

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

19 January 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to HIW completed an inspection to Oasis Dental Care Limited at 23 Grosvenor Road, Wrexham, LL11 1BT within the area served by Betsi Cadwaladr University Health Board on 19 January 2016.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership

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
- 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.

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>

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

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

3. Context

Oasis Dental Care Limited provides services to patients in the Wrexham area of Wrexham. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board

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

The practice staff team includes 5 dentists; 2 receptionists, 1 dental therapist, 1 dental hygienist, 1 practice manager, 4 dental nurses, 2 trainee dental nurses

A range of NHS and private dental services are provided.

4. Summary

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

We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were very satisfied with the service provided.

We found arrangements were in place for the safe use of X-rays.

Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment.

Arrangements were in place to dispose of waste produced at the practice.

Staff demonstrated a satisfactory process for the decontamination of dental instruments.

Overall we found patient dental records had been maintained to a high standard.

A manager was responsible for the day to day running of the practice. Staff told us they had training opportunities relevant to their role and that they felt communication within the team was good.

A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults.

The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales.

The dental practice environment was clean, tidy and welcoming. There was ample seating in all areas with a good variety of chairs to accommodate patient requirements.

5. Findings

Patient Experience

We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were satisfied with the service provided.

Prior to our inspection visit, we asked the practice manager to invite patients to complete HIW questionnaires. In total we received 20 questionnaires that had been completed prior to the day of our inspection.

Through our questionnaires we invited patients to provide comments on their experience of using the practice. All patients told us the practice team had made them feel welcome and that they were very satisfied with the service received. When asked about the amount of information provided, all patients told us they felt they had been provided with adequate information about their treatment.

When invited to make any additional comments, patients told us:

'I am very happy and grateful for the treatment and care given to me.'

'I've received the best care over the years and grateful for all the treatment I've received.'

'Lucky to have such a good practice.'

The contact number for (emergency) out of hours' dental services was available to patients and all but 2 of the 20 patients who provided comments within the questionnaires told us they knew how to access these services. The practice owner and practice manager may wish to consider how to further raise awareness of this.

One patient told us they had experienced a delay when waiting to be seen by the dentist but indicated this had not caused them a problem. There was a process in place for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

The practice had assessed patients' views on the service provided via the use of patient questionnaires. This survey is undertaken on a monthly basis. The last survey had been completed during December 2015. We saw that the results of the last survey had been audited to identify any themes and that the outcomes were 99% and 100%. The manager aim is for 100% in all areas.

We saw that a practice information leaflet was available and this included practical and useful information. Additional information leaflets were available with regard to healthy lifestyles and smoking cessation.

Dentists working at the practice provided mainly NHS treatment but some private dental services were also offered. Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. Prices for private dental services were also available. This meant patients visiting the practice had access to information on how much they may have to pay for their dental treatment.

Delivery of Health and Care Standards

We found arrangements were in place for the safe use of X-rays.

Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment.

Arrangements were in place to dispose of waste produced at the practice.

Staff demonstrated a satisfactory process for the decontamination of dental instruments.

Overall we found patient dental records had been maintained to a high standard.

Radiographic Equipment/Documentation

We found arrangements were in place for the safe use of X-ray equipment. A radiation protection file contained all the relevant documentation and information required. A current safety check certificate for the equipment was available. We saw certificates that indicated staff training on the safe use of X-ray equipment was up to date. Local rules were available in each surgery.

Digital X-rays were used and a quality assurance system was in place to ensure that the image quality of these was graded and recorded.

Resuscitation and First Aid / Emergency Drugs

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. A poster was also displayed in the staff restroom detailing staff roles in the event of an emergency. This is noted as good practice.

The practice manager confirmed that all staff had received training in the last twelve months on how to perform cardiopulmonary resuscitation (CPR). Training certificates we saw supported this. It was advised that the practice staff “consider carrying out CPR refresher training in between annual training”.

Staff told us a system was in place to identify and replace expired drugs and to regularly check emergency equipment at the practice. This is checked and recorded on a weekly basis. We checked the emergency drugs and found all were in date.

Prescription pads were securely stored when not being used to prevent unauthorised persons using them.

Handling, Storage and Disposal of Hazardous and Non- Hazardous Waste

Contract documentation was in place for the disposal of hazardous waste. Arrangements were in place with the local council for the disposal of non hazardous/domestic waste.

Waste produced by the practice was securely stored whilst waiting to be collected.

Decontamination of Instruments and Compliance with Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)

The practice had a separate decontamination room as recommended within with Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)⁴. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of instruments.

We observed a member of staff during the process of decontamination and found this to be completed satisfactorily.

The autoclaves (used for sterilising dental equipment/instruments) had up to date inspection certificates confirming they were safe to use.

Testing strips were available and demonstrated daily tests had been performed to establish whether the autoclaves had reached a suitable sterilisation “temperature “and pressure” and this was maintained for a given period. There were records/logbooks available to demonstrate whether other routine tests, set out within WHTM 01-05 , had been conducted on the autoclaves and to confirm they remained suitable for their intended use.

We saw that instruments had been packaged to reduce the risk of contamination when stored. The practice team had recorded the date when instruments had been processed (cleaned and sterilised) on packaging and the expiry date (to be used by). The practice hopes to implement a sterilised stock rotation programme within the next six months. The practice may wish to consider re-processing sterilised instruments after one month, in line with WHTM 01-05 guidance.

⁴ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Clinical Facilities

We looked at the clinical facilities within the practice. We found the five surgeries to be clean, bright and tidy. There was a good range of equipment available.

Dental instruments were clean and appeared in good condition. Hand washing facilities and disposable protective equipment was available to reduce the risk of cross infection. The practice uses latex free products, thereby preventing the risk of an allergic reaction for staff and patients who may have a latex allergy.

One surgery is allocated to the dental hygienist and is not used for dental surgery.

Patient Records

We reviewed a sample of 15 patient dental records. This sample included records that had been completed by all of the dentists working at the practice.

Overall, we found the records had been maintained to a high standard and notes recorded in a consistent and comprehensive manner. We found advice around the risks and benefits of treatments and alternative treatments had been recorded; treatment plans had been signed by patients. All the records we saw demonstrated that health promotion advice, including smoking cessation, had been provided by the dentists.

Treatments, costs, benefits and alternatives were explained and recorded in the notes. Consent is discussed and obtained. The dentists and nurses had a good understanding of consent in relation to children and vulnerable adults and involved parents and carers as required. One dentist did not routinely record consent, but did obtain it. This will now be recorded.

Environment

Oasis Dental Care Limited occupies a semi-detached building close to the retail centre of Wrexham. Oasis Dental Care Ltd took over the premises in 2006

The practice had designated car parking available for patients to use. The front exterior of the building appeared well maintained and the practice was signposted.

There was access to the practice for people who use wheelchairs or those with significant mobility difficulties.

Facilities within the practice were organised over two floors. The ground floor comprises a reception area, waiting room, one surgery, office/OPG room, a

patient's toilet (disabled access), a large store room and radiography room. On the first floor, there is a waiting area with seating and four further surgeries. The staff facilities were located on the first floor. It was noted, that the patient's toilet lock did not allow access into the toilet in the event of an emergency. The practice manager observed that this would be changed.

Toilets were provided for staff and patients. These contained suitable hand washing facilities and paper towels to reduce cross infection.

The names and qualifications of the dentists, together with the opening times and (emergency) out of hours contact number were clearly displayed inside and outside near the main entrance.

Records were stored securely in fire proof cabinets. Staff access to electronic records was password protected. These processes were in place to protect patients' personal information held at the practice.

Fire exits were signposted and fire safety equipment was available at various locations within the practice building. Maintenance labels indicated that extinguishers had been subject to a service visit within the last 12 months. This meant that staff and patients had information so they could safely evacuate the building in the event of a fire and fire fighting equipment was available for staff to use if necessary.

Management and Leadership

A manager was responsible for the day to day running of the practice. Staff told us they had training opportunities relevant to their role and that they felt communication within the team was good.

A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults.

The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales. All complaints, both formal and informal were logged. Informal complaints were logged in the individual patient's notes. It was advised that a separate log be maintained for informal complaints to ascertain if any themes were noted.

Staff

A practice manager was responsible for the day to day running of the practice and explained that she would cover duties of other members of the team as necessary.

The practice manager confirmed that all clinical staff working at the practice were registered with the General Dental Council. We saw records confirming they had valid indemnity insurance cover in place.

Dentists working at the practice provided both NHS and private dental services. In order for dentists to provide private dental services in Wales they have to be registered with HIW. We saw the dentists had up to date HIW registration certificates confirming their registration. These were prominently displayed in accordance with the relevant regulations for private dentistry.

Records were also available confirming clinical staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patients' safety against blood-borne viruses.

We spoke with staff working at the practice on the day of our inspection. Staff explained they were able to access training relevant to their role and for their continuing professional development (CPD). We saw a sample of staff training certificates indicating staff had attended training on a range of topics. This meant that patients were treated by staff whom had appropriate skills and up-to-date training.

Staff told us practice meetings were held regularly and topics relevant to their work were discussed. They confirmed that they were able to raise work related issues for discussion at these meetings. We saw notes from practice meetings had been maintained.

Safeguarding Children and Vulnerable Adults

The practice had written procedures in place for responding to child protection and protection of vulnerable adult issues. The contact details of local safeguarding teams were available so that staff had access to information on who to contact for advice on safeguarding matters. Staff had attended training on child protection and on the protection of vulnerable adults.

Complaints

The practice provided both private and NHS care and treatment and had a written procedure in place for patients to raise concerns (complaints). The procedure met the requirements of the private dentistry regulations and complied with *Putting Things Right*, the arrangements for handling concerns about NHS care in Wales.

Staff told us they would be comfortable raising work related concerns with senior practice staff.

We found evidence that formal/written and concerns (complaints) were recorded and logged in a complaints file. A complaints tracker was also available on the intranet. We were told that informal/verbal complaints were noted and logged in individual patient's notes and complaints discussed at practice meetings to share learning, with the intention of making service improvements.

When we asked patients about the procedure to follow, most patients (16) who returned questionnaires told us they were aware of how to make a complaint and five patients told us they did not know how to make a complaint. Information for patients on how to raise a concern (complaint) was available at the practice.

Written documents

The practice had a comprehensive range of relevant policies and procedures with the intention of providing safe dental services to patients. These included the following:

- Data Protection Policy
- COSHH Assessments

- Safeguarding Children
- Safeguarding Adults
- Infection Control
- Health & Safety
- Privacy & Dignity
- Equal Opportunities

6. **Next Steps**

Findings from this inspection did not result in the need for the practice to complete an improvement plan.

7. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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

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professional standards and guidance such as the GDC Standards for the Dental Team.

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

8. Appendix A

General Dental Practice: Improvement Plan

Practice: Oasis Dental Care Limited.

Date of Inspection: 9 January 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	N/A				
Delivery of Safe and Effective Care					
	N/A				
Quality of Management and Leadership					
	N/A				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale

Practice Representative:

Name (print):

Title:

Date: