

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board ,
The Coach House Dental
Practice

20 January 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to The Coach House Dental Practice at 4A Grosvenor Road, Wrexham, LL11 1BU on 20 January 2016.

HIW explored how The Coach House Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

The Coach House Dental Practice 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.

The Coach House Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes 7 dentists, 10 registered dental nurses, 1 practice manager, 1 hygienist, 1 therapist and 2 receptionists.

A range of NHS and private dental services are provided.

3. Summary

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. 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.

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. There are regular staff meetings and monthly lunchtime 'listen and learn' sessions for all staff members.

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. Audits were undertaken in different areas of the practice.

4. Findings

Quality of the 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. 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.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Twenty eight (28) questionnaires were returned. Patient comments included:

'The years that I have been a patient at this practice is testament to my satisfaction at the professional and excellent treatment which I have received.'

'The treatment my family and myself receive is first class. The whole staff here, are so kind.'

'Thoroughly satisfied with my treatment'

'Always had an excellent and professional service for myself and children'

Patients who provided comments within the questionnaires told us that the staff were very welcoming, polite and helpful. Patients were very happy with the amount of information, including the advice and help they received when further explanations regarding treatment were required.

Six patients told us they had experienced a delay when waiting to be seen by the dentist but, overall, indicated this had not caused them a problem. There was a process in place for informing patients should their dentist be running late.

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.

However 9 out of the 28 patients who provided comments within the questionnaires told us they were not aware of how to access these services.

The practice owner and practice manager may wish to consider how to further raise awareness of this.

We saw that a comprehensive 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.

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 positive in all areas. Suggestion boxes for patient's comments were available in each waiting area.

The practice had designated car parking available for patients to use.

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

A hearing loop is available and the practice can supply information in large print format if required. Patients' language requirements would be accommodated whenever possible or via the language line translation services.

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.

We found evidence that formal/written concerns (complaints) were recorded and logged in a complaints file. 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. It was advised that a separate log be maintained for informal complaints to ascertain if any themes were noted.

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

When we asked patients about the procedure to follow, half of the patients who returned questionnaires told us they were aware of how to make a complaint and the other half did not know how to make a complaint. In addition, some patients also commented that they had never had to make a complaint. Information for patients on how to raise a concern (complaint) was available at

the practice. However, the practice owner and practice manager may wish to consider how to further raise awareness of this.

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.

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Delivery of Safe and Effective Care

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.

The Coach House practice occupies a detached building close to the retail centre of Wrexham.

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. The interior of the building is light, clean and bright and there is a warm and friendly atmosphere.

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, three surgeries, decontamination room, office, a patient's toilet (disabled access), a large secure storage room and a compressor room which also houses the aspirator equipment. It was noted that the patient's toilet did not have an emergency alarm call system which would be advisable. However, the facility is observable from the reception area.

On the first floor, there is an additional waiting room and three further surgeries and OPG/radiograph developing room. The staff facilities were located on the first floor.

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

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.

Maintenance is on a twelve month system.

It was observed that the cupboard used for storing materials for cleaning the premises required attention and replacement of floor cover. Cleaning tools also needed to be colour coded and stored appropriately. This was discussed with the practice manager and the practice owner. Healthcare Inspectorate Wales (HIW) was notified within 24 hours that the required action had been undertaken.

Improvement needed

Ensure that cleaning tools are colour coded and that flooring is appropriate for purpose. Shelving in the cleaning cupboard should be easy to clean.

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. The practice has separate decontamination rooms as recommended within with Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) ¹. 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 practice had five autoclaves (used for sterilising dental equipment/instruments) which 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 three of the autoclaves had reached a suitable sterilisation “temperature and pressure” 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. However, two of the autoclaves had memory cards. This is printed out after completion of the cycle. To ensure the cycle outcomes have been maintained, the practice should ensure satisfactory

¹ [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.

testing of cycle parameters whilst cycles are in progress or immediately afterwards and maintain a record of these outcomes.

We saw that instruments had been packaged to reduce the risk of contamination when stored. The practice team had recorded the expiry date when instruments had to be used by. The practice may wish to consider re-processing sterilised instruments after one month, in line with WHTM 01-05 guidance.

We were informed that (teeth and gum) impressions were disinfected by the practice before being sent to the laboratory. The laboratory disinfects the impressions before returning to the practice. The practice should note that WHTM01-05 recommends disinfecting the laboratory work that is returned before putting into the patient's mouth.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the 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 scenarios 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 monthly basis. We checked the emergency drugs and found all were in date. We found that the defibrillator was not included on the check list and noted that this should be added to the list. We advised that the check should be undertaken on a weekly basis in line with The Resuscitation Council recommendations.

Prescription pads were securely stored when not being used to prevent unauthorised persons using them. However, it is advised that a log be kept of all void and issued prescriptions.

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 (for the use of and taking of x-rays) were available.

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

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

Overall, we found the records had been maintained to a high standard and notes were 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 better oral health, 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 patients with memory problems. Parents and carers were involved as was appropriate.

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.

Quality of 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. There are regular staff meetings and monthly lunchtime 'listen and learn' sessions for all staff members.

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. Audits were undertaken in different areas of the practice.

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 was very conversant with all aspects of the practice and demonstrated a clear commitment to maintaining and improving quality and standards within the practice.

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 several 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. Staff appraisals were undertaken.

Peer review takes place on a daily basis. However, this needs to be recorded. The staff team meet on a monthly basis over lunch to discuss audit outcomes, 'listening and learning' regarding new techniques/developments within the area of dentistry. These meetings also need to be recorded.

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
- Patient, Privacy, Dignity and Confidentiality.

There was a system in place to ensure that all staff members were kept informed about any changes to policies and procedures and alerts. Staff members have to sign to state that they have been made aware of these changes.

A number of audits have been recently undertaken; these included a review of patient documentation and x-ray film quality assurance. Outcomes and any required actions have been fed back to the staff team.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection. The improvement plan should clearly state when and how the findings identified at The Coach House Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. 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 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

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

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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.

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.

Appendix A

General Dental Practice: Improvement Plan

Practice: The Coach House Dental Practice

Date of Inspection: 20 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					
Page 9	Ensure that cleaning tools are colour coded and that flooring is appropriate for purpose. Shelving in the cleaning cupboard should be easy to clean.	Regulation 14(3)(b)			
	N/A				
Quality of Management and Leadership					
	N/A				

Practice Representative:

Name (print):

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Title:

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Date:

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