

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Bulkeley Dental Practice

23 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Bulkeley Dental Practice at 102 High Street, Bangor, Gwynedd, LL57 1NS within the area served by Betsi Cadwaladr University Health Board on 23rd March 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales¹.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Information within the practice information leaflet and website
- 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.

3. Context

Bulkeley Dental Practice provides services to patients in the Bangor and surrounding area of Gwynedd County. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board. The practice employs a staff team which includes two dentists (who oversee the management of the service), three dental nurses and a receptionist.

A range of services are provided. These include:

- Routine examinations and advice
- X-rays
- Preventative and Peridontal (gum) treatment
- Filings
- Extractions
- Crowns
- Dentures and Repairs

Bulkeley Dental Practice provides predominantly NHS dental services but we were informed that private services, for example dental implants, are offered and occasionally provided. In this respect, any dentist working at the practice who is also 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.

4. Summary

HIW explored how Bulkeley Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Overall, all the patients who responded to HIW's questionnaire were satisfied with the service received at Bulkeley Dental Practice. Many of the patients added complimentary comments about the staff and dentists. Although the dentists said they rarely provide private dental treatments, we have advised them to produce and display a list of the private treatments available and the costs for these services.

We saw that the practice had access to all the dental equipment and instruments required and that regular maintenance checks were being undertaken. The decontamination facilities were not in keeping with the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. However plans were already in place to convert one of the existing storage rooms into a dedicated decontamination area, therefore we advised that this guidance be considered for this area.

We checked a sample of patient records and found that, overall, the standard was satisfactory. However we have made suggestions for improvements to ensure consistency of record keeping between dentists.

The practice needs to develop a formal quality assurance system, which should include regular audits of their decontamination and infection control procedures and practices.

The practice team had experienced a challenging period over the last 10 months. However, we saw that every effort had been made to adjust and maintain a good standard of service for the patients. At the time of the inspection the overall management was overseen by the two dentists.

Team meetings were in the process of being re-introduced and we recommended that staff are provided with an annual appraisal and personal development plan.

The practice is located amongst other commercial properties on Bangor High Street. Modifications have been made to ensure that the practice is accessible to people with disabilities and those who use a wheelchair.

Redecoration work is required internally, in particular the areas accessed by staff. A couple of areas could potentially pose a risk to patient safety if not addressed. Therefore we have advised the practice to develop a refurbishment

and redecoration programme, prioritising the work in accordance of need and the risks identified.

5. Findings

Patient Experience

Overall, all the patients who responded to HIW's questionnaire were satisfied with the service received at Bulkeley Dental Practice. Many of the patients added complimentary comments about the staff and dentists. Although the dentists said they rarely provide private dental treatments, we have advised them to produce and display a list of the private treatments available and the costs for these services.

A week prior to the inspection, HIW provided the practice with questionnaires to be completed by patients. We were presented with 35 questionnaires on the morning of our inspection, which indicated that patients were satisfied with the overall service received. The patients had been registered with the practice between 10 to 30+ years and unanimously confirmed that they were made to feel welcome by the practice team, they were given enough information about their treatment and were satisfied with the service.

17 patients provided additional positive comments, using words such as 'excellent', 'first class' and 'fantastic' to describe their experiences. With their consent, we have included a small sample of patients' comments below:

"The dental practice are always flexible and ensure good service at all times".

"This is the best practice in Bangor. Leigh and staff are always really helpful and sympathetic".

"My family have nothing but praise and gratitude for the care and service we have received from the practice".

11 of the patients had experienced delays in being seen on the day of their appointment. Two patients said they had waited for at least 30 minutes, one of them added this was the case at every appointment. However none of the patients expressed dissatisfaction with being delayed and one patient said they were aware that the dentist would spend extra time with them if needed. The dentists told us that they try to stay on schedule but, occasionally, delays occur, for example when they identify a need for further treatment during the appointment.

Written information, including a patient information leaflet, was available within the practice. The written information we saw was printed in colour or in different font size, thereby raising people's interest. As a minority of patients were not

aware of the out of hours contact details and how to make a complaint, we suggested that some of the practice information is more prominently displayed.

Other communication methods, to take into account patients' spoken language and additional communication needs that some patients may have, could be considered. The practice did not currently have a website page and we suggested that this is something that could be considered as an additional communication method.

A list of the NHS charges for dental services was displayed in the waiting room.

Improvement needed

Although the dentists said they rarely provide any private dental treatments, consideration should be given to developing a price list of the treatments offered and the cost for these.

During the inspection we heard the receptionist telephoning patients to remind them of their appointment the following day, which we noted as a good service. The receptionist informed us that many of the patients have expressed their appreciation for this reminder call.

Delivery of Standards for Health Services in Wales

We saw that the practice had access to all the dental equipment and instruments required and that regular maintenance checks were being undertaken. The decontamination facilities were not in keeping with the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. However plans were already in place to convert one of the existing storage rooms into a dedicated decontamination area, therefore we advised that this guidance be considered for this area.

We checked a sample of patient records and found that, overall, the standard was satisfactory. However we have made suggestions for improvements to ensure consistency of record keeping between dentists.

The practice needs to develop a formal quality assurance system, which should include regular audits of their decontamination and infection control procedures and practices.

Radiographic (x-ray) equipment was available in each surgery room and documentary evidence demonstrated that the dentists had undertaken ionising radiation training within the last 5 years, which meets the frequency recommended by the General Dental Council.

We saw that the dental equipment and instruments were well organised in the surgery rooms and a sufficient stock of protective clothing was available to the dental practitioners.

The dentists and dental nurses confirmed that they receive annual cardio pulmonary resuscitation (CPR) training and we saw an email confirming that this year's CPR training would be delivered in-house on 26th March 2015.

We looked at the emergency medication and first aid equipment and there was a good system in place to check their expiry dates. We saw however that the packaging for the airways equipment was out of date; the dentists therefore agreed to replace these with new airway packs. We suggested that the existing computer system could be utilised to monitor the expiry dates for the airways equipment, the syringes and needles.

Improvement needed

The existing computer system, used to monitor emergency medication and equipment expiry dates, could also include the airways equipment, needles and syringes expiry dates.

Contracts were in place for the disposal of clinical and hazardous waste. Waste was being disposed of in the appropriate clinical waste bags, which were stored securely within the building. We were informed that the clinical waste bag was taken out of the room and left to be collected from the porch on each collection day. The porch is also a through way to the reception area and therefore, in order to minimize the risk to patients and visitors' safety, the practice agreed to contact the clinical waste collection service to request that the bag is collected from the secure location in the practice.

Improvement needed

Clinical waste bags should not be left where potentially they could be accessed by patients and visitors.

The decontamination process (to clean and sterilise dental instruments) was demonstrated to us by one of the dental nurses. Currently, the practice does not have the facilities to fully comply with the Welsh Health Technical Memorandum (WHTM) 01-05² guidance. For example, there is no designated decontamination room for the practice and, as there were limited facilities, we saw that there were two different systems in use for the two surgery practice.

Plans were in place to add decontamination facilities in one of the existing rooms within the premises. At the time of the inspection, a new sink had been fitted, but not yet plumbed in. In the meantime we discussed ways in which the decontamination process could be improved in each surgery room, to ensure that one sink was dedicated for hand washing only and that a separate sink and a separate bowl, in addition to the existing sinks, was made available for rinsing instruments. The dental practitioners agreed to implement these changes with immediate effect.

Improvement needed

The practice is advised to consider the WHTM 01-05 guidance when planning for the dedicated decontamination room in the practice.

We were informed that the the dental laboratory used by the practice was registered with the Medicines and Healthcare Products Regulatory Agency

² WHTM 01-05 is the Welsh 'Decontamination in primary care, dental practices and community dental services' guidance. It is intended to progressively raise the quality of decontamination work within dental services.

(MHRC); the dentist agreed to obtain documentary evidence of the laboratory's registration and to retain a copy at the practice.

We viewed patient records for each dentist, sampling eight records altogether. The practice was aiming to become paper-free therefore the records were held electronically and relevant information was being scanned onto their computer system. None of the medical histories we saw had been signed by the patients or countersigned by the dentists, which is usual practice at dental practices, due to them being input directly on the computer. HIW agreed to seek further advice after the inspection regarding this matter, which was undertaken in consultation with the General Dental Council. In this respect the following good practice measures are advised:

Improvements needed

The practice's record keeping should take into account The General Dental Council Standards 4.1 and 4.5 and The Doing Well, Doing Better Standard 20³.

We would advise the practice to initially consider completing a paper record of medical histories, to include the patient and dentist's signature. These paper records may then be retained and/or scanned onto the computer system.

The practice is reminded to ensure that any paper records no longer to be retained are securely disposed of.

Overall the quality of record keeping was satisfactory and included evidence of the patient's appointment visits and treatments received. We suggested improvements to ensure that extra oral soft tissue examinations, patients' consent and recall dates were consistently being noted in the clinical notes. There was no clear system in place to log and monitor referrals made to other specialist health professionals.

³ From 01 April 2015 the 'Doing Well, Doing Better' Standards were superseded by the Health and Care Standards 2015, which should be taken into account from this point onwards.

Improvements needed

The consistency of record keeping between dentists should be improved to ensure that extra oral soft tissue examinations, patients' consent and recall dates are noted in the clinical notes.

A system should be developed to log and monitor referrals to other health or dental professionals.

Portable appliance testing (PAT) was currently being undertaken every couple of years.

Improvement needed

The practice is advised to consider the Health and Safety Executive (HSE) 'Maintaining portable electrical equipment' guidance (2013) when risk assessing the type of portable electrical items used at the practice and their recommended frequency of testing.

We saw that the practice had a detailed cleaning schedule, covering each room and communal areas within the building. However, apart from visual checks, no formal infection control audit had been undertaken over the last 12 months.

Improvement needed

We advised the practice to refer to section 2 of WHTM 01-05 with regard to quality assurance system, decontamination and infection control audit. A formal system should be developed for this purpose and the findings could be used as a tool for learning and improving/maintaining standards.

Management and Leadership

The practice team had experienced a challenging period over the last 10 months following the sad and sudden death of one of the dental partners. However we saw that every effort had been made to adjust and maintain a good standard of service for the patients. At the time of the inspection the overall management was overseen by the two dentists.

Team meetings were in the process of being re-introduced and we recommended that staff are provided with an annual appraisal and personal development plan.

We saw evidence of a close knit team; staff members were supportive of each other and had embraced a new dentist and receptionist into the team. All the other staff had worked at the practice for many years.

From our discussions with staff there was evidence that they had coped well under sad circumstances and had made every effort to adjust and continue with the service in the best interests of the patients.

We saw that written information, policies and procedures had been reviewed and, where necessary, updated. The dentists had obtained some of the policies and procedural information from reputable sources, such as the British Dental Association. We reminded staff to cross reference and adapt these policies in accordance to legislation or guidelines that apply in Wales. There were duplications in the various policies and procedure we viewed, although we acknowledged that this area of work was still in progress. We suggested a version control system be adopted for any new or amended policies/procedures and to merge or dispose of duplicated policies as appropriate.

During the inspection we spoke with both dentists, two of the dental nurses and the receptionist. All of them were warm and welcoming towards us and our suggestions or recommendations for improvements were well received. There was evidence that they were committed to moving forwards and, in this respect, one of the dentists had signed the practice onto the 'Improving Quality Together' (IQT)⁴ NHS initiative.

⁴ Further information regarding IQT can be obtained via <http://www.iqt.wales.nhs.uk/>

Dental practitioners were meeting their continuous professional development requirements and we were presented with copies of training certificates that demonstrated this. Although staff had received child protection training, no adult protection training (also referred to as POVA (protection of vulnerable adults) had been provided. We suggested that this was an additional training need that could be sought for the staff team.

There was no annual appraisal system in place, although we were informed that appraisals had been undertaken in the past.

Improvement needed

Staff should be provided with an annual appraisal and a personal development plan to enable them to develop their role.

Team meetings were being re-introduced at the practice, to commence the week following our inspection visit. We encouraged that the staff team meet regularly to enable staff to share and learn from experiences.

At the time of our inspection, one of the dentist's Disclosure and Barring Service (DBS) disclosure was dated in 2009, therefore was outside of three year period, in line with the regulations for private dentistry. We discussed this with the dentist who agreed to update their DBS check in order to comply with current regulations.

Given the number of issues identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

The practice is located amongst other commercial properties on Bangor High Street. Modifications have been made to ensure that the practice is accessible to people with disabilities and those who use a wheelchair.

Redecoration work is required internally, in particular the areas accessed by staff. A couple of areas could potentially pose a risk to patient safety if not addressed. Therefore we have advised the practice to develop a refurbishment and redecoration programme, prioritising the work in accordance of need and the risks identified.

The practice, located on the outskirts of Bangor town centre, moved to the current premises during 2003. The practice was converted from a shop and is spread over four floors, two of which are accessible to staff only. There is no dedicated car parking for patients; however there is a large public car park within close proximity.

There was level access to the building and the two doors to the reception and waiting room area were accessible to patients using a wheelchair. There was a slope to access one of the surgery rooms and the disabled toilet on the ground floor. The other surgery room was on the first floor, accessed via stairs which handrails had been fitted.

We saw that several areas within the building were in need of redecorating or refurbishment. For example a joint in the carpet, in front of the ground floor surgery room, had started to fray, which could be a trip hazard for patients. One of the hand rails in the disabled toilet had become loose from the wall, which could be a health and safety hazard.

There were signs of dampness in some of the areas accessed by staff and some areas were cluttered. Some of the walls, door frames, skirting boards and floor in the areas accessed by staff were marked and in need of redecorating.

Improvement needed

We advised the practice to develop a redecoration and refurbishment programme and to prioritise the work according to their risks for patients and staff safety. Realistic timescales for completion should be included.

One of the patients who responded to HIW's questionnaire said that some of the switches on the first floor were covered in dust. At the time of our inspection the areas we saw were visibly clean. There was a detailed cleaning schedule in place which should ensure that all areas are kept clean and hygienic.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Bulkeley Dental Practice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Bulkeley Dental Practice

Date of Inspection: 23 March 2015

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|---|--|---|---------------------|--------------------|
| Patient Experience | | | | |
| 8 | Although the dentists said they rarely provide any private dental treatments, consideration should be given to developing a price list of the treatments offered and the cost for these. | Price list to be developed and displayed in the room | Leigh Williams | Completed 21/4/15 |
| Delivery of Standards for Health Services in Wales | | | | |
| 9 | The existing computer system, used to monitor emergency medication and equipment expiry dates, could also include the airways equipment, needles and syringes expiry dates. | Existing computer system to be extended to include airways, needles, syringes, AED pads etc | Leigh Williams | Completed 07/5/15 |
| 10 | Clinical waste bags should not be left where potentially they could be accessed by | Arrangements to be made so the waste carrier will be collected from locked cupboard which will be | Leigh Williams | Completed 25/04/15 |

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|-------------|---|--|--------------------------------------|--|
| | patients and visitors. | opened for them on their arrival | | |
| 10 | The practice is advised to consider the WHTM 01-05 guidance when planning for the dedicated decontamination room in the practice. | Install temporary extra sink in sterilization room Install new sink in staff room Get plans from contractors for full refurb. of room Installation of new units sinks floor using WTM01-05 | Leigh Williams | End may 2015 End May 2015 Summer 2015 By End 2015 |
| 12 | The consistency of record keeping between dentists should be improved to ensure that extra oral soft tissue examinations, patients' consent and recall dates are noted in the clinical notes. A system should be developed to log and monitor referrals to other health or dental professionals. | Leigh and Andrea to agree on what and how records are kept including extra oral soft tissues consent and recall. Bi annual audit to be done to monitor progress Develop and maintain referral log | Andrea Summers Leigh Williams | Completed (first audit by sept 2015) Completed 17/04/15 |
| 12 | The practice is advised to consider the Health and Safety Executive (HSE) 'Maintaining portable electrical equipment' guidance (2013) when risk assessing the type of portable electrical items used at the practice and their recommended frequency of testing. | Practice to seek guidance from HSE to establish risks. following this appropriate inspections and testing and the frequency of these test and inspections to be established and implemented | Leigh Williams | HSE advice obtained. Risk currently been assessed expect to be completed |

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|----------------------------------|---|--|---------------------|---|
| 12 | We advised the practice to refer to section 2 of WHTM 01-05 with regard to quality assurance system, decontamination and infection control audit. A formal system should be developed for this purpose and the findings could be used as a tool for learning and improving/maintaining standards. | Practice to develop a formal system to support a programme of Quality Assurance with reference to WHTM 01-05. This will help improve and maintain standards through monitoring ,testing and training. | Andrea Summers | |
| Management and Leadership | | | | |
| 14 | Staff should be provided with an annual appraisal and a personal development plan to enable them to develop their role. | Staff to have annual appraisals and following this a personal development plan drafted | Andrea Summers | Process started. All staff to be appraised by end Sept 2015. |
| Quality of Environment | | | | |
| 15 | We advised the practice to develop a redecoration and refurbishment programme and to prioritise the work according to their risks for patients and staff safety. Realistic timescales for completion should be included. | Redecoration and refurbishment to be undertaken Priorities include Patient toilet especially the handrail, New waiting room carpet, Replace water damaged ceiling tiles, | L C Williams | Ongoing end July2015 end august201 end August 20 end Dec 2015 |

| Page Number | Improvement Needed | Practice Action | Responsible Officer | Timescale |
|-------------|--------------------|--------------------------------|---------------------|-----------|
| | | Update staff toilet facilities | | |

Practice Representative:

Name (print):Leigh Williams.....

Title:Dentist

Date:13/05/15