

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Benllech Dental Surgery

25 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Benllech Dental Surgery at Bangor Road, Benllech, Anglesey, LL74 8TG within the area served by Betsi Cadwaladr University Health Board on 25th 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

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>

- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Benllech Dental Surgery provides services to approximately 5,000 patients in the Benllech and surrounding area of Anglesey. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

The practice currently provides dental services for patients under NHS arrangements. However, one dentist also offers a tooth whitening service which patients can pay privately for.

The practice staff team includes three dentists (including a new part-time dentist who took over the practice in April 2015), four dental nurses (which includes two trainee nurses) and a practice manager/receptionist.

A range of services are provided. These include:

- Examinations, diagnosis and preventative care
- X-rays
- Scale and polish
- Fillings
- Root canal
- Extractions
- Crowns and bridges

4. Summary

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

HIW received 17 completed patient questionnaires during the inspection. Patients were unanimous in terms of receiving enough information about their treatment, being satisfied with the services and being made to feel welcome by staff. We saw that written information about the practice was easily accessible and available for patients.

Overall, we saw that there were satisfactory systems and procedures in place, ensuring that patient treatment was underpinned by compliance to relevant regulations and guidelines. The new practice owner had already improved some of the clinical facilities within the premises. We advised the practice on how they could improve their systems further in some areas, which should assist them with monitoring or auditing purposes. We have also suggested a couple of alternative dental instruments that could be considered.

The standard of patient record keeping was generally good. A new computer system was being installed, with a go live date anticipated during September 2015.

The ownership of Benllech Dental Surgery changed hands during April 2015. The new practice owner/dentist was still in the process of developing and/or reviewing systems, policies and procedures. We found that he and the practice manager were helpful and enthusiastic about improving and raising standards where possible. Overall, the practice was being effectively managed and the staff team had a clear sense of their roles and responsibilities. We have recommended a few improvements regarding staff learning opportunities and recruitment checks.

We saw that the practice was accessible, well maintained and, overall, suitable for purpose. However we have advised the practice owner to look into whether the toilet facilities and accessibility for patients with restricted mobility could be improved further at the entrance.

5. Findings

Patient Experience

HIW received 17 completed patient questionnaires during the morning of the inspection. Patients unanimously said that they were given enough information about their treatment, that they were satisfied with the services received and were made to feel welcome by staff. We saw that written information about the practice was easily accessible and available for patients.

The additional comments we received from patients were all positive. A sample of these have been included below:

“Staff have delivered prescription to chemist on my behalf which saved me making a special journey into Benllech. This is greatly appreciated”.

“I have a fear of dentists and all the staff make me feel calm and safe and reassure me every time I come, whether it’s a check up or work being done. Fantastic practice”.

“Lovely practice, mix of Welsh and English speaking staff, which although I don’t speak Welsh, it’s nice to see/hear”.

One of the patients suggested that staff could offer them their teeth polished and inform them about the cost for this service. The practice owner and manager informed us that this service is now offered to patients. We also saw a notice attached on the reception desk regarding this, which included the cost.

Five of the patients had experienced delays in being seen on the day of their appointment. However they added comments to indicate that these delays were not causing them any inconvenience, being either rare or minimal.

Ten patients did not know how to make a complaint, although three patients added they had never needed to do so, or doubted they would ever need to do so or would speak to staff. We saw that the practice had a notice inviting patients to comment about the service and referring to the complaints procedure. We saw that the NHS ‘Putting Things Right’ (regarding the complaints process for NHS services) notice and leaflets were displayed in the waiting area.

Patients had access to a Welsh and English version of the patient information leaflet, including details about the opening hours, contact details (including out of hours), charges for NHS services and complaints procedures.

We were informed that questionnaires had been distributed to patients by the previous owner during November 2014. As the practice had since changed hands these were not available for us to look at. However, the new practice owner showed us a questionnaire that he said will be regularly distributed to patients to obtain their feedback about the overall services. We reminded the practice owner and manager that, where possible, they should be able to demonstrate that patient feedback is acted upon and used to influence changes to the service delivery.

Delivery of Health and Care Standards

Overall, we saw that there were satisfactory systems and procedures in place, ensuring that patient treatment was underpinned by compliance to relevant regulations and guidelines. The new practice owner had already improved some of the clinical facilities within the premises. We advised the practice on how they could improve their systems further in some areas, which should assist them with monitoring or auditing purposes. We have also suggested a couple of alternative dental instruments that could be considered.

The standard of patient record keeping was generally good. A new computer system was in the process of being installed, with a go live date anticipated during September 2015.

We were informed that the previous practice owner had removed all of the policies previously in place. Therefore a new set of policies had been implemented since April 2015 and we looked at a sample of these.

There was no documentary evidence that the Health and Safety Executive (HSE) had provided authorisation for the use and processing of X-rays at the practice. This is a legal requirement under The Ionising Radiations Regulations 1999. Therefore, in accordance with our immediate assurance process, HIW requested that immediate action was taken to expedite this. Subsequently, and later on the same day, HIW was copied into an email from the practice to the HSE and also received a copy of the letter that had been submitted to the HSE by the previous provider in 2009.

We saw documentary evidence of training in line with The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 for one of the dentists. We were informed that training had been completed by the two other dentists, one of whom was yet to commence dental treatments at the practice. Following the inspection we were provided with documentary evidence of the IRMER training completed by the second dentist who works at the practice. We advised the practice to ensure that copies of the IRMER training certificates are made available at the practice in future, as required under regulations.

Improvement needed

We advised the practice to retain copies of all correspondence and relevant radiography and radiation protection (including The Ionising Radiation (Medical Exposure) Regulations 2000 training certificates in the radiation protection file. This should assist the practice to locate relevant information and to monitor compliance with regulations.

There was no evidence that the image quality of radiographs (X-rays) had recently been audited. Therefore, we advised the practice to implement regular auditing and quality improvement procedures for this purpose.

Improvement needed

A system for the regular auditing of radiograph images should be implemented. We would suggest that the practice refers to The NHS Wales 'Quality Improvement Guide for Dental Teams'⁴, which provides guidance and links improvement tools, including the Wales Deanery cookbook for clinical audits.

During the morning of our inspection we identified that the practice did not have all the medication required in the event of emergencies. Following our discussions, the practice owner and manager obtained a copy of all the medication required at dental practices and subsequently submitted an order for these. We were provided with a copy of the order form later that day as evidence.

Improvement needed

A system should be implemented to ensure that the practice has a stock of the medication required in the event of an emergency and that these are replaced in accordance with their expiry dates.

We advised the practice to include the needles and airway packaging in these checks and to maintain a daily log of the oxygen equipment.

We found that the new practice owner/dentist was proactive in moving towards best practice. For example a new designated decontamination room had been created, a new x-ray digital processing system was being acquired and some of the surgery equipment had already been replaced. We saw that the surgery rooms were well stocked with dental instruments. However the 3 in 1 syringe tips used by the dentists were the reusable type, whereas, for infection control purposes, disposable tips are recommended. We found that the practice did not

⁴ www.1000livesplus.wales.nhs.uk

have a needle re-sheathing device and one of the dentists informed us that he was manually removing needles, which could increase the risk of sharps injury.

Improvement needed

The practice should consider using disposable 3 in 1 syringe tips to minimise the risk of cross contamination.

Also, a needle re-sheathing device should be considered, to prevent the risk of sharps injuries.

We saw that there were maintenance and servicing contracts in place for the use of equipment. The type of compressor used did not require specialist maintenance checks, although we suggested that the standard daily checks (when switching the compressor on/off) were documented for reference purposes.

We saw that the practice had completed an infection control audit during 2015. We suggested that the audit tool available from the Wales Deanery (Post Graduate Medical and Dental Education) is utilised in future.

Whereas the surgery rooms were generally in good condition we noticed that the flooring was stained. We recommended that sealed flooring is considered as and when the flooring needs to be replaced. A drawer handle in one of the surgery rooms was broken and the practice manager agreed to replace it with a new handle.

We looked at a total of five records per dentist and, overall, saw that the quality of notes was consistent and of a good standard. At the time of the inspection patient records were handwritten. We saw that the patient's consent to treatment was not routinely being recorded. However, the dentist we saw on the day agreed to start documenting this with immediate effect. A new computer system was being installed in September 2015 which will prompt for this information. We suggested that a referral book be used to monitor and follow up any referrals made for specialist advice and treatment.

Management and Leadership

The ownership of Benllech Dental Surgery changed hands during April 2015. The new practice owner/dentist was still in the process of developing and/or reviewing systems, policies and procedures. We found that he and the practice manager were helpful and enthusiastic about improving and raising standards where possible. Overall, the practice was being effectively managed and the staff team had a clear sense of their roles and responsibilities. We have recommended a few improvements regarding staff learning opportunities and recruitment checks.

Benllech Dental Surgery was taken over by a new dentist during April 2015. We were informed that he has another practice near Ellesmere Port but that he also intends to work part-time at Benllech Dental Surgery.

All the policies and procedures had been removed by the previous owner. Therefore the new dentist and the practice manager had been busy developing and implementing a new set of systems, policies and procedures. We found that some of the systems were yet to be tested in practice. For example, a staff appraisal programme had been put together but not yet completed with individual staff members. A new staff induction programme had been implemented and was in the process of being utilised by one of the trainee dental nurses.

We spoke with all of the staff members during the inspection. They commented about some of the improvements made under the new practice owner stating, for example, that systems were now more organised. We found the staff members friendly, helpful and receptive to our suggestions for improvements. From our discussions with the new practice owner and practice manager they were enthusiastic and motivated in taking actions to secure compliance with regulations and standards.

We were informed that there had been regular staff discussions since the new owner took over. However no minutes had been taken, therefore we advised the practice to formalise and minute these discussions.

Improvement needed

Opportunities to develop collaborative practice and team working, such as team meetings, should be formalised. Minutes should be retained to include sufficient details about the discussions held and any learning opportunities undertaken.

We looked at a sample of the staff recruitment and training documentation. The practice manager had completed a training programme for the latter part of 2015. A child protection course had been booked for all the staff during September 2015. However apart from the practice owner, the practice staff had not yet completed adult protection (sometimes known as POVA – protection of vulnerable adults) training and therefore we advised that a suitable course be sought in this area.

Improvement needed

We have advised the practice to arrange POVA training for all the staff team.

We saw that the dental practitioners had valid professional registration certificates and indemnity cover. We were informed that the dentists had a Disclosure and Barring Service (DBS) check, however, we did not see evidence of this check for one of the dentists. Also we were informed that a new DBS check was currently being applied for the new owner. We reminded the practice to ensure that DBS checks are renewed for dentists every three years, in line with The Private Dentistry (Wales) Regulations 2008.

It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We discussed this with the practice and found that DBS checks were not available for other employed staff.

Improvement needed

We advised the practice to consider obtaining periodic DBS checks for all staff who have access to patient records. This practice would be in line with the NHS and Public Health Wales adult and child safeguarding guidelines for dental practices.

We saw that the practice complaints procedure was consistent with the NHS 'Putting Things' Right arrangements. There were no ongoing concerns or complaints at the time of our inspection. However we spoke to the practice owner and practice manager about the overall complaint processes and were satisfied that they had robust systems and procedures in place in the event of any informal or formal complaints being received.

Quality of Environment

We saw that the practice was accessible, well maintained and, overall, suitable for purpose. However we have advised the practice owner to look into whether the toilet facilities and accessibility for patients with restricted mobility could be improved further at the entrance.

Benllech Dental Surgery is located in the village centre. There are no designated car parking spaces for patients. However we found car parking facilities immediately outside and within close proximity of the premises. The practice has been in operation since the 1970s and moved to its present location, a converted detached bungalow, in 1993.

There is a small ramp to access the side of the building and the main entrance is at the back of the property, accessed via two steps. Although the entrances looked free from hazard, we suggested that the practice owner looked into what can be done to improve overall access. For example, the ramp was starting to look worn and, although enabling wheelchair access, there was another side doorway to enter the building which wheelchair users may find difficult to manoeuvre.

All the areas we looked at during the inspection were clean and tidy. There is a combined reception and spacious waiting room area. The practice owner was considering converting this space to create an additional third surgery room and smaller waiting area. We advised the owner to take patient confidentiality and mobility needs into consideration in these future plans.

Currently there are two well sized surgery rooms. There is one patient/staff toilet which was not wheelchair accessible and had no adaptations for people with physical disabilities.

Improvement needed

As part of the owner's consideration for future developments, other reasonable adjustments should be looked into, with a view to improving the overall accessibility for wheelchair users and people with disabilities.

When looking at various forms and documents, we saw information that pointed towards a potential risk with the current heating system. We were informed that the heating was currently out of order and that a new system was being looked into. This new system would take into consideration minimising any potential health and safety risks for staff and patients.

We were also informed that the seating in the waiting room was to be replaced with more suitable chairs and that the stained flooring in the surgery rooms would eventually be replaced.

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 Benllech Dental Surgery 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: Benllech Dental Surgery, Bangor Road, Benllech, LL74 8TG

Date of Inspection: 28 August 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	N/A			
	Delivery of Health and Care Standards			
8	<i>We advised the practice to retain copies of all correspondence and relevant radiography and radiation protection (including The Ionising Radiation (Medical Exposure) Regulations 2000 training certificates in the radiation protection file. This should assist the practice to locate relevant information and to monitor compliance with regulations.</i>	IRMER certificates of all the dentists have been filed in the radiation protection file		Already filed.

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standard 2.9]			
9	<p><i>A system for the regular auditing of radiograph images should be implemented. We would suggest that the practice refers to The NHS Wales 'Quality Improvement Guide for Dental Teams'⁵, which provides guidance and links improvement tools, including the Wales Deanery cookbook for clinical audits.</i></p> <p>[Health and Care Standard 2.9]</p>	Radiation audit to be performed in 3/12	Mr J Sreeram	3/12
9	<p><i>A system should be implemented to ensure that the practice has a stock of the medication required in the event of an emergency and that these are replaced in</i></p>	<p>Daily log of oxygen equipment started</p> <p>Weekly log of emergency medication, Needles and airway packaging started. In event of any emergency medication used, they will be ordered with in 24hours.</p>	Mr J Sreeram/ Ms Wendy Hogan	Started implementing the system

⁵ www.1000livesplus.wales.nhs.uk

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>accordance with their expiry dates.</i></p> <p><i>We advised the practice to include the needles and airway packaging in these checks and to maintain a daily log of the oxygen equipment.</i></p> <p>[Health and Care Standards 2.1 and 2.6]</p>			
10	<p><i>The practice should consider using disposable 3 in 1 syringe tips to minimise the risk of cross contamination.</i></p> <p><i>Also, a needle re-sheathing device should be considered, to prevent the risk of sharps injuries.</i></p> <p>[Health and Care Standard 2.1 and 2.9]</p>	Started using disposable 3 in 1 syringe tips	Mr J Sreeram / Ms Wendy Hogan	Started
Management and Leadership				
11	<p><i>Opportunities to develop collaborative practice and team working, such as team meetings, should be formalised. Minutes should be retained to include sufficient details about the discussions held and any learning opportunities undertaken.</i></p>	Monthly practice meeting to be started on first Friday of every month & minutes to be recorded.	Wendy Hogan	09/10/2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standard 7.1]			
12	<i>We have advised the practice to arrange POVA training for all the staff team.</i> [Health and Care Standards 2.7 and 7.1]	To arrange POVA training either online course or deanery course if it is available	Wendy Hogan	3-6/12
12	<i>We advised the practice to consider obtaining periodic DBS checks for all staff who have access to patient records. This practice would be in line with the NHS and Public Health Wales adult and child safeguarding guidelines for dental practices.</i> [Health and Care Standard 7.1]	To perform CRB checks of all the staff who didn't have DBS checks in last 12/12.	Mr J sreeram	3-6/12
Quality of Environment				
13	<i>As part of the owner's consideration for future developments, other reasonable adjustments should be looked into, with a view to improving the overall accessibility for wheelchair users and people with disabilities.</i>	Will liaise with the landlord & will try to any reasonable adjustments possible.	Mr J Sreeram	3-6/12

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standard 2.1]			

Practice Representative:

Name (print): Mr Jayakrishna Sreeram

Title: Principle.....

Date: 22/09/2015.....