

**General Dental Practice  
Inspection (Announced)**  
Betsi Cadwaladr University  
Health Board,  
West End Dental, Llangefni

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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 West End Dental, Llangefni at 53 High Street, Llangefni, LL77 7NA on 13 September 2016.

HIW explored how West End Dental, Llangefni 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

West End Dental, Llangefni has provided services to patients in Anglesey since June 2015 when it took over from Glyn Derw Dental Practice. They also provide services to patients in Bangor, Caernarfon and Llanfairfechan within the area served by Betsi Cadwaladr University Health Board.

The practice forms part of West End Dental Group, an independent and local group of three dental practices across North Wales.

West End Dental, Llangefni is a mixed practice providing both private and NHS dental services.

The practice staff team includes four dentists, two therapists, one hygienist, one dental nurse and three trainee dental nurses and two customer care consultants.

### 3. Summary

Overall, we found evidence that West End, Llangefni provides patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Excellent standard of recording in patients records
- Excellent infection control and decontamination procedures
- Clinical facilities are well-equipped, visibly clean and tidy
- There are appropriate arrangements in place for the safe use of x-rays
- Staff we spoke to were happy in their roles and understood their responsibilities
- Audits and staff meetings are conducted regularly and used to improve practice.

This is what we recommend the practice could improve:

- Provide patients with dental health promotional materials to read and take home
- Completion of risk assessments for chemicals held on premises

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained from the patient questionnaires was positive and confirmed that patients were very happy with the service they receive.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Twenty were completed and returned to us. Patient comments included:

*“Struggling with new dentures and practice has been totally supportive and encouraging and patient – thank you”*

*“No comments – everything is perfect”*

*“Staff are always friendly, nothing ever too much trouble”*

*“They are fabulous”*

### Dignified care

We observed the warm, friendly and professional approach adopted by all staff at the practice towards patients. Of the twenty questionnaires completed, nineteen patients confirmed they were satisfied with the care and treatment they had received. One patient told us that they felt that their last dental appointment visit had been rushed.

The practice has arrangements to protect patients' privacy, including areas for patients to have private conversations with staff and discretion when dealing with patients' telephone messages.

### Timely care

The practice tries to ensure that dental care is provided in a timely way and of the completed questionnaires only three patients had experienced any minor delays. Over two thirds of patients also told us they knew how to access out of hours care. There was a sign on the outside entrance of the premises giving the emergency contact details and this was also provided on the practice's answer phone.

## Staying healthy

All patients who completed the questionnaires stated that they had received enough information about their treatment. Price lists were also clearly on display at the reception desk. However, there was little evidence of any dental health promotion materials around reception and waiting area for patients to read and take home.

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

***The reception and waiting area should offer dental health promotion materials in the form of posters and leaflets.***

Over 80% of patients told us that their language needs were met and that reception staff always spoke in Welsh.

## Individual care

Responses from patients' questionnaires showed us that all of the patients felt they were given enough advice about their individual treatment and were very happy with the service they received and were always made to feel welcome.

The practice is located over three floors and wheelchair users can access the practice at ground floor level with assistance; and the use of a ramp is made available. The reception, waiting area and one dental surgery are accessible for wheelchair users.

The practice clearly displayed the name and qualification of all its dental practitioners along with the practice opening times.

There was one unisex toilet for use by patients which was clearly signposted and visibly clean.

The practice has a procedure in place for dealing with complaints which was displayed on one of the notice boards and contained all the relevant information for both NHS and private patients. We saw evidence that the practice has a system in place to log formal and informal complaints and concerns. At the point of inspection no complaints had been received at the practice.



## ***Delivery of Safe and Effective Care***

**We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice as a whole is keeping excellent clinical records and a high standard of infection control and decontamination processes are maintained.**

### **Safe care**

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment. The surgeries were light and airy.

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgeries were visibly clean and in good repair, although we noted in surgery 2 that the dentist's seat / stool covering was slightly ripped. We were advised by the practice that surgery 2 is planned for refurbishment and plans are in place to replace the seat / stool as well as replacing the current floor covering with coved flooring.

We noted that portable appliance testing (PAT) had been completed on all electrical equipment ensuring all small appliances were safe to use. Fire extinguishers were in place throughout the building and we saw evidence of a current fire equipment maintenance contact. Directions for the emergency exits were clearly visible and the Health and Safety poster was on display.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) however; there were no relevant risk assessments in place. The Health and Safety Executive (HSE) guidelines require a data sheet and a clear risk assessment for every chemical or hazardous substance kept on the premises.

### ***Improvement needed***

***Data sheets and risk assessments should be completed for all chemicals held on premises.***

No general health and safety risk assessments were seen on the day; however these were immediately sent to HIW following the inspection.

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and we saw evidence of up-to-date ionising radiation training for the dental surgeons.

The arrangements for protecting patients and staff when the X-ray equipment was in use were acceptable. We found evidence of safety checks, equipment maintenance and testing.

No image quality audits had yet been undertaken; however it was less than 6 months since the clinicians had been at the practice and we were informed that an audit was planned for October 2016. We advised the practice to ensure these are undertaken every 6 months.

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that the team had received all relevant training. We saw evidence that an effective system was in place to check equipment and emergency drugs to ensure they remained in date and ready for use. The emergency drugs were stored in reception, immediately available in the event of a medical emergency (patient collapse) at the practice.

The practice had excellent dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The area was visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff.

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We also saw that the waste had been segregated into the designated coloured bags / containers in accordance with the current method of disposal.

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults and all clinical staff had completed the training in the protection of both children and vulnerable adults. We reminded the practice to ensure that this is undertaken in accordance with professional body guidelines and therefore that one of the dentists training was due for renewal.

### Effective care

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that relevant audits had been completed or arranged by the practice.

There was evidence that the practice as a whole is keeping excellent clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

A sample of 13 patients records was reviewed, which included records completed by two dentists and one hygienist. Overall, we found that patient care entries contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. There was also evidence of treatment planning and where required a treatment plan given to patients. The dentist documents that cancer screening and smoking cessation advice is given and oral health advice is given to patients by the dentist and hygienist.

## ***Quality of Management and Leadership***

**We found evidence that this is a very well run service with effective systems to support overall practice management and leadership. A range of relevant policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.**

We saw completed staff induction folders and these were well planned. All staff had been given access to policies and procedures. We saw evidence of regular team meetings, quarterly staff appraisals including annual appraisals.

We saw that one of the dental practitioners Disclosure and Barring Service (DBS) had recently expired and the practice agreed to renew this immediately.

We confirmed that all relevant staff are registered with the General Dental Council and there were signs displaying the names and qualifications of the dentists. Indemnity insurance was also in place.

The dentist's HIW certificates were on display as required by the Private Dentistry (Wales) Regulations 2008. However; one of the HIW certificates did not contain the correct location details for one dentist and the practice agreed to follow this up.

### ***Improvement needed***

***The practice should ensure all HIW certificates are up to date and displayed as required by the Private Dentistry (Wales) Regulations 2008***

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice.

We looked at the policies and procedures in place. We found that they were thorough and saw evidence that they reflected actual practice. However; it was difficult at times to locate some of the documents and we were advised that the practice are planning to address this issue by introducing an internal intranet site containing all policies and procedures.

## 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 West End Dental, Llangefni 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, measureable, 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 inspections of the NHS in 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 2008<sup>1</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>2</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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<sup>1</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>2</sup> <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: West End Dental, Llangefni**

**Date of Inspection: 13 September 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	The reception and waiting area should offer dental health promotion materials in the form of posters and leaflets.	Health and Care Standards Standards 4.2, 5.1	We will set out a detail of the materials we wish to provide, will acquire these and will then put them in place in the reception / waiting area.	Anthea Goodman	To be completed by 1 December 2016
<b>Delivery of Safe and Effective Care</b>					
7	Data sheets and risk assessments should be completed for all chemicals held on premises.	Health and Care Standards Standard 2.1	Full COSHH risk assessments and updated data sheets will be assembled by the Operations Manager and put in place.	Anthea Goodman	15 January 2017



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of Management and Leadership</b>					
10	The practice should ensure all HIW certificates are up to date and displayed as required by the Private Dentistry (Wales) Regulations 2008	Regulation 8	Up to date certificates will be posted, pending a prompt response to requests for new certificates from the HIW by individual clinicians.	Anthea Goodman	1 December 2016

**Practice Representative:**

**Name (print):** Aaron Ferguson

**Title:** Managing Director

**Date:** 8 November 2016