

**General Dental Practice
Inspection [Announced]
Betsi Cadwaladr University
Health Board, Iolo Jones &
Associates**

11 November 2014

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Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	7
	Patient Experience	7
	Delivery of Standards for Health Services in Wales	9
	Management and Leadership.....	11
	Quality of Environment	13
6.	Next Steps	15
	Appendix A.....	16

Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Iolo Jones & Associates Dental Practice at 28 Thomas Street, Holyhead, LL65 1RR, within the area served by Betsi Cadwaladr University Health Board, on 11 November 2014.

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

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 Wales*¹.

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

- Information held by Healthcare Inspectorate Wales (HIW)
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient medical 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
- Analysis of HIW patient questionnaires, of which we received 61 in total

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 will be 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.

Context

Iolo Jones & Associates dental practice provides services to approximately 1,900 patients on the Isle of Anglesey in the county of Anglesey, also extending to patients travelling from the Bangor and Caernarfon area of Gwynedd. The practice currently serves an equal percentage of NHS and private patients.

The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board. The staff team includes 2 dentists, 1 dental hygienist/therapist, 6 dental nurses and 1 receptionist.

A range of services are provided. These include:

- Examination, diagnosis and treatment planning (including X-rays)
- Preventative advice and treatment
- Treatment of gum disease (periodontal treatment)
- Fillings, root fillings, crowns and bridges
- Extractions (and other surgical treatments)
- Oral hygiene and treatments

Summary

HIW explored how Iolo Jones & Associates meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

We received 61 completed patient questionnaires with responses indicating a high degree of satisfaction with the service. We have recommended that the practice reviews how information, including their complaints procedure, is shared with patients and is displayed prominently within the practice. A sample of patient comments (provided here with their agreement) included the following:

“Restored my confidence in dentists! Lovely practice – lovely staff!”

“I have always received the very best of attention by staff and dentists”

“A very welcoming practice with excellent levels of care and service, especially when I bring my son (only 2 yrs old), all staff are very good with him, trying to keep him entertained and making him feel at ease in an unfamiliar environment. Couldn’t ask for more”

“I have had many problems with my teeth, they have been sorted promptly and with consideration for my feelings and nerves! Excellent treatment and service – Thank you”

“Like best friends – excellent service”.

Overall we found that care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. Record keeping by the dentists and the dental hygienist was consistently good and we observed that the surgeries were modern and well equipped. We recommended that two electrical switches, for an x-ray machine, be relocated in one of the surgeries.

The practice was well run and managed and there was evidence of strong leadership. We observed that the staff members were enthusiastic, motivated and worked well together as a team. We have recommended that the practice’s policies and procedures include reference to the relevant guidelines and legislation, where applicable.

We observed that the waiting rooms were clean, tidy and free of clutter. The number and size of these rooms was more than adequate for this small practice. Some adaptation work had been undertaken to enable people to move around the waiting areas as independently as possible. We have

recommended that a further risk assessment be undertaken in relation to accessing the steep steps to/from the staff room.

Findings

Patient Experience

Summary

The 61 patient questionnaire responses indicated a high degree of satisfaction with the service. We have recommended that the practice reviews how information, including their complaints procedure, is shared with patients are is displayed prominently within the practice.

A few days prior to the inspection HIW issued a questionnaire for the practice to distribute to patients. 61 completed questionnaires were presented to us, in sealed envelopes, on the day of the inspection. Patients' responses indicated a high degree of satisfaction with the service. Everyone answered 'yes' to questions on whether the practice team makes them feel welcome, with many patients adding other comments such as "very", "very warm welcome" or "always". All of the patients said they were given enough information about their treatment.

In addition to the yes/no questions, 31 patients included complimentary comments about the staff and services received, using words such as 'excellent', 'brilliant' and 'first rate'. Unfortunately, there were too many comments (all positive) to include in this report. However we shared these with the staff during the inspection and a sample of these has been included previously on page 3.

On the day of the inspection patients were seen promptly on arrival therefore we were only able to have a brief conversation with one patient, who was also very complimentary about the practice. This patient was seen ahead of their appointment time and 58 of the questionnaire respondents confirmed they had not experienced any delays in being seen; one patient said they had only been delayed once in eight years and the other two patients said they had only been slightly delayed. Patients were given a choice of being reminded by text message or telephone call a few days prior to their appointment, as was confirmed by staff and the patient seen during the inspection.

Nine patients did not know how to access the out of hours' service and 20 patients did not know how to make a complaint. We saw that the out of hours' telephone number was displayed in the reception window and in the patient information sheet, a stock of which was available in reception and handed out to new patients. The writing on the patient information sheet was small and, in view of the patient feedback, we recommended that the practice reviews the way in which this information is presented and displayed.

A written/pictorial notice was displayed in the waiting rooms inviting patients to make comments or complaints. There were no further instructions as to who patients should speak to or how they could go about making their comments or complaints. No complaints leaflet was available at the practice to explain these procedures.

Recommendation

Review how information is shared with patients, including the complaints procedure, and ensure that key information is displayed more prominently within the practice

We viewed the practice's complaints policies for NHS and private patients, which were consistent with the two different processes². When we viewed the complaints book we saw that this was blank; one of the dentists and a staff member confirmed that no complaints had been received in the last few years. The receptionist demonstrated good awareness of the complaints procedure should a complaint be received.

We were informed that patient surveys, to obtain patient feedback about the practice, were last issued approximately 18 months ago. We did not view the survey responses on this inspection. As there was not yet a formal process for regularly obtaining patient feedback, we suggested that the practice considers developing a system for this purpose and to document any actions taken thereafter.

We suggested that the practice, who serve a fair proportion of Welsh speaking patients, considers presenting information bilingually and in formats that may be suitable for people who have additional learning needs and/or disabilities. It is noteworthy to add that the practice had already taken some steps in this direction. For example we looked through a book, collated by the dental hygienist/therapist, for oral hygiene that contained information in various methods including written, pictures and illustrations. We felt that this was an effective method for educating children and adult patients about their oral health and treatments.

² NHS patients: 'Putting Things Right' is the arrangement for handling and responding to concerns in NHS services, as introduced by the Welsh Government in 2011.

Private patients: The Dental Complaints Services has been set up to assist private patients who wish to make a complaint.

Delivery of Standards for Health Services in Wales

Summary

Overall we found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Record keeping by the dentists and the dental hygienist was consistently good and we observed that the surgeries were modern and well equipped. We recommended that two electrical switches, for an x-ray machine, be relocated in one of the surgeries.

We looked at 15 patient records (sampling 5 from each dentist and 5 dental hygienist's records). Records were held on a computer system and backed up daily. The standard of record keeping was consistently good amongst all staff and included relevant patient histories and treatment planning. We saw that patients were being referred-on promptly if they required specialist advice and treatments. There was no documentary evidence that these appointments had been followed up by the dentists therefore we suggested that they record this information on the system once known.

Discussions with the dentists confirmed that dental instruments were being manually cleaned in individual surgery rooms, after the patient had left, before being taken to the decontamination room to be sterilised. The practice had two autoclaves (sterilising equipment) but neither of these was designed for reprocessing instruments with a lumen³ that were used at the practice. We therefore recommended a different type of autoclave for sterilising these instruments. The day after the inspection the practice forwarded us a copy of an order form as confirmation that they were purchasing a suitable autoclave.

There were no hand washing facilities in the decontamination room and this was strongly recommended⁴. We saw that planning permission had been granted to extend the ground floor to create a new decontamination room, which will include hand washing facilities. The principal dentist anticipated that this building work will commence next summer 2015.

³ Lumen is the tubular part of a dental hand piece; The Welsh Health Technical Memorandum, WHTM 01-05 provides guidance to dental practices on the types of sterilisation equipment recommended for different instruments, including hand pieces with a lumen.

⁴ In accordance with WHTM 01-05.

X-rays were processed digitally and we found that their quality was excellent. We saw maintenance checks and inspection certificates for equipment and there was evidence that health and safety checks were being complied with. On viewing staff training certificates we saw that staff members' ionising radiation training⁵ was up to date. We suggested that some documents be merged into a dedicated radiation protection file for ease of finding information. In order to fully satisfy regulations⁶ we recommended that two switches be moved in one surgery; ideally the exposure switch should be positioned closer to the door to avoid too much cable stretch and the isolation switch should be positioned outside the room.

Recommendation

Consider moving the x-ray exposure switch to avoid too much cable stretch and re-locate the isolation switch outside the surgery room

A supply of drugs was kept for emergencies⁷ and all of these were appropriately stored and within their expiry dates. We recommended that glucose was also stocked in gel format and suggested that their computer system was used to monitor medication expiry dates, rather than manually checking these from paper records.

We saw that the practice had a contract in place for the disposal of clinical and non-hazardous waste. We observed that waste was being disposed of in the correct colour bags and storage, as recommended under waste management guidelines⁸.

⁵ In accordance with their requirement under The Ionising Radiation (Medical Exposure) Regulations 2000

⁶ Ionising radiations regulations 1999

⁷ In accordance with healthcare organisations' obligation as laid out by the Resuscitation Council (UK)

⁸ Welsh Health Technical Memorandum (WHTM) 07-01 Safe management of healthcare waste

Management and Leadership

Summary

The practice was well run and managed and there was evidence of strong leadership. We observed that staff members were enthusiastic, motivated and worked well together as a team. We have recommended that the policies include reference to the relevant guidelines and legislation, where applicable.

Several staff members had been employed at the practice for many years with the most recent dentist joining the team in October 2013. The principal dentist had worked at the practice since August 2003 and took over the business in June 2012. Prior to that time the practice had been run by the same dentist for over 50 years. One of the long standing employees commented that the previous dentist was very popular but that the new owner had also continued with the excellent service.

Patient questionnaire responses indicated that many had been registered with the practice for a long time (10-30 years+) and that they were very satisfied with the current management and leadership. From discussions with staff, we found that both dentists were well respected in the practice. Staff members' working relationship was described as excellent and staff said they felt valued as members of the team.

We looked at a sample of the team meeting minutes. Meetings are held monthly and staff indicated that they appreciated the opportunity to share ideas and learn from each other. Staff were being encouraged to research different areas, recent examples included fire and confidentiality policies, and to conduct a short presentation at the following meeting. This practice was evident when we looked at a sample of the meeting notes. Staff confirmed that the principal dentist had conducted their annual appraisal recently which also identified their training plan for the year ahead.

We viewed a sample of staff files that included records of their continuous professional development and training certificates for various courses attended, including child protection, cardio pulmonary resuscitation, diagnosis, surgery and repair, in-practice professionalism and ethics. The dentists had attended meetings and conferences arranged by the Local Dental Council. We were shown an annual record of all mandatory and specialist training undertaken by and planned for each staff member.

A file of the practice's policies and procedures had been prepared for the inspectors. We viewed a sample of these and found that they provided staff with clear instructions of the action to follow and who to contact in certain

events. Where appropriate, contact details of other organisations such as the Local Authority, Local Health Board, General Dental Council and HIW, were noted. We have recommended that these policies include reference to the relevant statutory guidelines and legislation, where applicable.

Recommendation

Policies to include reference to the relevant statutory guidelines and legislation, where applicable

Quality of Environment

Summary

We observed that rooms were clean, tidy and free of clutter. The number and size of waiting rooms was more than adequate for this small practice. Some adaptation work had been undertaken externally and internally to promote people's independence. We have recommended that a further risk assessment be undertaken in relation to accessing the steep steps to/from the staff room.

The practice has been in its current location since 1998 and is within walking distance of Holyhead town centre. There was a small gate to enter the front of the building and a small step to access the front door. A path and ramp led round the building to the back door, to enable access for people in wheelchairs; we noted that there was only a handrail in a small section of this path/ramp.

There was an enclosed reception area at the front of the building with window seating for patients. There was also a separate waiting room, a surgery room and a staff and patient toilet by the back entrance on the ground floor. There were two surgery rooms and another waiting room on the first floor.

We observed that rooms were clean, well lit and ventilated and that they were tidy and free of clutter. Magazines were neatly stored in magazine racks in both waiting rooms and there was a supply of oral health information leaflets. Information was displayed in photo frames, which included the charges for private and NHS patients and a written and pictorial notice inviting patients to make comments or complaints. Considering that not all patients were aware of the out of hours' contact details and complaints procedure (as mentioned previously in the patient experience section of this report) we suggested that the practice leaflet, which included this information, was more widely displayed within the practice.

There were no facilities to keep children occupied in the waiting rooms and we suggested that this be looked into, whilst also considering cleanliness to minimise the risk of cross contamination.

The door width to the patient and staff toilet on the ground floor was wider to enable easier access for wheelchair users. Two grab rails were fixed to walls, therefore promoting independence for people with disabilities. However, if accessing this room when already inside the building, there were two standard doors and a small hallway between the back door and toilet to negotiate which could pose difficulties for people in wheelchairs.

Internally there were no handrails or other adaptations for people with disabilities. Staff confirmed that they record information about patients' specialist needs on the computer and prepare for people's appointments accordingly. We suggested however that other adaptations be considered, in accordance with the needs of patients.

We raised concerns regarding the staff room which involved negotiating narrow steep steps when there was also no handrail. At the time of the inspection two staff members were pregnant. We saw that health and safety risk assessments had already been undertaken but, because of the potential risk for all staff when accessing this room, we suggested that the risk assessment for the environment be reviewed. This should include carrying hot drinks and stock to/from this room.

Recommendation

Further risk assessments to be undertaken in relation to accessing the staff room, to include carrying hot drinks and stock

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 Iolo Jones & Associates 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: Iolo Jones & Associates

Date of Inspection: 11 November 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	Review how information is shared with patients, including the complaints procedure, and ensure that key information is displayed more prominently within the practice			
Delivery of Standards for Health Services in Wales				
9	Consider moving the x-ray exposure switch to avoid too much cable stretch and re-locate the isolation switch outside the surgery room			
Management and Leadership				

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
11	Policies to include reference to the relevant statutory guidelines and legislation, where applicable			
Quality of Environment				
13	Further risk assessments to be undertaken in relation to accessing the staff room, to include carrying hot drinks and stock			

Practice Representative:

Name (print):

Title:

Signature:

Date: