

General Dental Practice Inspection (Announced)

Menai Bridge Dental Practice

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Menai Bridge Dental Practice at 5 Askew Street, Menai Bridge, Anglesey, LL59 5EG on the 4 July 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Menai Bridge Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

We found the practice to have good leadership and clear lines of accountability.

No improvements were identified.

This is what we found the service did well:

- The practice is committed to providing a positive experience for patients
- Staff were polite, caring and listened to patients
- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- The practice had a system in place for seeking the views of patients
- Excellent clinical facilities, well-equipped, visibly clean, tidy and well organised
- Very good clinical records
- High standards of infection control and decontamination process in place
- Systems for governance and monitoring the quality of the service against the requirements of the regulations are in place
- Policies and procedures regularly reviewed with version controls.

This is what we recommend the service could improve:

- There were no areas for improvement identified.

3. What we found

Background of the service

Menai Bridge Dental Practice is a private only dental practice.

The practice staff team includes two dentists, three hygienists, six dental nurses, two receptionists and a practice manager.

A range of private dental services are provided such as

- Implants
- Root canal treatment
- Dental bridges
- Crowns
- Cosmetic treatment

Menai Bridge Dental Practice receives referrals from other dental practices and provides services such in:

- Periodontics
- Orthodontics
- Endodontics
- Prosthodontics
- Facial Aesthetics
- Cosmetic Dentistry
- Dental Sedation
- Dental Implants

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found evidence that Menai Bridge Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 32 completed questionnaires. The majority of completed questionnaires were from patients who had been attending the practice for more than two years.

Overall, patient feedback was very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides, and some of the comments received were:

'Happy with the service'

'I have always been very happy with the level of care I have from this dental practice'

'I am happy with the service and care I receive'

'Excellent'

'Very happy with how it is'

'Very good'

The only improvements suggested were:

'Email updates'

'More suitable seats in waiting rooms i.e. sofas too large - need more smaller chairs'

Staying healthy

The practice had a dedicated folder in the waiting areas providing patients with information on dental health and the practice in general. Health promotion material leaflets are also given to patients by the dentists during their appointment. This means patients had access to information which could support them in caring for their own oral hygiene. No smoking signs were displayed in the practice. Price lists were also clearly on display in the waiting / reception area.

All patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

All patients who completed the questionnaires confirmed that they had been treated with respect when visiting the practice and were made to feel welcome by the practice team.

We also observed the warm, friendly and professional approach adopted by all staff towards patients.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

Each patient who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about their dental treatment, including available treatment options and associated costs. Over a half of patients stated that they did not understand how the cost of their treatment was calculated. We noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website. The practice had its own patient information booklet for patients to take away.

We found that patient information was stored securely to ensure that personal and sensitive information was protected.

Communicating effectively

Some staff at the practice could communicate with patients bilingually. Only 10 patients who completed a questionnaire considered themselves to be Welsh speakers, and all but three of these patients told us that they could always speak to staff in Welsh at the practice.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

Almost a quarter of patients who completed a questionnaire said that they did not know how to access the out of hours dental service if they had an urgent dental problem. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance and was also given on the answer phone message. In addition, following any lengthy surgical procedures, the receptionist calls patients after treatment to check on progress and patients are given the dentists mobile number in case of emergency out of hours.

Individual care

Planning care to promote independence

All patients told us that they were provided with enough information about keeping their mouth and teeth healthy. We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

All patients confirmed that they were involved as much as they wanted to be in any decisions made about their individual treatment. We saw evidence of treatment planning and options being discussed with patients. Patients' medical histories were reviewed and updated at each visit. Almost all patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

We noted that the practice had a dedicated equality policy in place.

Access to the practice is via a step and narrow footpath to the main road. The practice informed us that all efforts had been made to provide wheelchair access. However, given the location of the step it is not possible to install a ramp.

Patients with mobility difficulties can access the ground floor level of the practice with assistance from staff and can access the reception, waiting area and one of the dental surgeries.

Listening and learning from feedback

We looked at the practice's complaints handling policy which had been reviewed.

Nearly half of patients who completed a questionnaire told us that they did not know how to raise a concern or complaint about the services they receive at the dental practice. However, we found that the procedure for making a complaint for patients on how to raise a concern was clearly on display in the waiting area.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients. We saw the practice recent survey results for 2017, which were extremely positive. The survey results are published on their website for patients to view. We advised the practice consider displaying patients' feedback analysis in the patients waiting area.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

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 and the surgeries were light and airy.

We found that patients were provided with safe and effective dental care.

Patients' clinical notes were of a high standard.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

There were no concerns raised by patients over the cleanliness of the dental practice. All patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

There was one unisex toilet for use by patients and staff. The facility was signposted and visibly clean.

We noted that portable appliance testing (PAT) was undertaken regularly to ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display.

We found that all chemicals were kept securely and none were left in public areas.

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 saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The facility was very clean, well equipped and uncluttered. Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. However, one dentist was due to renew their training and we were informed that the relevant training had been arranged.

We saw records that showed the practice undertook audits of infection control as recommended by WHTM 01-05.

We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. We also noted that the dental instruments were stored in line with their current decontamination policy.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw records indicating that the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had three dedicated first aiders.

Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place which covered both children and vulnerable adults.

We saw evidence that all staff at the practice had completed training in the protection of children and vulnerable adults. However, one dentist was due to renew their training and we were informed that the relevant training had been arranged.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all dentists held a valid DBS check. Only dentists registered with HIW must hold a valid DBS check (for which no more than three years have lapsed).

Medical devices, equipment and diagnostic systems

We looked at the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly clean and in excellent condition.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

We saw evidence that the practice had undertaken regular image quality assurance audits of X-rays.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that relevant audits had been completed and arranged by the practice such as quality of x-rays and cross infection.

Quality improvement, research and innovation

We were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care provided to patients.

We were informed that plans are in place to use the Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

Information governance and communications technology

The storage of patient files was appropriate to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

There was evidence that the practice is keeping good standard of clinical records, demonstrating that care was being planned and delivered to a high standard to ensure patients' safety and wellbeing. We saw evidence that patients are fully involved throughout their treatment at every stage. The practice had three hygienists and an oral health educator available to attend appointments.

We examined a sample of patients' records and found that entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and all patients were given a written treatment plan. Cancer screening is carried out and smoking cessation advice given to patients.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Private Dentistry Regulations and relevant professional standards.

We found the practice to have good leadership and clear lines of accountability.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

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 duties and responsibilities

Governance, leadership and accountability

We found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice manager who was efficient and competent in her role. Since most of the staff had worked together for many years, there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns with the practice manager and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities.

Staff and resources

Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements. We also saw evidence of annual staff appraisals and regular team meetings.

Both dentists working at the practice provided private dental services and we saw their HIW registration certificate prominently displayed in the surgeries as required by the Private Dentistry (Wales) Regulation 2008.

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

We looked at the policies and procedures in place and found that they reflected actual practice. The policies and procedures were regularly reviewed, contained review dates and / or were version controlled and contained staff signatures which demonstrated that these had been read and understood.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The dentists' names and qualifications were also clearly on display.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further details about how HIW inspects [dental practices](#) and [independent healthcare services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified at this inspection.			

Appendix B – Immediate improvement plan

Service: Menai Bridge Dental Practice

Date of inspection: 4 July 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
There were no immediate issues identified at this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Menai Bridge Dental Care

Date of inspection: 4 July 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No improvements identified at this inspection.				
Delivery of safe and effective care				
No improvements identified at this inspection.				
Quality of management and leadership				
No improvement identified at this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: