

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board, Oasis Dental
Care Rhyl

18 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Oasis Dental Care Rhyl at 43 Ffordd Elan, Rhyl, Denbighshire within the area served by Betsi Cadwaladr University Health Board on 18 August.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

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

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

- 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.

3. Context

Oasis Dental Care Rhyl provides services to patients in the Rhyl area of Denbighshire. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Oasis Dental Care Rhyl is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes four dentists, one hygienist, six dental nurses, one receptionist and a practice manager.

A range of general dental services are provided.

4. Summary

HIW explored how Oasis Dental Care Rhyl meets the standards of care set out in the Health and Care Standards (April 2015).

The majority of patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. The practice had a suitable system for regularly gaining patient views which enables them to continually assess the quality of the service provided.

Overall, we found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean and tidy. We also found that the practice had systems to help protect patients from the risk of cross-infection.

Most qualified clinical staff had conducted appropriate training on ionising radiation to ensure the safe use of x-ray equipment. However, we were unable to determine if one of the dentists had conducted this training, as a certificate was not available. We issued an immediate assurance letter to the practice requesting urgent action be taken to address this (see Appendix A for details).

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team. We recommended that the practice should formalise quality assurance arrangements, including the arrangements for undertaking audits and peer review. We also recommended that the complaints procedure be updated so that all details are applicable to patients in Wales.

We found the practice was visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

5. Findings

Patient Experience

The majority of patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. The practice had a suitable system for regularly gaining patient views which enables them to continually assess the quality of the service provided.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Nineteen patient questionnaires were completed prior to the date of inspection. Overall, patient feedback was positive. The majority of patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentists. On this occasion, respondents were not asked for their permission to use specific comments they provided.

The majority of patients said they received enough information about their treatment. We found that eleven out of nineteen patients said they knew how to access out of hours dental services, but the remaining eight patients said they did not know. We saw a sign displayed with the emergency contact number and we confirmed there was a contact number provided on the practice's answer phone message. There was a flexible appointment system in place enabling appointments to be booked both in advance and on an emergency basis.

We found there was minimal health promotion information displayed in the reception/waiting area. We advised the practice to consider providing further health promotion information such as mouth cancer awareness, smoking cessation and information on how patients could improve their oral health. In accordance with the Health and Care Standards, patients should be supported to take responsibility for their own health.

Improvement needed

The practice should provide further health promotion information to patients.

The practice should also consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback. This is because the Health and Care Standards state that people must receive full information about

their care which is accessible, understandable and in a language and manner sensitive to their needs.

The practice had a method for regularly seeking patients' views and we were told that this was discussed at practice meetings. We saw results from the last patient questionnaire survey conducted in May 2015, which showed a high level of patient satisfaction. The practice manager told us that patients are now provided with feedback cards and asked to complete their feedback online. We advised the practice to monitor this method of gaining feedback and consider also using alternative approaches in order to reach a wider range of patients.

When asked about the complaints process in our questionnaire, approximately half of patients said they did not know how to make a complaint. We saw that the complaints procedure was displayed in the patient waiting area. However, this needed to be updated and we have made a recommendation regarding this within the Management and Leadership section of this report (page 14). Considering the comments, the practice may wish to consider how complaints information could be made more visible.

Delivery of Health and Care Standards

Overall, we found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean and tidy. We also found that the practice had systems to help protect patients from the risk of cross-infection.

Most qualified clinical staff had conducted appropriate training on ionising radiation to ensure the safe use of x-ray equipment. However, we were unable to determine if one of the dentists had conducted this training, as a certificate was not available. We issued an immediate assurance letter to the practice requesting urgent action be taken to address this (see Appendix A for details).

Clinical facilities

We looked at the clinical facilities of all four surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean and tidy. We found that needle re-sheathing devices, to allow for needles to be disposed of safely, were not used at the practice. We spoke to one of the dentists who said he carefully removed the needle by hand, but we advised this carried a high risk of needle stick injuries and recommended the practice use a safer disposal system for needles and syringes.

We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use. However, the last time this was conducted was in November 2013. We advised that a risk assessment should be conducted to determine the frequency needed for PAT testing.

We looked at the checks conducted on the machine that provides compressed air to the surgeries (compressor). While we were given verbal assurance that this was regularly checked by staff and had been serviced, these checks were not recorded.

Improvement needed

Regular checks of the compressor machine (in accordance with the manufacturer's guidelines) should be recorded.

Decontamination of instruments

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We found there were suitable processes in place to prevent patients from cross infection. We also saw that there were log books completed for the daily testing and maintenance of cleaning equipment to ensure that instruments were cleaned effectively. There was also a suitable system to ensure that instruments were used within the recommended storage period.

As the decontamination room was very small and had no natural ventilation, we looked at the ventilation fans installed in the ceiling. We found that these fans created a flow of air from the dirty to the clean areas of the room. However, to avoid risks of contaminating clean instruments the WHTM 01-05 guidelines recommend the air to flow from clean to dirty areas.

Improvement needed

The practice should consider the ventilation in the decontamination room so that airflow is from clean to dirty areas to avoid cross-contamination.

There were dedicated hand washing sinks available to help with infection control and personal protective equipment was available for staff conducting decontamination.

Whilst we were provided with assurance that all staff had received adequate training in decontamination, as recommended in the Welsh Health Technical Memorandum (WHTM 01-05)⁴ guidelines, there were no records of this.

Improvement needed

All staff involved in decontamination of instruments should have individual training records.

The practice had conducted an infection control audit in 2014, but we noticed the audit tool used was primarily designed for use in England and we advised the practice to use the tool developed by the Dental Postgraduate Section of the Wales Deanery, as recommended by the Wales specific WHTM 01-05 guidelines.

⁴ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Radiographic (x-ray) equipment

We looked at the arrangements for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. We saw that the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, contained all relevant information. With the exception of one, all qualified clinical staff had conducted appropriate training on ionising radiation. However, we were unable to determine if one of the dentists had conducted training in ionising radiation within the last five years, as a certificate was not available. We issued an immediate assurance letter to the practice requesting urgent action be taken to address this, as a result of the potential safety concerns this poses. Details of this and the practice's response can be found in Appendix A.

We saw evidence that x-ray audits had been conducted to help ensure the quality of the images taken, but we noticed that more recent audits provided less detail, and we advised the practice to ensure that the audits are conducted/recorded consistently.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place. We saw that clinical waste was stored securely outside the practice, but we noticed this area was cluttered and untidy, with an overflowing bin and we advised the practice to address this.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We found that some materials (plastic airways and masks) had been recently been replaced, but the old materials had not been disposed of. We advised the practice to dispose of all expired materials to ensure these were not used accidentally. This was dealt with promptly by the practice manager.

We saw evidence that most staff at the practice had received up-to-date training on how to deal with medical emergencies and there were appointed first aiders. A certificate for one of the dentists was not available on the day of inspection, but this was sent to HIW the following day. This training should equip staff with the necessary skills in the event of a patient collapsing.

Patient records

We looked in detail at a total of twenty three patient records across all four dentists and the hygienist. Overall, we found the record keeping was of an appropriate standard. We found patients were well informed of the risks, benefits and alternative treatments to help them make an informed decision. We also found that all patients requiring treatment were given a treatment plan.

We identified the following areas for improvement to the patient records:

- We found two cases where x-ray images taken were not graded for quality
- We found two patients had not had x-rays taken when this would have been appropriate to do so.

We looked at the practice's system for obtaining patient medical histories and we found that previously the practice did not request medical histories to be countersigned by the dentist to ensure they had read this, which is considered good practice. However, we were shown a new form that had recently been adapted to include space for the dentist to countersign and we advised the practice to ensure that all dentists were using a consistent method for checking these forms.

Improvement needed

Considering the omissions we found in the sample we looked at, improvements should be made to patient records, specifically by recording the following:

- ***Grading of x-ray images***
- ***Frequency of x-rays taken.***

Management and Leadership

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team. We recommended that the practice should formalise quality assurance arrangements, including the arrangements for undertaking audits and peer review. We also recommended that the complaints procedure be updated so that all details are applicable to patients in Wales.

The practice is owned by a corporate provider known as Oasis Dental Care. An experienced practice manager was responsible for the day-to-day running of the practice. We saw the practice was being run efficiently and staff worked effectively together as a team. We observed staff speaking to patients in a friendly and professional way.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. Policies and procedures were provided and updated centrally by the corporate organisation and were not the individual responsibility of the practice. However, we found that the policies lacked a consistent date system to show they were the latest version. For example, the policy for safeguarding had a version date of January 2013, but no review date or evidence this had been recently updated.

Improvement needed

There should be a robust system for ensuring all policies and procedures are current (i.e. using a consistent date system).

We saw that all new staff had an induction programme and we saw evidence all staff were made aware of policies.

We were told that staff meetings were conducted monthly and separate meetings for the dental nurses were held every two weeks where a range of topics were discussed. We were told that staff are encouraged to raise any concerns during these meetings.

We discussed the arrangements for staff appraisals with the practice manager and we were told that nursing staff had annual appraisals. Appraisals are important to ensure the competency of staff and to identify any training needs. However, there were no arrangement for the dentists to have appraisals and we suggested this could be conducted by the lead dentist.

Improvement needed

Arrangements should be made for the dentists to have appraisals.

We looked at the clinical governance arrangements in place at the practice. We found there were very few audits conducted at the practice and there were no formal arrangements for peer review of the dentists and clinical staff to help ensure the quality of the care provided. We were told the lead dentist planned to hold meetings with the other dentists, but this had not been formalised.

Improvement needed

The practice should formalise quality assurance arrangements, including the conduction of audits and peer review.

We saw examples of personal continuing professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. We also found that staff had received recent training in both adult and child protection. This meant patients could be assured they are treated by staff who have appropriate skills and up-to-date training and who were confident and acquainted with their place of work.

We found that three dentists who are registered with HIW to provide private dentistry, needed to update their certificates with the correct information. Arrangements for this were made on the day of inspection.

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We discussed this with the practice who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. Whilst not mandatory for practice staff, we found that all new staff had a DBS check.

The practice had suitable arrangements for the recording of accidents and incidents. Suitable arrangements for occupational health support were also in place through the health board. We saw records to show that most clinical staff had received appropriate vaccinations to protect them against blood-borne viruses. However, the vaccination record for one dentist was not available.

Improvement needed

The practice should ensure that vaccination records are maintained for all clinical staff as evidence that they have received appropriate immunisations to protect them from blood-borne viruses.

We looked at how patient complaints were handled at the practice and we found there were suitable arrangements for recording and responding to concerns. We saw that all complaint correspondence was kept together in a paper file and we were told this was also logged onto a computer system in accordance with company policy. We were told that verbal and informal complaints were also appropriately recorded.

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and the private dentistry regulations. The policy referenced organisations for patients to contact in the event they had a complaint. However, many of these organisations only applied to patients in England and were not relevant for patients in Wales. For example, this referenced the Care Quality Commission (the healthcare inspectorate in England) and the Parliamentary Ombudsman (rather than the Public Services Ombudsman for Wales). Details of other organisations for patients to contact such as the Community Health Council and local health board were missing.

Improvement needed

The practice must update the complaints policy/procedure to ensure:

- ***All details provided are relevant for patients in Wales***
- ***References to organisations only applicable to patients in England should be removed***
- ***Details of the local health board and Community Health Council should be included.***

Given the number of recommendations 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

We found the practice was visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

The practice is located in a residential area of Rhyl, on the ground floor of a retail unit and has four surgeries. There is dedicated patient car parking available.

Access to the practice is suitable for wheelchair users and door frames throughout the practice were suitably wide to allow access for wheelchairs.

A tour of the building confirmed the practice was visibly well maintained internally and externally. The practice was visibly clean, tidy and satisfactorily lit throughout. The waiting and reception areas were suitable sizes for the number of surgeries.

The practice had one unisex accessible patient toilet and one unisex staff toilet. Both toilets were visibly clean and had suitable hand washing facilities for infection control. However, we saw that the toilet roll dispensers in both toilets were broken. This meant that in the patient toilet, patients with mobility difficulties would not be able to access this easily. We advised the practice to address this.

There was a sign outside the practice with the opening hours, emergency contact number, names and qualifications of the dentists. Price lists for private and NHS treatments were also displayed.

The fire exits were signposted and fire extinguishers had been appropriately inspected.

Patient records and information were stored securely and electronic records were backed-up daily. This meant the practice has taken measures to ensure the safety and security of patients and their information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified within this report. 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 Oasis Dental Care Rhyl 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: Oasis Dental Care Rhyl

Date of Inspection: 18 August 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>IMMEDIATE ASSURANCE ACTIONS</p> <p><u>Finding</u></p> <p>On the day of inspection, we found there was no evidence, for one dentist, that sufficient training had been completed in ionising radiation within the last five years as a certificate was not available.</p> <p><u>Immediate Assurance Requirement</u></p> <p>Sufficient training in ionising radiation, as required by the Ionising Radiation (Medical Exposure) Regulations 2000, must be completed by relevant staff as soon as practicably possible.</p>	<p>We are committed to ensure all members of staff, employed and self employed have sufficient training in Ionising Radiation as required by the Ionising Radiation Regulations 2000. The Dentist who's certificate was missing has since produced evidence of attending and completing IRMER course on the 30/01/2013 and is awaiting a copy of the certificate.</p>	<p>E.Poole</p>	<p>2 weeks</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Health and Care Standards, Standard 2.9;The Private Dentistry (Wales) Regulations (2008), regulation 14(2), The Ionising Radiation (Medical Exposure) Regulations (2000), regulation 11.			
	Patient Experience			
6	The practice should provide further health promotion information to patients. [Health and Care Standards 1.1]			
	Delivery of Health and Care Standards			
8	Regular checks of the compressor machine (in accordance with the manufacturer's guidelines) should be recorded. [Health and Care Standards 2.9]			
9	The practice should consider the ventilation in the decontamination room so that airflow is from clean to dirty areas to avoid cross-contamination. [WHTM 01-05 section 6.40 – 6.45]			
9	All staff involved in decontamination of instruments should have individual training records.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[WHTM 01-05 section 1.26 - 2.40]			
11	<p>Considering the omissions we found in the sample we looked at, improvements should be made to patient records, specifically by recording the following:</p> <ul style="list-style-type: none"> • Grading of x-ray images • Frequency of x-rays taken. <p>[Health and Care Standards 3.5; General Dental Council Standards 4]</p>			
Management and Leadership				
12	<p>There should be a robust system for ensuring all policies and procedures are current (i.e. using a consistent date system).</p> <p>[Health and Care Standards 7.1; General Dental Council Standards 6.6]</p>			
13	<p>Arrangements should be made for the dentists to have appraisals.</p> <p>[Health and Care Standards 7.1; General Dental Council Standards 6.61]</p>			
13	The practice should formalise quality			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>assurance arrangements, including the conduction of audits and peer review.</p> <p>[Health and Care Standards 3.3; Private Dentistry Regulations Section 14(2)]</p>			
13	<p>The practice should ensure that vaccination records are maintained for all clinical staff as evidence that they have received appropriate immunisations to protect them from blood-borne viruses.</p> <p>[General Dental Council Standards 1.5.2]</p>			
14	<p>The practice must update the complaints policy/procedure to ensure:</p> <ul style="list-style-type: none"> • All details provided are relevant for patients in Wales • References to organisations only applicable to patients in England should be removed • Details of the local health board and Community Health Council should be included. <p>[Private Dentistry (Amendment) Regulations 2011 section 15(4a); General Dental Council</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Standards 5.1.3]			
	Quality of Environment			
	-			

Practice Representative:

Name (print):

Title:

Date: