safety

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

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

Portable Appliance Testing (PAT) of electrical equipment had been carried out within the last 12 months in line with the recommendations of the Health and Safety Executive<sup>3</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. Non hazardous (household) waste was collected through arrangements with a private company.

### Infection prevention and control

The practice had a designated decontamination room. However, this did not meet the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>4</sup> policy and guidance document. Although not in use at the time of the inspection, we found that the location of the extractor fan meant that potentially contaminated air was being drawn from the dirty side to the clean side of the decontamination room. We also found that the autoclaves were too close to the scrubbing sink and that there was no room to lay down cleaned equipment beyond the autoclaves. The inspection lamp also needed to be re-sited next to the manual cleaning area.

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

The practice had the use of two autoclaves<sup>5</sup> and we saw inspection certification to show they were safe to use. We saw that daily checks were being carried out

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<sup>3</sup> <http://www.hse.gov.uk/pubns/books/hsg107.htm>

<sup>4</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.

<sup>5</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

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

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

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

Annual infection control audit had been undertaken in 2017, using the Infection Prevention Society tool. We recommended that, in future, the Wales Deanery tool be used in accordance with WHTM 01-05.

We found that the hand wash sink needed replacing with a bigger one and a suitable splash back installed.

We found that a green colour coded mop was being used to clean surgery floors. A yellow colour coded mop should be used for this purpose, in line with National Patient Safety Agency cleaning equipment colour coding guidelines.

We found that the mercury spillage kit was out of date.

#### Improvement needed

The extractor fan in the decontamination room should be re located to ensure appropriate flow of air.

The autoclaves should be relocated away from scrubbing sink and space provided to lay down cleaned equipment beyond the autoclaves.

The inspection lamp should be re -sited next to the manual cleaning area

The Wales Deanery tool should be used to audit infection control arrangements.

Replace the hand wash sink with a bigger one and install a suitable splash back.

A yellow colour coded mop should be used to clean the surgery floor, in line with National Patient Safety Agency cleaning equipment colour coding guidelines.

Replace the mercury spillage kit.

## Medicines management

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

We were informed that unused medication was returned to the pharmacy. However, we recommended that Midazolam be de-natured before returning to the pharmacy and that a transfer note be obtained for all returned medication.

We were able to see records to show that all staff had completed cardiopulmonary resuscitation (CPR). However, there was no nominated First Aider for the practice. We were told that, in the event of a medical emergency, assistance would be sought from the staff at the adjoining GP practice located in the same building as the dental practice.

We found that there were no clear face masks for the Ambubag within the resuscitation kit. This was brought to the attention of the Senior Dental Nurse who ordered the equipment. We were provided with documented evidence of the order having been placed.

### Improvement needed

Midazolam should be de-natured before returning to the pharmacy and a transfer note be obtained for all returned medication.

Nominate a suitable trained First Aider for the practice.

## Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. Training records showed that all staff had completed training up to Level 2 on child and adult safeguarding.

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

## Medical devices, equipment and diagnostic systems

We looked at all the clinical facilities (surgeries) within the practice and noted they were clean, tidy and generally maintained to a high standard. Surfaces within surgeries were easily cleanable to reduce cross infection.



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.

We recommended that the compressor be checked on a daily basis and a written record of findings maintained.

Staff told us that they would benefit from having additional high and low speed dental drill hand pieces.

We reminded the practice of the need to register with the Health and Safety Executive, under Ionising Radiation (Medical Exposure) Regulations 2000, before 6 February 2018.

#### Improvement needed

Conduct daily checks on the compressor and maintain a written record of findings.

Provide additional high and low speed dental drill hand pieces.

## Effective care

### Safe and clinically effective care

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

### Quality improvement, research and innovation

Peer review audits were undertaken regularly.

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

## Information governance and communications technology

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

### Record keeping

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

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

We found evidence in the documentation viewed to suggest that patients were checking their own medical history forms, we recommended that patients be asked to sign the forms to confirm that they have read them and that the information is accurate.

### Improvement needed

Patients should be asked to sign medical history forms to confirm that they have checked them and that the information is correct.

## 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 very good leadership and clear lines of accountability.

The practice was managed by Betsi Cadwaladr University Health Board. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

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

## Governance, leadership and accountability

Yr Hen Orsaf Dental Practice forms part of the North Wales Community Dental Services which is managed by Betsi Cadwaladr University Health Board. The health board's Deputy Clinical Director/Managerial Dentist and Senior Dental Nurse were present at the practice during the inspection.

We found the management and practice teams to be organised and proactive in their approach to the management of the practice. Where we identified areas for improvement, the management and practice teams 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 internal training events were being held regularly. Daily informal staff discussions were taking place. Team meetings were also being conducted.

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.

We found that the dentist 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.

We saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice

## 4. What next?

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

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

The improvement plans should:

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

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

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

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

## 5. How we inspect dental practices

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

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

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

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

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

## Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that there were no size 0, 1, 2, 3, and 4 clear face mask to fit the Ambu bag within the resuscitation bag.	This meant that there was an increased risk of harm to patients in an emergency.	This was brought to the attention of the senior dental nurse.	The senior dental nurse ordered the masks. We were provided with a copy of the order confirmation as proof of purchase.

## Appendix B – Immediate improvement plan

**Service:** Yr Hen Orsaf Dental Practice

**Date of inspection:** 30 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
No immediate improvement plan was required.				

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:** Yr Hen Orsaf Dental Practice

**Date of inspection:** 30 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>				
No areas for improvement identified.				
<b>Delivery of safe and effective care</b>				
Relocate the extractor fan in the decontamination room to ensure appropriate flow of air.	2.4 Infection Prevention and Control (IPC) and Decontamination	Reported to Dental Estates	SM/MD	6 months
Relocate autoclaves away from scrubbing sink and provide space to lay down cleaned equipment in an area beyond the autoclaves.	WHTM 01-05	As above	SM/MD	6 months
Relocate the inspection lamp next to the manual cleaning area.		As above	SM/MD	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
Use the Wales Deanery tool to audit infection control arrangements.		Actioned	SM/MD	Immediately
Replace the hand wash sink with a bigger one and install a suitable splash back.		Director of Community Dental Services Informed and Dental Estates Manager	SM/MD	6 months
Use a yellow colour coded mop to clean the surgery floor, in line with National Patient Safety Agency cleaning equipment colour coding guidelines.		Reported to GP practice domestic staff as they do not come under NWCDS staff	SM/MD	ASAP
Replace mercury spillage kit.		Replacement ordered on day of inspection. Mercury spillage kit now replaced	SM/MD	Immediate
De-nature Midazolam before returning to the pharmacy and a transfer note be obtained for all returned medication.	2.6 Medicines Management	Protocol now in place	SM/MD	Immediate
Nominate a suitable trained First Aider for the practice.		Nominated Dental Nurse trained to ILS standard	SM/MD	Immediate
Conduct daily checks on the compressor and	2.9 Medical	Protocol in place. Being recorded by	SM/MD	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
maintain a written record of findings.	devices, equipment and diagnostic systems	trained staff daily		
Provide additional high and low speed dental drill hand pieces.		Handpieces have been ordered recently	SM/MD	30 April 2018
Patients should be asked to sign medical history forms to confirm that they have checked them and that the information is correct.	3.5 Record keeping	Protocol has been put in place for dentist to sign medical history form after patients have completed and signed their medical history forms	SM/MD	Immediate
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):**        **Stuart Mawson**

**Job role:**        **Deputy Clinical Director/Personal Dental Service Lead**

**Date:**        **16/04/18**