

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board ,
Bryn Siriol Dental Practice

9 February 2016

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@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1. Introduction	2
2. Context.....	3
Summary	4
3. Findings	5
Quality of the Patient Experience	5
Delivery of Safe and Effective Care.....	8
Quality of Management and Leadership.....	12
4. Next Steps	14
5. Methodology.....	15
Appendix A	17

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to the Bryn Siriol Dental Practice at Gwernaffield road, Pwll Glas, Mold, Clwyd CH7 on 9 February 2016.

HIW explored how the Bryn Siriol Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

The Bryn Siriol Dental Practice provides services to patients in the Mold area of Flintshire.. The practice forms part of dental services provided within the area served by Betsi Cadwaladr

The Bryn Siriol Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes 7 dentists, 13 registered dental nurses, 1 practice manager, 5 hygienists and 5 receptionists. One of whom is also a trainee dental nurse.

A range of NHS and private dental services are provided.

Summary

We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were satisfied with the service provided. The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales.

We found arrangements were in place for the safe use of X-rays. Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment. Arrangements were in place to dispose of waste produced at the practice. Staff demonstrated a satisfactory process for the decontamination of dental instruments. Overall we found patient dental records had been maintained to a high standard.

A manager was responsible for the day to day running of the practice. Staff told us they had training opportunities relevant to their role and that they felt communication within the team was good. There are regular staff meetings and regular lunchtime 'listen and learn' sessions for all staff members.

A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults. Further training in both areas had been organised. Audits were undertaken in different areas of the practice.

3. Findings

Quality of the Patient Experience

We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were satisfied with the service provided. The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Thirteen patient questionnaires had been completed. Patient comments included:

'Information is provided in a way that is easy to understand'

'Staff always pleasant and helpful'

'I am very satisfied with the service, I would recommend this practice'

'More than pleased, well done'

Patients who provided comments within the questionnaires told us that the staff were very welcoming, polite and helpful. Patients were very happy with the amount of information, including the advice and help they received when further explanations regarding treatment was required.

Three patients told us they had experienced a delay when waiting to be seen by the dentist but, overall, indicated this had not caused them a problem. There was a process in place for informing patients should their dentist be running late.

The names and qualifications of the dentists, together with the opening times and (emergency) out of hours contact number were clearly displayed inside and outside near the main entrance.

However 8 out of the 13 patients who provided comments within the questionnaires told us they were not aware of how to access these services. The practice owner and practice manager may wish to consider how to further raise awareness of this.

We saw that a comprehensive practice information leaflet was available and this included practical and useful information. Additional information leaflets were available with regard to healthy lifestyles and smoking cessation.

The practice had assessed patients' views on the service provided via the use of patient questionnaires. This survey is audited every twelve months. We would suggest that the survey outcomes are made available to the patients. We saw that the results of the last survey had been audited to identify any themes and that the outcomes were positive in all areas. Two suggestion box's for patient's comments were available in both of the waiting areas. While outcomes had been audited, they were not yet available to the patients. We suggested that the outcomes be made available to the patients.

The practice has a designated car parking available for patients to use. However, this is limited.

There was access to the practice for people who use wheelchairs or those with significant mobility difficulties. Further parking is available nearby.

Patients' language requirements would be accommodated in-house, whenever possible or via the language line translation services.

The practice provided both private and NHS care and treatment and had a written procedure in place for patients to raise concerns (complaints). The procedure met the requirements of the private dentistry regulations and complied with *Putting Things Right*, the arrangements for handling concerns about NHS care in Wales.

We found evidence that formal/written concerns (complaints) were recorded and logged in a complaints file. We were told that informal/verbal complaints were not recorded and/or logged. We advised that informal concerns and complaints be logged to ascertain if any themes were noted. Complaints are discussed at practice meetings to share learning, with the intention of making service improvements

Staff told us they would be comfortable raising work related concerns with senior practice staff.

When we asked patients about the procedure to follow, 7 of the patients who returned questionnaires told us did not know how to make a complaint. In addition, some patients also commented that they had never had to make a complaint. They also commented they could find out if they had to. Information for patients on how to raise a concern (complaint) was available at the practice.

However, the practice owner and practice manager may wish to consider how to further raise awareness of this.

The dentists working at the practice provided mainly NHS treatment but some private dental services were also offered. Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. Prices for private dental services were also available. This meant patients visiting the practice had access to information on how much they may have to pay for their dental treatment.

Delivery of Safe and Effective Care

Summary paragraph

We found arrangements were in place for the safe use of X-rays. Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment. Arrangements were in place to dispose of waste produced at the practice. Staff demonstrated a satisfactory process for the decontamination of dental instruments. Overall we found patient dental records had been maintained to a high standard.

The Bryn Siriol Dental practice occupies a detached building close to the retail centre of Mold.

The front exterior of the building appeared well maintained and the practice was signposted. The interior of the building is light, clean and bright and there is a warm and friendly atmosphere.

There was access to the practice, ground floor and first floor, for people who use wheelchairs or those with significant mobility difficulties.

Facilities within the practice were organised over two floors. The ground floor comprises a reception area, waiting room, three surgeries, a secure storage room and radiography/decontamination room and staff facilities. The first floor contains a decontamination room, office, and six further surgeries. It was suggested that covers be placed over loose items in the surgery drawers to reduce the risk of contamination when the drawers are opened. It was noted that not all surgery floors were sealed and that some work surfaces were also not sealed. We were informed that a review of current flooring and work surfaces is underway. We advised that the practice review the use of alcohol wipes on work surfaces as part of cleaning schedule.

Patient toilet facilities were available on both floors. These contained suitable hand washing facilities and paper towels to reduce cross infection.

Fire exits were signposted and fire safety equipment was available at various locations within the practice building. Maintenance labels indicated that extinguishers had been subject to a service visit within the last 12 months. This meant that staff and patients had information so they could safely evacuate the building in the event of a fire and fire fighting equipment was available for staff to use if necessary.

Maintenance is on a twelve month system.

Contract documentation was in place for the disposal of hazardous waste. Arrangements were in place with the local council for the disposal of non hazardous/domestic waste. Waste produced by the practice was securely stored whilst waiting to be collected. We were informed that the compressor is checked on a daily basis, however, no record was available. We advised that all checks be recorded, as part of the maintenance audit.

The practice has separate decontamination rooms as recommended within with Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of instruments. In line with recommended best practice.

We observed a member of staff during the process of decontamination and found this to be completed satisfactorily.

The practice had six autoclaves (used for sterilising dental equipment/instruments) which had up to date inspection certificates confirming they were safe to use.

Testing strips were available and demonstrated daily tests had been performed to establish whether the autoclaves had reached a suitable sterilisation temperature and this was maintained for a given period. There were records/logbooks available to demonstrate whether other routine tests, set out within WHTM 01-05, had been conducted on the autoclaves and to confirm they remained suitable for their intended use. In line with recommended best practice.

We saw that instruments had been packaged after sterilisation to reduce the risk of contamination when stored. The practice team had recorded the date of processing and expiry date when instruments had to be used by.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice.

The practice manager confirmed that staff had received training in the last twelve months on how to perform cardiopulmonary resuscitation (CPR). Training certificates we saw supported this. It was advised that the practice staff consider carrying out CPR scenarios to underpin training.

¹ [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.

Staff told us a system was in place to identify and replace expired drugs and to regularly check emergency equipment at the practice. This is checked and recorded on a monthly basis. We checked the emergency drugs and found all were in date. We advised that the check should be undertaken on a weekly basis in line with The Resuscitation Council recommendations. We also advised that one grab pack emergency kit be stationed in an alternative location for safety reasons. This was actioned on day of visit.

Prescription pads were securely stored when not being used to prevent unauthorised persons using them. However, it is advised that a log be kept of all void and issued prescriptions.

We found arrangements were in place for the safe use of X-ray equipment. A radiation protection file contained all the relevant documentation and information required. A current safety check certificate for the equipment was available. We saw certificates that indicated staff training on the safe use of X-ray equipment was up to date. Local rules (for the use of and taking of x-rays) were available. We noted that a current risk assessment was not available with regard to non-usage of personal radiation dose badges.

Digital X-rays were used and a quality assurance system was in place to ensure that the image quality of these was graded and recorded.

We reviewed a sample of 19 patient dental records. This sample included records that had been completed by all of the dentists working at the practice.

Overall, we found the records had been maintained to a high standard and notes were recorded in a consistent and comprehensive manner. We found advice around the risks and benefits of treatments and alternative treatments had been recorded; treatment plans had been signed by patients. However, we noted that while the cancer screening examination and explanation of the process to the patient had been carried out, it had not always been recorded in the patient's notes. Some documentation also required expansion of social history information with regard to the patient's alcohol and/or smoking intake, if any.

Treatments, costs, benefits and alternatives were explained and recorded in the notes. Consent is discussed and obtained. However, we noted that this had not always been documented. We noted that a record review and audit had been completed in January 2016; this should assist in ensuring that all sections of patient documentation is fully completed.

The practice had written procedures in place for responding to child protection and protection of vulnerable adult issues. The contact details of local safeguarding teams were available so that staff had access to information on

who to contact for advice on safeguarding matters. Staff had attended training on child protection and on the protection of vulnerable adults and further training had been planned and booked.

Quality of Management and Leadership

Summary paragraph

A manager was responsible for the day to day running of the practice. Staff told us they had training and development opportunities relevant to their role and that they felt communication within the team was good. There are monthly staff briefings.

A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults, and this was on-going. Audits were undertaken in different areas of the practice.

A practice manager was responsible for the day to day running of the practice and explained that she would cover duties of other members of the team as necessary. The practice manager was very conversant with all aspects of the practice and demonstrated a clear commitment to maintaining and improving quality and standards within the practice.

The practice manager confirmed that all clinical staff working at the practice were registered with the General Dental Council. We saw records confirming they had valid indemnity insurance cover in place.

Dentists working at the practice provided both NHS and private dental services. In order for dentists to provide private dental services in Wales they have to be registered with HIW. We saw the dentists had up to date HIW registration certificates confirming their registration. These were prominently displayed in accordance with the relevant regulations for private dentistry.

Records were also available confirming clinical staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patients' safety against blood-borne viruses.

We spoke with several staff working at the practice on the day of our inspection. Staff explained they were able to access training relevant to their role and for their continuing professional development (CPD). We saw a sample of staff training certificates indicating staff had attended training on a range of topics. This meant that patients were treated by staff whom had appropriate skills and up-to-date training.

Staff told us practice briefings were held on a monthly basis and topics relevant to their work were discussed. They confirmed that they were able to raise work related issues for discussion at these meetings. We advised that staff briefings be recorded and made available to staff members. Staff appraisals were undertaken.

Peer review takes place on a daily basis. However, this needs to be recorded. The staff team use lunch time to discuss audit outcomes, 'listening and learning' regarding new techniques/developments within the area of dentistry. These meetings also need to be recorded.

The practice had a comprehensive range of relevant policies and procedures with the intention of providing safe dental services to patients. These included the following:

- Data Protection Policy
- Patient, Privacy, Dignity & Confidentiality.
- COSHH Assessments
- Safeguarding Children
- Safeguarding Adults
- Infection Control
- Health & Safety
- Privacy & Dignity
- Equal Opportunities

There was a system in place to ensure that all staff members were kept informed about any changes to policies and procedures and alerts. Staff members have to sign to state that they have been made aware of these changes. However, we advised that it may be helpful to have a central index sheet, noting date of policy, version number and date of review.

A number of audits have been recently undertaken, these included:

1. A review of infection control, however it was noted that the English version audit tool had been used for the audit, It was advised that the Welsh audit tool be used.
2. X-ray film quality assurance.
- 3 Record Keeping.
4. Waste audit.

4. Next Steps

Findings from this inspection did not result in the need for the practice to complete an improvement plan.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

Appendix A

General Dental Practice: Improvement Plan

Practice: The Bryn Siriol Dental Practice

Date of Inspection: 9 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	N/A				
Delivery of Safe and Effective Care					
	N/A				
Quality of Management and Leadership					

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	N/A				

Practice Representative:

Name (print):

Title:

Date: