

General Dental Practice Inspection (Announced)

White Arcade 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 White Arcade Dental Practice at 4-5 King Edward Street, Barmouth, Gwynedd, LL42 1NY, within Betsi Cadwaladr University Health Board on the 3 July 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 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 Arcade Dental Practice 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 very happy with the service they received.

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.

This is what we recommend the service could improve:

- Medicines management
- Fire training.

3. What we found

Background of the service

White Arcade Dental Practice provides services to patients in the Barmouth 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 two dentists, two dental nurses and a receptionist.

The practice provides a range of NHS 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 White Arcade Dental Practice provides 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 very happy with the service and rated the care and treatment received as excellent or very good.

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 38 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. All patients who completed a questionnaire rated the care and treatment received as excellent or very good. Some of the comments provided by patients on the questionnaires included:

"Best dental practice in Wales by far"

"Excellent service today. Would highly recommend."

"Professional and friendly service - very pleased"

"The service is excellent"

"Do not change anything keep up the good work"

"Brilliant dentist, very pleased with my treatment"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. The majority of patients told us that the dental

practice does not need improving. However, some patients provided the following comments:

“Open more branches”

“Open on weekends”

"Another dentist needed"

Staying healthy

Health promotion protection and improvement

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.

The majority of 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

All but one of the 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. All patients who complete a questionnaire told us that they had received clear information about treatment options.

Almost all patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment.

We noted that information on prices was available to view in the reception and waiting area which meant patients had access to information on how much their treatment may cost.

We also found evidence of extensive 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 and on display around the reception and waiting area. The practice also provided a patient information leaflet for patients to take away.

Communicating effectively

A small number of patients who completed a questionnaire considered themselves to be a Welsh speaker and told us that they could only sometimes or never speak to staff in their preferred language. The practice had two members of staff who are able to communicate bilingually with patients at a basic level.

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 said 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.

All but one of the patients who completed a questionnaire told us that they found it very easy or fairly easy to get an appointment when they needed one.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were very well maintained. All treatment options were recorded for each patient.

All but one of the 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 on the ground floor and is fully accessible for patients with mobility difficulties. Wheelchair users could access one surgery, the reception, waiting area and toilet facilities.

Listening and learning from feedback

We saw that the practice had a written complaints procedure in place for NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting area and were also available bilingually. However, the notice did not include the correct timescales for acknowledging and responding to the complaints in line with the NHS Putting Things Right¹. We brought this to the attention of the staff who immediately amended the procedure. Details were also included within the patient information leaflet.

We saw evidence that the practice had a system in place to log formal and informal complaints and concerns.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the waiting area. Details of the feedback analysis are discussed with the whole dental team. We saw the latest feedback results which were extremely positive and we also saw evidence that the practice had acted upon and used the feedback to influence changes. However, we advised the practice to display an analysis of the feedback received in the waiting area, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery. We also advised the practice to provide a comment box in order for patients to provide feedback or leave suggestions anonymously which the practice agreed to do.

¹ <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

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.

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

However, we did find some improvements needed to the emergency kit and ensure all staff receive fire training.

Safe care

Managing risk and promoting health and safety

The building appeared to be generally 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 patients 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 clearly signposted and visibly very clean.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure small appliances were safe for use.

Fire safety equipment was available at various locations around the practice and we saw that these had been serviced within the last 12 months. We also saw evidence of monthly fire drills taking place which was documented.

Emergency exits were visible and a Health and Safety poster was displayed. However, we noted that only the principal dentist had up to date fire training. The principal dentist informed us that fire training for all staff will be arranged.

The practice had relevant policies and procedures, as well as risk assessments in place. We found that the fire risk assessment was due to be reviewed. This was immediately reviewed and updated during the inspection. We reminded the practice that all risk assessments should be reviewed annually.

We found that all chemicals were kept securely and none were left in public areas.

We saw that the practice had a safe use of amalgam policy in place. However, we noted that the policy did not cover the safe use of amalgam on children under 15 or pregnant / nursing mothers. We brought this to the attention of the principal dentist who agreed to update the policy.

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.

Improvement needed

Ensure all staff at the practice receive fire training.

Review and update the amalgam policy to include safe use of amalgam on children under 15 or pregnant / nursing mothers.

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) 01-05². The facility was clean, uncluttered, well organised and well equipped. We were informed by the principal dentist that the light magnifier in the decontamination room had recently broken and arrangements were already in place for this to be fixed.

² Decontamination in primary care dental practices and community dental services

Staff demonstrated the decontamination process and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, no formal documentation was available to evidence that all clinical staff had received refresher training. We were verbally assured that all clinical staff had received in house training by the lead nurse. We recommend that a formal checklist for decontamination training be introduced which should be kept within staff individual training records to evidence that training has been completed and is regularly reviewed.

We saw records to show that audits of infection control had been undertaken. 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. However, we found that the audit was due for renewal. We brought this to the attention of the principal dentist who informed us that the audit will be undertaken as soon as possible.

We were assured that there were good 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 the current decontamination policy.

Improvement needed

Ensure light magnifier in the decontamination room is repaired or replaced.

Introduce a formal programme checklist for decontamination training.

Ensure infection control audits are completed annually.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. 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 the practice had a system in place to check the emergency drugs to ensure they remained in date and ready for use. We could see that the practice had taken appropriate action to replace drugs when expired. We found that the oxygen cylinder was checked daily by staff.

However, the oxygen cylinder was due to be serviced and the practice agreed for this to be done as soon as possible.

We found that the following items were not available in the emergency kit:

- no child size self-inflating bag with reservoir
- no clear masks for self inflating bags, sizes 0,1,2,3, and 4
- Adhesive defibrillator pads
- Razor
- Scissors.

Our concerns regarding the emergency kit were dealt with immediately. Further details are provided in Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and at least one member of staff was trained in first aid.

Improvement needed

Ensure that the oxygen cylinder is serviced annually.

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.

We saw evidence that all clinical staff working at the practice had a Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities and found that they contained relevant equipment to ensure the safety of patients. The surgeries were well organised and tidy.

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 and the practice had undertaken thorough image quality assurance audits of X-rays. We saw evidence of up-to-date ionising radiation training (IR(ME)R) for all clinicians involved in X-rays. However, we noted that the dental nurses needed to complete the Radiography and Radiation Protection training as part of their Continuing Professional Development (CPD) requirements which the principal dentist agreed to arrange.

Improvement needed

Ensure all dental nurses complete the Radiography and Radiation Protection training as per their CPD requirements.

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 such as; infection control, hand hygiene, X-ray and record keeping. We were also informed by the principal dentist that plans were already in place for prescribing antibiotics and smoking cessation audits to be undertaken.

Quality improvement, research and innovation

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

The principal dentist informed us that plans were already in place to self-evaluate using the Maturity Matrix Dentistry. This is a self-evaluation tool that allows the dental team to focus on how they work and enables them to consider the quality and care provided in a range of areas.

Information governance and communications technology

A data protection policy was in place. 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.

Record keeping

A sample of patients' records were reviewed for each dentist. Overall, the standard of record keeping was good, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we did identify some areas of improvement to the clinical notes. We discussed, with the principal dentist, the importance of recording cancer screening, verbal consent, alcohol and tobacco use and whether advice is given to patients on smoking cessation. We were verbally assured by the principle dentist that verbal advice is given to patients. The principal dentist agreed to record this information in all patients' records with immediate effect.

We also strongly recommended that the dentists implement the Delivering Better Oral Health³ guidelines at the practice. This is an evidence based toolkit for preventive treatment and improved methods of self-care.

Improvement needed

Ensure cancer screening, verbal consent, alcohol and tobacco use and whether advice is given to patients on smoking cessation is recorded in patients' records.

Clinical team to review and implement the guidance for Delivering Better Oral Health.

3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf

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 to have good leadership and clear lines of accountability.

Staff told us that they were confident in raising any issues or concerns directly with principal dentist and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities and we saw that there was a very good rapport between them.

Staff and resources

Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures. However, we advised the practice to ensure all policies and procedures contained a review date and / or were version controlled. We also advised the practice to ensure policies and procedures contain a staff signature demonstrating that these have been read and understood.

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.

We saw records relating to Hepatitis B immunisation status for all staff working at the practice.

We found that emergency contact details and the practice opening times were displayed on the entrance to 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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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 items were not available in the emergency kit held by the practice:</p> <ul style="list-style-type: none"> • no child size self-inflating bag with reservoir • no clear masks for self inflating bags, sizes 0,1,2,3, and 4, • Adhesive defibrillator pads • Razor • Scissors 	<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 items on the day of our inspection for delivery the next day.</p>

Appendix B – Immediate improvement plan

Service: White Arcade Dental Practice

Date of inspection: 3 July 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 on 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 Arcade Dental Practice

Date of inspection: 3 July 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 staff receives fire training.	2.1 Managing risk and promoting health and safety	completed	MR	
Review and update the amalgam policy to include safe use of amalgam on children under 15 or pregnant / nursing mothers.		Amalgam policy reviewed and updated	Lead Nurse	
Ensure light magnifier in the decontamination room is repaired or replaced.	2.4 Infection Prevention and Control (IPC) and Decontamination	Light magnifier on order expected delivery about two weeks	MR	2 weeks
Introduce a formal programme checklist for		Formal checklist is in place	Lead Nurse	annually

Improvement needed	Standard	Service action	Responsible officer	Timescale
decontamination training.				
Ensure Infection control audit undertaken annually.		Infection control audit is completed annually	MR	annually
Ensure that the oxygen cylinder is serviced annually.	2.6 Medicines Management	Oxygen cylinder has now been certified and annual service is in place	MR	annually
Ensure all dental nurses complete the Radiography and Radiation Protection training as per their CPD requirements.	2.9 Medical devices, equipment and diagnostic systems	Now undertaken individually and will be completed within 1 month	Nursing Staff	1 month
Ensure cancer screening, verbal consent, alcohol and tobacco use and whether advice is given to patients on smoking cessation is recorded in patients' records.	3.5 Record keeping	Now implemented	MR	With immediate effect
Clinical team to review and implement the guidance for Delivering Better Oral Health.		Now it has been implemented	MR	With immediate effect
Quality of management and leadership				
N/A				

Service representative: Mohammad Ramzan

Name (print): M Ramzan

Job role: Dentist

Date: 18/08/2018