

General Dental Practice Inspection (Announced)

Betsi Cadwaladr University
Health Board

Craig-y-Don Dental
Practice

11 February 2016

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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
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	13
5.	Next Steps	15
6.	Methodology.....	16
	Appendix A	18

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 Craig-y-Don Dental Practice, Shirley, 28 Mostyn Avenue, Llandudno, LL31 1YY on 11 February 2016.

HIW explored how Craig-y-Don 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

Craig-y-Don Dental Practice is a well established private dental practice, providing services to patients in the Llandudno and surrounding area of Conwy Council. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice staff team includes two dentists, one hygienist and four nurses/receptionists.

A range of private dental services are provided, including:

- Preventative and dietary advice
- Crowns, bridges and veneers
- White fillings
- Dentures
- Tooth whitening
- Smile makeovers

3. Summary

Patient responses to HIW's questionnaire indicated that they receive an excellent service from the staff team. We observed staff being kind and courteous towards patients. A range of information was available to patients in clear, easy to read formats. However we have advised the practice to offer key information in Welsh.

Overall, we found that there were suitable systems in place for the delivery of safe and effective care. There was an effective system for cleaning and sterilising dental instruments. However, we have recommended improvements which should help strengthen infection prevention and control in some areas.

The quality of record keeping and communication between staff was good. A Display Screen Equipment (DSE) assessment should be undertaken for regular computer users. We advised the practice to arrange a suitable first aid course and regular refresher first aid training for the designated first aider.

Craig-y-Don Dental Practice was being effectively led and managed. It is noteworthy to add that the dental practitioners were receptive to all the suggestions we made for improvements. Some of our recommendations were dealt with immediately or had been completed by the following day.

4. Findings

Quality of the Patient Experience

Patient responses to HIW’s questionnaire indicated that they receive an excellent service from the staff team. We observed staff being kind and courteous towards patients. A range of information was available to patients in clear, easy to read formats. However we have advised the practice to offer key information in Welsh.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services received. A total of 36 questionnaires were obtained, all indicating high satisfaction with the service. Patients described their experience using words such as “*excellent*” and “*very satisfied*”. Four of the patients made comments that, out of the dentists they have been to see, Craig-y-Don is the best dentists they have ever had. Fourteen of the patients added further complimentary comments, which we shared with the staff team. A small sample of these included:

“... In summary Craig-y-Don dental practice is a very professional outfit and one that is a privilege to be associated with”.

“Very happy with everything, staff are helpful and friendly. Children very happy to attend appointments”.

“Before I came here I was afraid of the dentists. From the first appointment I have been made to feel welcome. I now have no fear – all anxieties have been quashed. I am far more aware of my dental health. Everyone I come into contact with is pleasant, helpful and understanding... This is a wonderful practice”.

“I have always received an excellent, caring and friendly service”.

Dignified care

From our analysis of the patient questionnaires, there was evidence that patients are treated with dignity and respect. We observed a warm, welcoming environment where staff were kind and courteous with patients. There were many long-serving staff members and it was clear that they had a good rapport with patients.

Written information was clearly displayed. This included relevant details and charges for private dental treatments. Notices were in large print and easy to read. However, none of the information we saw was displayed in Welsh. One of

the patients we saw during the day spoke Welsh and we were informed that a number of Welsh speaking patients are registered with the practice.

Improvement needed

Welsh speaking people should be empowered to participate in their care as equal partners. In this respect we have advised the practice to have key written information available in Welsh.

Timely care

All of the patients who responded to our questionnaire said they had never experienced delays in being seen by the dentist on the day of their appointment. We observed patients being seen promptly upon arrival.

Staying Healthy

Again, all of the patients confirmed they were given enough information about their treatment. We saw a selection of leaflets, about various dental treatments, were available to patients in the waiting room. From our review of patient records, there was evidence that they were provided with a treatment plan and supporting information.

However, details regarding smoking cessation and alcohol use were not consistently being recorded. The patient medical history form did not include a section for patients to provide this information. However, once we pointed this out, one of the dentists took immediate action, later showing us the revised medical history form that included a section on the patient's smoking and alcohol use. Therefore we were confident that this measure would prompt the dentists and hygienist to consistently include these details and, if necessary, follow this up as necessary with individual patients.

Individual Care

There was evidence that patients were being included in decisions about their dental health care.

Patients had the opportunity of providing feedback anonymously if they wished. There was a suggestion box and survey cards in the waiting room. Seven patients had completed a card in the previous two months. We looked at their responses and found these were all complimentary. All seven patients said there was nothing that the practice could do better, one added "*it's amazing already*". The practice website also invites patients to comment about the

service. However, there was no evidence to demonstrate how patients' comments are acted upon.

Improvement needed

A process should be in place to demonstrate how the practice has acted and learned from patient feedback.

We considered the practice complaints procedure as, out of 36 patients, 16 patients said they would not know how to make a complaint. Although we saw that the complaints procedure was clearly displayed on a large general notice in the reception and waiting room, this information was not included in the patient leaflet. Therefore, we suggested that this information be added to the leaflet, or that a separate complaints leaflet be made available in these areas. We found the practice complaints procedure was consistent with The Private Dentistry (Wales) Regulations 2008.

We looked at the complaints file. Staff informed us that very few complaints are made. However, we found evidence that when a complaint is received, these are dealt with promptly and appropriately.

Delivery of Safe and Effective Care

Overall, we found that there were suitable systems in place for the delivery of safe and effective care. There was an effective system for cleaning and sterilising dental instruments. However, we have recommended improvements which should help strengthen infection prevention and control in some areas.

The quality of record keeping and communication between staff was good. A Display Screen Equipment (DSE) assessment should be undertaken for regular computer users. We advised the practice to arrange a suitable first aid course and regular refresher first aid training for the designated first aider.

Safe Care

We found that equipment used in the practice was being regularly tested and maintained. However, a test worksheet for the gas boiler, dated April 2015, indicated that the location of the gas meter was not in line with health and safety standards. There was no evidence that this had been followed up with the gas service. Although there was nothing further to indicate a health and safety risk, we advised for this comment to be pursued before the next annual inspection was due.

Improvement needed

HIW is to be notified of the outcome of the practice discussion with the gas service engineer regarding the location of the gas meter and what action has been/is to be taken as a result.

Contracts were in place for the collection of hazardous and general waste. The waste management policy needed to be updated, in line with the most recent healthcare waste management guidelines. This is because when we arrived, the clinical waste bins were fitted with the incorrect coloured bags in accordance with these guidelines. We were informed that these would then be transferred to the appropriate receptacle. However, following further consultation with the waste contractor, the staff replaced the bags in all of the clinical waste bins. Staff assured us that the correct bags will be used from now on; therefore it was not necessary for us to make any further recommendations on this occasion.

We considered the general cleanliness and found that, overall, the standard was good. We saw a certificate, confirming that a WHTM 01-05 infection control

audit¹ had been completed in February 2015. All the information notices around the building had been laminated or were framed, therefore easy to clean. Units, cabinets, drawers and instruments in the dental surgery rooms looked clean. However, a few areas in one of the surgery rooms needed further cleaning in harder to reach places. Also, small sections underneath the windowsill and between the floor and radiator pipes, were not sealed. Therefore the dentist agreed to seal these parts which will help to prevent the accumulation of dirt. We looked at the cleaning schedule and saw that it did not include all of the areas or items in individual rooms, for example, skirting boards, windows and equipment.

Improvement needed

All areas within the practice environment should be maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection.

To aid this, the practice is advised to implement a more detailed cleaning schedule to ensure that all areas of each room, including fittings and equipment, are included together with their cleaning frequency.

We spoke with the dentists and nurses regarding the process for cleaning and sterilising dental instruments which, overall, was effective. The facilities and systems in place were in keeping with the WHTM 01-05 guidelines. However, the extractor in the dedicated decontamination room was positioned above the 'clean' side (that is, the area where instruments are sterilised) thereby causing a dirty-to-clean flow. For infection control and prevention, WHTM 01-05 recommends that the airflow should be from clean-to-dirty², in which case the extractor should be repositioned nearer to the dirty area.

Improvement needed

The practice is to notify HIW of the action taken to ensure that the ventilation in the decontamination room is consistent with the WHTM 01-05 guidance.

¹ In accordance with the 'WHTM 01-05 Welsh Health Technical Memorandum, Decontamination in primary care dental practices and community dental services' (February 2014) guidance.

² WHTM 01-05 section 6.40 to 6.45.

The practice had three x-ray machines. We found a valid test certificate for each of these. There was a process in place to audit the image of x-rays, the most recent audit having been undertaken during January 2016. Both of the dentists had received suitable training in line with regulations³ during the last five years. The position of the isolation switch for one of the x-ray machines was within the 'controlled area'⁴. We informed the dentists that this was potentially a serious matter (as there could be a risk of over exposure to staff if they had to use the isolation switch in an emergency while an x-ray was being taken). As a result, the dentist took prompt action in contacting an electrician. The following day, HIW received confirmation and photographic evidence to demonstrate that the isolation switch had been re-positioned outside the controlled area.

We looked at the stock medication and equipment that dental practices need to have available in the event of an emergency. Although the medication was stored securely inside a room, we advised the practice to fit a lock on the door for when this room was not in use. Two medications, recommended for dental practices by the British National Formulary, were not available. One was a medication that can be administered if a person has an epileptic seizure, which the dentist felt they were not adequately trained to administer. However, this training should form part of the required annual cardio pulmonary resuscitation training, which we found that the staff were receiving.

Improvement needed

The practice should ensure that all the medications, as recommended for dental practices in the British National Formulary, are available for emergency purposes.

Further emergency medication training for practice staff should be arranged as required.

³ The Ionising Radiations Regulations 1999 and The Ionising Radiation (Medical Exposure) Regulations 2000

⁴ A controlled area is one which has been designated by an employer to assist in controlling and restricting radiation exposures. Therefore it is necessary for staff entering a controlled area to follow special procedures to prevent the risk of over-exposure.

The new nurse in post was an appointed first aider for the practice. We found that she was last trained in 2009, therefore we recommended that she completed a suitable first aid course as a matter of urgency.

A suitable first aid training course should be completed by the named first aider as a matter of urgency and continued at the required frequency thereafter.

Effective Care

We looked at policies/procedures kept at the practice. None of these were dated and there was no evidence of any version control/reviews. Therefore we suggested that a system be put in place to ensure that policies/procedures are reviewed and updated as required.

We looked at a sample of five patient records per dentist and hygienist. Medical histories, completed by patients, were being scanned onto the computer. The revised medical history form also included a countersignature, to evidence that the information had been read by the dentists and hygienist. There was evidence that the treatment options were being discussed with patients and their consent was being obtained.

Staff were using the computer system to good effect. For example, we found that tasks were being created to remind them of expiry and/or audit due dates. The Display Screen Equipment (DSE) procedure, relevant to staff who are regular computer users, was very brief. A DSE assessment had not been undertaken, in accordance with the Health and Safety (Display Screen Equipment) Regulations 1992.

Improvement needed

The practice should ensure compliance with the Health and Safety (Display Screen Equipment) Regulations 1992⁵.

The DSE policy should include sufficient information and guidance as relevant to the practice and regular computer users.

⁵ A brief guide regarding an employer's responsibility under the display screen equipment regulations can also be obtained via: <http://www.hse.gov.uk/pubns/indg36.pdf>

Overall, the practice had a homely, welcoming atmosphere with moderate size surgery rooms and a large waiting room. There were two steps to access the practice; we saw ramps were available for wheelchair access. There was one toilet for patient and staff use, which was not large enough for wheelchair access. Internal storage space was limited, although at the time of the inspection we found everything to be well organised and stored away tidily. Therefore, we suggested how the environment could be improved should there be plans to expand or develop the service in future.

There is no practice car park but we were informed that patients usually manage to find a space on the main road outside or within close proximity of the practice.

Quality of Management and Leadership

Craig-y-Don Dental Practice was being effectively led and managed. It is noteworthy to add that the dental practitioners were receptive to all the suggestions we made for improvements. Some of our recommendations were dealt with immediately or had been completed by the following day.

The practice is currently managed by two dental partners, one of whom is planning to retire in the next few months. We found all the staff welcoming and helpful towards us. On examination of staff documentation and files, we found valid registration certificates, indemnity cover and employee checks, including disclosure and barring service (DBS) checks which were being renewed every three years, in line with regulations.

Although there was evidence of regular training, a log of the training completed and due dates per staff member was not held. From looking at a sample of training certificates, some of these were dated several years ago therefore it appeared that staff needed refresher training. However staff told us that they were in fact up to date with mandatory training, although this could not be verified as they kept their own training certificates, which were not readily available to us during the inspection.

Improvement needed

The practice should be able to demonstrate that staff are trained, qualified and competent for the work they undertake. We suggested that a more robust system of monitoring staff training and due dates could be developed.

There was a comprehensive staff handbook for new employees. The most recent staff member commenced work a few days prior to the inspection. She confirmed that she had been provided with a copy of the handbook and was working through the induction programme, which she found had been very good so far. Staff informed us that they were receiving an annual appraisal and we saw handwritten copies of personal development plans for 2016 for some staff.

There used to be a practice manager to oversee some of the management responsibilities until recently. Since the practice manager left, the work had been delegated between the existing staff. However plans were in place to review this arrangement once a new dentist is recruited. From our examination of the team meeting minutes, we saw that meetings had been held infrequently. Therefore we recommended that formal team meetings be regularly held,

especially considering that further staff changes (including the retirement of one of the dentists) were imminent. The minutes of the last team meetings were insufficient to demonstrate that learning had taken place from these discussions. Therefore, we reminded the practice to ensure that the minutes are sufficient for this purpose.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

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

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

6. 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 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. 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

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <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: Craig-y-Don Dental Practice, 28 Mostyn Avenue, Llandudno

Date of Inspection: 11 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	<i>Welsh speaking people should be empowered to participate in their care as equal partners. In this respect we have advised the practice to have key written information available in Welsh.</i>	S3.2, 4.1 and 4.2	We will have a Welsh section on our website. Key leaflets will be bilingual. Our 1 Welsh speaking member of staff is joined now by 2 others.	JJ	April 2016
17	<i>A process should be in place to demonstrate how the practice has acted and learned from patient feedback.</i>	S6.3	We will evaluate feedback forms. Discuss findings. Implement sensible suggestions.	JJ	June 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
8	<i>HIW is to be notified of the outcome of the practice discussion with the gas service engineer regarding the location of the gas meter and what action has been/is to be taken as a result.</i>	S2.1	We will discuss this with British Gas. They are due here in April 2016.	JJ	May 2016
9	<i>All areas within the practice environment should be maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection.</i> <i>To aid this, the practice is advised to implement a more detailed cleaning schedule to ensure that all areas of each room, including fittings and equipment, are included together with their cleaning frequency.</i>	S2.1 and 2.4	We have implemented a more rigorous schedule.	JJ	Done
9	<i>The practice is to notify HIW of the action taken to ensure that the</i>	S2.4	We will adjust the ventilation so airflow is compliant with HTM 01-05	JJ	June 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>ventilation in the decontamination room is consistent with the WHTM 01-05 guidance.</i>				
10	<i>The practice should ensure that all the medications, as recommended for dental practices in the British National Formulary, are available for emergency purposes.</i> <i>Further emergency medication training for practice staff should be arranged as required.</i>	S2.6, 2.9 and 7.1	Of the 2 identified medications, one is now here and the other is on order from NHS supplies.	JJ	1 Done 1 TBC
11	<i>A suitable first aid training course should be completed by the named first aider as a matter of urgency and continued at the required frequency thereafter.</i>	S7.1	This has now occurred.	JJ	Done
11	<i>The practice should ensure compliance with the Health and</i>	S2.1	This has been implement ted.	JJ	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p><i>Safety (Display Screen Equipment) Regulations 1992⁸.</i></p> <p><i>The DSE policy should include sufficient information and guidance as relevant to the practice and regular computer users.</i></p>				
Quality of Management and Leadership					
13	<p><i>The practice should be able to demonstrate that staff are trained, qualified and competent for the work they undertake. We suggested that a more robust system of monitoring staff training and due dates could be developed.</i></p>	S7.1	Our existing training log will be re-developed.	JJ	June 2016

⁸ A brief guide regarding an employer's responsibility under the display screen equipment regulations can also be obtained via:
<http://www.hse.gov.uk/pubns/indg36.pdf>

Practice Representative:

Name (print): .. **John Johnson**

Title: .. **Principal Dentist**

Date: .. **08/03/16**