

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

24 June 2015

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## Contents

**NOTE: To update the page numbers – RIGHT CLICK – ‘UPDATE FIELD’ – ‘Update Page Numbers’**

1.	Introduction .....	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings .....	7
	Patient Experience .....	7
	Delivery of Health and Care Standards .....	9
	Management and Leadership.....	13
	Quality of Environment .....	16
6.	Next Steps.....	18
	Appendix A .....	19

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Coppersun Dental Care Ltd at 12 Grosvenor Street, Mold, Flintshire, CH7 1EJ within the area served by Betsi Cadwaladr University Health Board on 24<sup>th</sup> June 2015.

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 Standards<sup>1</sup>. 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 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. 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
- Conversations with the practice owner/principal dentist and other staff

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

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

<sup>3</sup> <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

Coppersun Dental Care provides services to between 4,000 and 5,000 patients in the Mold and surrounding area of Flintshire. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice staff team includes four dentists (including Dr. Raj Jotangia who took over as practice owner/manager in 2012 and also a dental foundation trainee), three dental nurses, one hygienist/therapist and one receptionist.

At the time of the inspection, all the dental services were provided under NHS arrangements. However private dental services, including tooth whitening and bridge work are offered. The practice refers patients to other professionals for specialist and other private dental services.

Dr Jotangia is also the owner, principal dentist and manager of Grosvenor Road Dental Practice, Colwyn Bay. However please note that this report relates only to the Coppersun Dental Care practice in Mold.

## 4. Summary

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

Overall, the patients who responded to HIW's questionnaire were satisfied with the services received.

We found that written information was limited; for example, the practice does not have a website, there were no patient information leaflets on display, some of the patients did not know how to make a complaint or how to contact the out of hours number and there was no formal system to obtain patients' feedback. Therefore we have advised the practice to improve their overall written communication and feedback methods.

Overall, the clinical facilities and decontamination procedures were good. We observed staff following safe practice guidelines during the decontamination process.

Staff informed us that they were undertaking regular audits and maintenance checks. However, in some instances, documentary evidence was not available to verify this practice. Therefore we advised that recording systems should be developed for this purpose.

The practice had the necessary equipment and medication needed in the event of an emergency. We advised the principal dentist to safely dispose of the small number of items he had kept for training purposes only. This would prevent the risk of them being accidentally used.

We saw that the standard of patient record keeping was very good and was consistent amongst all the dentists and hygienist. A method to follow up the referrals to other health professionals should be implemented.

We observed a close and respectful working relationship between staff members. We found the practice owner to be approachable and enthusiastic. However we identified a lack of robust management systems in many areas. In discussion with the practice owner, we attributed these to him having too wide a range of responsibilities, including overseeing the management of and being the principal dentist at both dental practices he owns, actively participating in dental professional meetings, mentoring students and delivering periodic training at Manchester University.

We were informed that the practice owner's attempts to recruit a practice manager had, to date, been unsuccessful. However consideration should be

given to the overall practice management and its sustainability in accordance with regulations and standards.

Overall the environment looked well maintained and was accessible to patients. There were plans to convert one of the store rooms to another surgery room and we saw that some refurbishment work was already underway. We advised the practice owner to take into consideration the further cleaning that may be required during this time, to ensure that the environment is kept dust and dirt free.



## 5. Findings

### *Patient Experience*

**Overall, the patients who responded to HIW's questionnaire were satisfied with the services received.**

**We found that written information was limited; for example, the practice does not have a website, there were no patient information leaflets on display, some of the patients did not know how to make a complaint or how to contact the out of hours number and there was no formal system to obtain patients' feedback. Therefore we have advised the practice to improve their overall written communication and feedback methods.**

We received 25 completed HIW patient questionnaires at the start of the inspection and spoke with another 3 patients during our visit. All of the patients were satisfied with the services provided, confirmed they were made to feel welcome by staff and received enough information about their treatment. A sample of the additional comments, which were all complimentary, included:

*"After avoiding the dentist for 8 years, this practice has totally turned my dental experience around ... Thank you".*

*"I have always felt the surgery to be most helpful. Receptionist is excellent. Service is very good".*

*"The receptionist is very nice, also my dental surgeon Raj and hygienist."*

16 of the patients did not know how to make a complaint, four of the patients added they never had reason to or would speak to staff. 12 patients did not know to access the out of hours number for emergency dental treatment, three of whom indicated they had not needed to use this service. We saw that this information was clearly displayed on a noticeboard in the ground floor waiting room and that the out of hours number was also displayed on entry to the premises.

Patient information leaflets were not on display but, upon our request, we were provided with a printed copy. The leaflet contained key information about the practice, including how to comment about the service if dissatisfied and the out of hours contact details. We were informed that the practice does not currently have a website, although this is something that the practice owner had previously explored and was still considering. One of the patients said they

receive a text message to remind them of their appointment, which they appreciated. The receptionist confirmed that this service is used for all patients who have provided their mobile telephone numbers.

When looking through various policies and procedures we saw that the practice had a patient questionnaire form, which asked their views about several aspects of the service. We saw three completed questionnaires after the patients' first visit and all of them scored the service as 'excellent'. However none of these questionnaires had been dated and there was no evidence that patients had been provided with further opportunities to feed back about the service. When we spoke with the practice owner we found that he had not yet established a formal patient evaluation system since taking the practice over in 2012.

***Improvement needed***

***We advised the practice to enhance the written communication available to patients and to consider different formats in accordance with patients' communication needs and language.***

***A system should be developed to enable patients to feed back their views about the service, the findings of which should be used to influence or drive changes to the service provision.***

## *Delivery of Health and Care Standards*

**We found that, overall, the clinical facilities and decontamination procedures were good. We observed staff following safe practice guidelines during the decontamination process.**

**Staff informed us that they were undertaking regular audits and maintenance checks. However, in some instances, documentary evidence was not available to verify this practice. Therefore we advised that recording systems should be developed for this purpose.**

**The practice had the necessary equipment and medication needed in the event of an emergency. We advised the principal dentist to safely dispose of the small number of items he had kept for training purposes only. This would prevent the risk of them being accidentally used.**

**We saw that the standard of patient record keeping was very good and was consistent amongst all the dentists and hygienist. A method to follow up the referrals to other health professionals should be implemented.**

### Radiographic Equipment and Documentation

There were two radiographic (x-ray) machines in the practice; these were situated in the ground floor surgery rooms. We viewed documentation and found that the systems in place for their use and maintenance were satisfactory. The radiographic documents presented to us were filed amongst other policy and procedure information, therefore we suggested that a separate radiation protection file be created which could include relevant correspondence, audits, maintenance checks and The Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) training certificates. This would assist when locating and monitoring relevant radiographic information.

While the practice owner informed us that there were plans in place to undertake regular audits of x-ray image quality there was no evidence that this had yet commenced.

### ***Improvement needed***

***The radiographic and radiation procedures must include the provision for clinical audits, in accordance with IR(ME)R.***

Radiographic and radiation protection training had been undertaken by all the dentists within the last five years. We saw the certificates for two of the dentists and the other dentist completed IR(ME)R training as part of the vocational

training programme during 2011. We were informed that the dentist concerned was due to undertake IR(ME)R training again in 2016 and that a copy of the training certificate would be made available at the practice for inspection purposes, as required under regulations.

#### Equipment and Medication for emergency purposes

The practice had a stock of emergency equipment and medication for use if needed in an emergency. We saw that the medications stored in the main emergency medication box were within expiry date and that a chart of their expiry dates was being maintained. However there was no documentary evidence to demonstrate that the emergency medication and equipment were being regularly checked as required by national guidelines.

#### ***Improvement needed***

***We advised the practice to develop a system to document the weekly monitoring checks undertaken for emergency equipment and medication, in line with the Resuscitation Council (UK) guidelines. This should include the airways management items.***

Glucose was not available in gel format therefore we advised the practice to obtain this for emergency purposes, to be used in the event of a person being unable to swallow the glucose tablets.

#### ***Improvement needed***

***Glucose should also be obtained in gel format, as recommended in the dental section of the British National Formulary.***

We found that the surgery had a small supply of additional emergency items elsewhere, including an epi pen (for use by someone experiencing a severe allergic reaction) and glucagon injection, and that the dates on these had expired. The practice owner explained that as Coppersun is also a training practice, these items were being kept for training purpose but stored away from the main medication box.

#### ***Improvement needed***

***We have advised the practice to safely dispose of all expired medications to prevent the potential of them being accidentally used in the event of an emergency.***

### Handling, storage and disposal of hazardous and non-hazardous waste

We saw that clinical waste was being disposed of in the appropriately coloured bags and that these were kept in a secure location until collected. There were contracts in place for the collection of hazardous and non-hazardous waste.

Dental treatment chairs were fitted with amalgam separators, in line with health care waste guidelines.

### Decontamination procedures and clinical facilities

We found that, overall, the clinical facilities at the practice were good. The surgery rooms were clean and the equipment and instruments looked in good condition. The practice had a dedicated decontamination room for cleaning and sterilising instruments; the infection control policies and procedures appropriately referred to safe working practices when decontaminating instruments. We observed the decontamination process taking place during our visit and we saw staff wearing disposable protective equipment and following safe working practices during this time.

We saw documentary evidence of the periodic compressor services, that is, for the unit which supplies the compressed air used for dental procedures. Staff also informed us that regular checks were being undertaken and the compressor was being drained on a daily basis. However there was no documentary evidence of these daily checks and we therefore advised the practice to implement a system for this purpose.

### ***Improvement needed***

***A recording system to document the daily and weekly compressor checks and maintenance should be implemented. This should include the initials or signature of the staff member who completed these tasks.***

We saw that a decontamination audit had been undertaken earlier in 2015, utilising the recommended specific audit tool provided by the Wales Deanery, Cardiff University.

We advised that the practice considers a sealed floor to wall covering as part of the practice's ongoing refurbishment programme. This would assist to keep the floor edges clean and prevent dust becoming ingrained in these areas.

### Patient Records

We looked at a total of 18 records, sampling 5 random records per dentist and 3 records for the therapist/hygienist who was present during the inspection.

Overall, the quality of record keeping was very good. Records clearly documented the patients' social and medical history, the patients' consent to treatment and details about the treatments provided. From the sample of medical history forms seen, we saw that the patients had signed these and that the dentists transferred the information onto the computer system. However these medical history forms had not been countersigned by the dentist, which we advised they started in line with best practice.

Patients were being referred for specialist advice and treatment. However there was no formal method of following these up.

***Improvement needed***

***We advised the practice to implement a method to follow up any referrals made to other organisations and health professionals. This will assist towards ensuring that patients' referrals are acted upon.***

## *Management and Leadership*

**We observed a close and respectful working relationship between staff members. We found the practice owner to be approachable and enthusiastic. However we identified a lack of robust management systems in many areas. In discussion with the practice owner, we attributed these to him having too wide a range of responsibilities, including overseeing the management of and being the principal dentist at his two dental practices, actively participating in dental professional meetings, mentoring students and delivering periodic training at Manchester University.**

**We were informed that the practice owner's attempts to recruit a practice manager had, to date, been unsuccessful. However consideration should be given to the overall practice management and its sustainability in accordance with regulations and standards.**

We were informed that Coppersun dental practice has been in existence for over 70 years. Dr. Raj Jotangia commenced employment during 2009 and took over the ownership in 2012, when the previous owner retired after approximately 35 years of service. Dr. Jotangia is currently the principal dentist and practice manager. He also owns another dental practice in Colwyn Bay where he works part of the week and is also a dental trainer, periodically delivering training at Manchester University and a member of local and national dental organisations.

We were presented with various folders containing policies and procedures. There was evidence that some of these had been developed or reviewed recently, from April to June 2015, some of which had been dated and signed as read by staff. The principal dentist informed us that they had worked hard to prepare for our inspection. Also that he had attempted to recruit a part time practice manager to assist with the day to day running and management of the practice. However he had not succeeded in finding a suitable candidate as yet.

We looked at staff records, which included certificates for various training courses attended in the last few months and years. We also checked professional registration certificates (which were all within appropriate dates), immunisation records, indemnity cover and disclosure and barring service checks for the dentists which had been issued in the last three years, as required under private dentistry regulations.

One of the dental nurses had commenced in post approximately one month prior to our inspection. There was no staff file for this person but the principal

dentist informed us that the relevant recruitment checks had been obtained. However, on the day of the inspection the recruitment information could not be located as this process had been undertaken by the associate dentist, who was not present at the time of the inspection.

The practice owner informed us that all the other staff had been recruited before he took over the business and therefore no recruitment checks were currently available at the practice. Whereas it is not mandatory for practice staff to have disclosure and barring checks, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment.

***Improvement needed***

***In line with adults and children safeguarding guidelines, we advised the principal dentist to consider obtaining periodic employment checks via the disclosure and barring service (DBS) for all the staff employed at the practice.***

***Documentary evidence of the recruitment checks obtained prior to new staff commencing in post should be readily available.***

We were shown a sample of an annual appraisal document which would effectively enable the dentist and staff to identify their progress within the last 12 months and their goals and personal development plan for the following 12 months. We saw that the last appraisals were undertaken during 2013. The practice owner explained that he would be conducting staff appraisals again during 2015.

***Improvement needed***

***Staff members should be provided with appraisals and a personal development plan on an annual basis.***

Staff informed us that team meetings, which they referred to as clinical governance meetings, were held every 4-6 weeks. The notes of these meetings were handwritten and we saw that some of these had not been dated and that the notes were very brief or in short bullet-type form. The notes we saw were insufficient to demonstrate learning and development from discussions.

***Improvement needed***

***We recommended that the note taking of team meetings is improved to ensure that the minutes contain sufficient information and, where appropriate, demonstrates learning and development from discussions.***



We considered the complaints policy and procedures and found that these were in line with the NHS 'Putting Things Right' arrangements. We saw that a small number of complaints were received during 2013; these had been promptly acknowledged and/or addressed. The receptionist and dentist informed us that they hardly receive any comments or complaints and that if patients express any dissatisfaction these are immediately resolved, thereby preventing matters from escalating. We suggested that a log of informal comments/concerns be maintained so that any emerging or common themes can be identified and, if possible, steps taken to mitigate these.

The number of recommendations identified during this inspection was mostly in relation to the overall management of the service. The practice owner had a wide range of roles and responsibilities and was extremely busy. Therefore 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. The expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

***Improvement needed***

***Further consideration should be given to the overall management and leadership of the service, to ensure that the practice is sustainable and can operate in accordance with regulations and standards.***

## ***Quality of Environment***

**Overall the environment looked well maintained and was accessible to patients. There were plans to convert one of the store rooms to another surgery room and we saw that some refurbishment work was already underway. We advised the practice owner to take into consideration the further cleaning that may be required during this time, to ensure that the environment is kept dust and dirt free.**

Coppersun Dental Care is located within walking distance of Mold town centre. The premises are situated on a main road and there are public car parks and on-street parking nearby.

There are two steps to enter the premises and we saw that the practice had a ramp available to enable wheelchair access. A couple of small hand rails had been fitted by the steps on entry to the practice.

Two of the surgery rooms are on the ground floor, which also comprises of the reception area, a waiting room and staff room. On the first floor there is a surgery, another waiting room, two toilets, one for patients and the other for staff, a small office space and a room that is currently used for storage purposes which the practice owner was planning to convert to an additional surgery room. As there is no passenger lift we suggested that additional information is added to the 'facilities' section of the patient information leaflet, to notify patients that the toilet is located on the first floor and therefore may not be accessible to people with restricted mobility.

Overall, we saw that the building looked well maintained. The practice owner informed us that he was in the process of archiving records and rearranging storage areas within the premises. Some of the storage areas contained records in boxes for archiving and items waiting to be moved to other areas. We saw that the computer equipment in the small office area was lightly covered in dust and, because of the general clutter in these areas, there was a higher potential for dirt or dust to accumulate.

### ***Improvement needed***

***The cleaning schedule needs to be considered during ongoing refurbishment and redecoration work, to ensure that surfaces are cleaned and kept dust free at all times.***

The areas accessed by patients were clean and free of clutter. These areas, including the carpets and general décor, looked well maintained, were clean and bright.

An in-built cupboard in one of the waiting area was full of dental training literature and folders. This cupboard was not locked and potentially therefore there was a risk of injury to patients if the heavier books fell out. The practice owner therefore agreed to fit a lock on the cupboard for additional safety.

## 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 Coppersun Dental Care 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: Coppersun Dental Care, 12 Grosvenor Street, Mold**

**Date of Inspection: 24 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
8	<p><i>We advised the practice to enhance the written communication available to patients and to consider different formats in accordance with patients' communication needs and language.</i></p> <p><i>A system should be developed to enable patients to feed back their views about the service, the findings of which should be used to influence or drive changes to the service provision.</i></p>	<p>Printed updated practice leaflets to be left in waiting room.</p> <p>Comments box placed in hallway where patients post their comments anonymously. Box to be checked weekly.</p> <p>Periodic questionnaire handed out every 6/12.</p>	Laura Feely	1 month

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 3.2, 4.2 and 6.3]			
<b>Delivery of Health and Care Standards</b>				
9	<b><i>The radiographic and radiation procedures must include the provision for clinical audits, in accordance with IRMER.</i></b> [Health and Care Standard 2.9]	Clinic audit every 6/12. 50 x-rays checked for each performer. Re-audit 6/12.	Laura Feely	3 months
10	<b><i>We advised the practice to develop a system to document the weekly monitoring checks undertaken for emergency equipment and medication, in line with the Resuscitation Council (UK) guidelines. This should include the airways management items.</i></b> [Health and Care Standards 2.6 and 2.9]	Laminated sheet behind reception (alongside emergency drugs expiry dates).	Hannah Grindley	1/52
10	<b><i>Glucose should also be obtained in gel format, as recommended in the dental section of the British National Formulary.</i></b> [Health and Care Standard 2.6]	Purchased in emergency drug kit.	Raj Jotangia	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10	<p><b><i>We have advised the practice to safely dispose of all expired medications to prevent the potential of them being accidentally used in the event of an emergency.</i></b></p> <p>[Health and Care Standard 2.6]</p>	Epipen and glucagon pen taken to local pharmacy for safe disposal.	Hannah Grindley	1/52
11	<p><b><i>A recording system to document the daily and weekly compressor checks and maintenance should be implemented. This should include the initials or signature of the staff member who completed these tasks.</i></b></p> <p>[Health and Care Standard 2.9]</p>	Printed chart placed on wall safe from machinery. Filled in on a daily basis.	Hannah Grindley	Done
12	<p><b><i>We advised the practice to implement a method to follow up any referrals made to other organisations and health professionals. This will assist towards ensuring that patients' referrals are acted upon.</i></b></p> <p>[Health and Care Standard 3.5]</p>	Column added to existing referral list form. Column ticked when checked weekly.	Hannah Grindley	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Management and Leadership</b>			
14	<p><b><i>In line with adults and children safeguarding guidelines, we advised the principal dentist to consider obtaining periodic employment checks via the disclosure and barring service (DBS) for all the staff employed at the practice.</i></b></p> <p><b><i>Documentary evidence of the recruitment checks obtained prior to new staff commencing in post should be readily available.</i></b></p> <p>[Health and Care Standard 7.1]</p>	<p>Have requested CRB forms from HIW for all staff including hygienist.</p> <p>Checklist for all new staff to be formed –</p> <ul style="list-style-type: none"> <li>- CRB</li> <li>- References x 2</li> </ul>	Laura Feely	1/12
14	<p><b><i>Staff members should be provided with appraisals and a personal development plan on an annual basis.</i></b></p> <p>[Health and Care Standard 7.1]</p>	Designated time in daybook for appraisals to be done.	Raj Jotangia	Done
14	<p><b><i>We recommended that the note taking of team meetings is improved to ensure that the minutes contain sufficient information and, where appropriate, demonstrates</i></b></p>	More formalised approach to minute taking.	Laura Feely	Done



Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>learning and development from discussions.</i></p> <p>[Health and Care Standard 7.1]</p>			
15	<p><b><i>Further consideration should be given to the overall management and leadership of the service, to ensure that the practice is sustainable and can operate in accordance with regulations and standards.</i></b></p> <p>[Health and Care Standards – Governance, Leadership and Accountability]</p>	Practice manager appointed – start date to be confirmed.	Raj Jotangia	1/52
<b>Quality of Environment</b>				
16	<p><b><i>The cleaning schedule needs to be considered during ongoing refurbishment and redecoration work, to ensure that surfaces are cleaned and kept dust free at all times.</i></b></p> <p>[Health and Care Standard 2.1]</p>	Formalised cleaning rota highlighting areas and correct method to clean materials etc.	Hannah Grindley	Done

**Practice Representative:**

**Name (print):** .....Rajesh Jotangia .....

**Title:** ..... Dr. ....

**Date:** .....03/08/15.....