

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board, My Dentist
Prestatyn

19 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to My Dentist Prestatyn at 37 High Street, Prestatyn within the area served by Betsi Cadwaladr University Health Board on 19 August 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 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

My Dentist Prestatyn provides services to patients in the Prestatyn area of Denbighshire. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice is owned by Integrated Dental Holdings Limited (IDH) who also own a significant number of other dental practices across the United Kingdom.

My Dentist Prestatyn is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes six dentists, one hygienist, one dental therapist and ten dental nurses (including two trainees). At the time of inspection, one of the dentists was due to leave the practice therefore they were not included as part of this inspection.

A range of general dental services are provided.

4. Summary

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

Patient feedback to HIW questionnaires was positive. All 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 enabled them to continually assess the quality of the service provided. We recommended that the practice should provide further health promotion information to patients to support them in taking responsibility for their health.

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.

We identified concerns regarding the radiographic equipment and training at the practice as the controlled areas had not been identified, there was no evidence of recent servicing of the radiographic equipment and we could not determine if one dentist had completed the required training in ionising radiation. As a result, 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, but we found that some updates were needed. Through observations on the day of inspection, we saw the practice being efficiently run and staff worked effectively together as a team. We recommended that the complaints procedure be updated to ensure this complies with both the NHS arrangements known as 'Putting Things Right' and Private Dentistry Regulations.

We found the practice was visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is not suitable for wheelchair users or patients with mobility difficulties. We identified a potential obstruction to the stairs leading to a fire exit and we recommended the practice seek advice on this.

5. Findings

Patient Experience

Patient feedback to HIW questionnaires was positive. All 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 enabled them to continually assess the quality of the service provided. We recommended that the practice should provide further health promotion information to patients to support them in taking responsibility for their health.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Twenty patient questionnaires were completed prior to the date of inspection. Overall, patient feedback was positive. All 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. The practice is owned by Integrated Dental Holdings Limited (IDH) who also own a significant number of other dental practices across the United Kingdom.

All patients said they received enough information about their treatment. We found that half of patients said they knew how to access out of hours dental services, but the other half of patients said they did not. We confirmed that there was a contact number provided on the practice's answer phone message and included in patient information leaflets, but this was not displayed outside the practice. Given the comments from patients, the practice is advised to ensure the emergency contact arrangements are displayed more visibly.

There was a flexible appointment system in place enabling appointments to be booked both in advance and on an emergency basis. The practice had information leaflets available in the reception area and we were told that further updated copies were expected to be delivered.

We found there was minimal health promotion information displayed in the reception/waiting areas. We advised the practice to consider providing further health promotion information, such as information on how patients could improve their oral health. This is because under 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 patient feedback. The Health and Care Standards state that patients 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 by regularly giving out patient questionnaires and through conducting text messaging surveys of patients. We were told that results would be reviewed by the practice manager and addressed as appropriate.

When we asked about the complaints process in our questionnaires, 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 from patients, the practice should consider how information regarding complaints could be made more visible.

Delivery of Health and Care Standards

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.

We identified concerns regarding the radiographic equipment and training at the practice as the controlled areas had not been identified, there was no evidence of recent servicing of the radiographic equipment and we could not determine if one dentist had completed the required training in ionising radiation. As a result, 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 eight 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 the seals between the floor and wall in one surgery had come away and needed to be re-sealed to allow for effective cleaning.

Improvement needed

The practice should address the areas in one surgery, where the sealant between the floor and wall had come away, to enable effective cleaning.

We saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use. We also looked at the checks conducted on the machine that provides compressed air to the surgeries (compressor) and found this had been serviced. However, there was no evidence of daily/regular checks being performed in accordance with the manufacturer's guidelines.

Improvement needed

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

Decontamination of instruments

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We found 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.

We looked at the ventilation arrangements in the decontamination room and found that the extractor 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. We advised the practice to consider improving these ventilation arrangements.

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 training being conducted within the practice for new staff.

Improvement needed

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

The practice had conducted an infection control audit in July 2015, 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. We found the following areas of potential safety concerns:

- There was no evidence of recent maintenance and testing on the radiographic equipment in all eight surgeries to ensure it was safe for use
- Controlled areas for radiation were not identified
- 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.

As a result of the above, we issued an immediate assurance letter to the practice requesting urgent action be taken to address this (details of this and the practice's response can be found in Appendix A).

We also found that quality assurance audits, to help ensure the quality of the images taken had not been recently conducted.

Improvement needed

Quality assurance audits for x-ray images should be regularly conducted to help ensure the quality of the images taken.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

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 saw evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies and there was an appointed first aider. This meant that in the event of a patient collapsing, staff had the necessary training and access to life saving equipment and drugs to respond promptly.

Patient records

We looked in detail at a total of twenty patient records across five dentists, the hygienist and therapist. 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 one case 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.

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.***

We looked at the arrangements for recording and following up patient referrals and found that there was no logbook to record this information. We advised the practice to create a logbook or system so that patient referrals can be easily followed up to ensure they have not been missed.

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 being efficiently run and staff worked effectively together as a team. We recommended that the complaints procedure be updated to ensure this complies with both the NHS arrangements known as ‘Putting Things Right’ and Private Dentistry Regulations.

The practice is owned by a corporate provider known as IDH Group. All IDH dental practices are currently going through re-branding to become ‘My Dentist’. An experienced practice manager was responsible for 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. In particular, we observed the reception staff helping to put patients at ease by talking patients through the process of treatment. Staff told us they were happy in their roles and with working together as a practice team.

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. Some policies had review dates that had expired and others were missing dates. For example, the infection control policy had a version date of August 2013 and a review date of August 2014, but there was no evidence found to show that this had been recently updated. We also noticed the infection control policy referenced guidelines applicable in England, rather than the Welsh specific WHTM 01-05 guidelines. We were told that the company were in the process of reviewing all their policies and this would be addressed.

Improvement needed

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

We looked at the arrangements within the policies for the protection of patient’s privacy, dignity and confidentiality and found that details about how patient’s dignity would be protected were missing. We also looked at the health and safety risk assessments completed at the practice and found these had not been reviewed for several years.

Improvement needed

Arrangements for the protection of patient's dignity should be detailed in a policy.

The practice must ensure that health and safety risk assessments are reviewed on a regular basis and updated as required to ensure the safety of staff and patients at the practice.

We were told that staff meetings were conducted monthly and brief catch-up meetings were held each week. We saw meeting notes from May and June 2015 which provided sufficient detail about discussions. We were told that staff are encouraged to raise any concerns during these meetings.

We were told that all new staff had a mandatory induction programme as part of company policy and staff had six monthly interim and annual appraisals conducted by the practice manager. We were also told that dentists had appraisals conducted by the area clinical advisor.

We looked at the clinical governance arrangements in place at the practice. We found evidence that audits were conducted at the practice and dentists had regular discussions together about clinical topics/issues to help ensure the quality of the care provided. We advised the practice to ensure that clearer records of the audits and outcomes (including learning and any changes needed to practice) were provided.

We saw examples of training (also known as continuing professional development, or CPD) completed by staff at the practice, which showed that staff had access to education and training opportunities relevant to their role. We also found that staff had received recent training in both adult and child protection.

We found that the dentists registered with HIW to provide private dentistry, needed to update their certificates with the new practice name. 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 (other than dentists), we were told that all new staff had a DBS check in accordance with company policy.

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 clinical staff had received appropriate vaccinations to protect them against 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 advised the practice to use a summary sheet for paper complaint records, so that the status and details of complaints could be reviewed easily. 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'. However, the timescales for responding to complaints did not comply with the regulations for private dentistry (should be 10 days rather than 30 days). The complaints policy was also missing the contact details for HIW and the local health board, who patients could contact in the event they had a complaint and the Community Health Council, who could provide patients with advocacy support. We noticed that the complaints poster, displayed in the waiting area, stated that details of the Community Health Council and health board were available at reception, but we found this information was not available. The poster also included a misleading reference to 'Public Services Ombudsman regulations' and we advised this be clarified or removed.

Improvement needed

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

- ***Timescales for responding to complaints are comply with the regulations for private dentistry***
- ***Contact details for HIW, the local health board and Community Health Council should be included***
- ***Misleading references to the 'Public Services Ombudsman regulations' on the complaints poster should be removed.***

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 not suitable for wheelchair users or patients with mobility difficulties. We identified a potential obstruction to the stairs leading to a fire exit and we recommended the practice seek advice on this.

The practice is located in the town centre of Prestatyn, on the first floor. There is no dedicated patient car parking available, but there is public car parking close to the practice.

Access to the practice is not suitable for wheelchair users or patients with mobility difficulties, as the only access to the practice is via a flight of stairs and no lift is available. We were told that new patients are made aware of this and arrangements could be made for them to be seen at another practice nearby.

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. However, we noticed the practice was sometimes uncomfortably warm with limited ventilation and we advised the practice to consider whether improvements could be made to this to provide a more comfortable environment for patients and staff. The waiting and reception areas were suitable sizes for the number of surgeries.

The practice had two patient toilets and two staff toilets. All toilets were visibly clean and had suitable hand washing facilities for infection control. There were staff facilities for changing and making refreshments.

There was a sign outside the practice with the names and qualifications of the dentists but this would need to be updated to remove the dentist who was leaving. Price lists for private and NHS treatments were displayed in the reception/waiting areas.

The fire exits were signposted and fire extinguishers had been appropriately inspected. We noticed that one of the fire exits was signposted down a flight of stairs near to the waiting area. However, the flight of stairs included a half height gate which was locked with a latch. We were concerned that while this may prevent young children falling down the stairs, this was causing an obstruction to the fire exit.

Improvement needed

The practice must seek guidance from a fire safety expert regarding the half height gate potentially obstructing the fire exit.

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 the My Dentist Prestatyn 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: My Dentist Prestatyn

Date of Inspection: 19 August 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>IMMEDIATE ASSURANCE IMPROVEMENTS</p> <p><u>Finding</u></p> <p>On the day of inspection, we found that there was no identification of the controlled areas (as defined within the Ionising Radiations Regulations [1999]) for radiation in any of the eight surgeries. Specifically, this was not stated in the radiation protection file and local rules for radiographic equipment.</p> <p><u>Immediate Assurance Requirement</u></p> <p>The practice must ensure its radiation protection file and local rules identify the controlled area in each surgery where radiographic equipment is used.</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Health and Care Standards, Standard 2.1: The Private Dentistry (Wales) Regulations (2008), regulation 14(2)			
	<p><u>Finding</u></p> <p>On the day of inspection, we found there was no evidence that radiographic equipment in the eight surgeries had been recently serviced.</p> <p><u>Immediate Assurance Requirement</u></p> <p>The practice must ensure that all radiographic equipment at the practice is serviced to ensure it is safe for use and ensure that written certification is available for inspection by HIW.</p> <p>Health and Care Standards, Standard 2.9;The Private Dentistry (Wales) Regulations (2008), regulation 14(3)(b)</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>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<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>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.</p>				
<p>Patient Experience</p>				
7	<p>The practice should provide further health promotion information to patients.</p> <p>[Health and Care Standards 1.1]</p>			
<p>Delivery of Health and Care Standards</p>				
8	<p>The practice should address the areas in one surgery, where the sealant between the floor and wall had come away, to enable effective cleaning.</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[WHTM 01-05 sections 6.46-6.50]			
8	<p>Regular checks of the compressor machine (in accordance with the manufacturer's guidelines) should be performed and recorded.</p> <p>[Health and Care Standards 2.9]</p>			
9	<p>The practice should consider the ventilation in the decontamination room so that airflow is from clean to dirty areas to avoid cross-contamination.</p> <p>[WHTM 01-05 section 6.40 – 6.45]</p>			
9	<p>All staff involved in decontamination of instruments should have individual training records.</p> <p>[WHTM 01-05 section 1.26 - 2.4o]</p>			
10	<p>Quality assurance audits for x-ray images should be regularly conducted to help ensure the quality of the images taken.</p> <p>[Ionising Radiation (Medical Exposure) Regulations 2000]</p>			
11	<p>Considering the omissions we found in the sample we looked at, improvements should</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>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) and reviewed regularly.</p> <p>[Health and Care Standards 7.1; General Dental Council Standards 6.6]</p>			
13	<p>Arrangements for the protection of patient's dignity should be included within the practice's policies.</p> <p>The practice must ensure that health and safety risk assessments are reviewed on a regular basis and updated as required to ensure the safety of staff and patients at the practice.</p> <p>[Health and Care Standards 2.1 and 7.1;</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	General Dental Council Standards 6.6]			
14	<p>The practice must update the complaints policy/procedure to ensure:</p> <ul style="list-style-type: none"> • Timescales for responding to complaints are compliant with the Private Dentistry Regulations • Contact details for HIW, the local health board and Community Health Council should be included • Misleading references to the 'Public Services Ombudsman Regulations' on the complaints poster should be removed. <p>[Private Dentistry (Amendment) Regulations 2011 section 15(4a); General Dental Council Standards 5.1.3]</p>			
Quality of Environment				
16	<p>The practice must seek guidance from a fire safety expert regarding the half height gate potentially obstructing the fire exit.</p> <p>[Health and Care Standards 2.1]</p>			

Practice Representative:

Name (print):

Title:

Date: