

General Dental Practice Inspection (Announced)

Beaumaris 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 Beaumaris Dental Practice, 6 Castle Street, Beaumaris, Anglesey LL58 8AP, on 3 October 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 the service provided safe and effective care. However, we found some evidence that the practice was not fully compliant with all regulations/standards in all areas.

We found that patients were treated with respect and that the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner.

This is what we found the service did well:

The practice is committed to providing a positive experience for patients.

- Patients were provided with enough information to make an informed decision about their treatment
- 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.
- Clinical facilities were well equipped, visibly clean and tidy and well organised.
- Patients' records were completed to a good standard.
- Systems for governance and monitoring the quality of the service against the requirements of the regulations were in place.
- Policies and procedures were regularly reviewed with version controls.

This is what we recommend the service could improve:

- Include reference to HIW within complaints section on their website
- Seal flooring edges in the surgery
- Provide more suitable storage for cleaning materials

- Undertake manual checks of autoclave
- Repair assistant/nurse's chair
- Upgrade decontamination room
- Undertake annual infection control audit
- Log compressor checks

3. What we found

Background of the service

Beaumaris Dental Practice is a private only dental practice. The practice operated as a 'satellite' to the main practice located at Lodwig Villa, Holyhead Road, Bangor, Gwynedd LL57 2DP.

The practice staff team were based in the Lodwig Villa practice and attended Beaumaris on two mornings a week (Tuesday and Thursday). The staff team consisted of one dentist, hygienist, dental nurses and the practice manager.

The service provided at the Beaumaris practice was limited to routine, minor dental treatments with patients requiring more complex treatments being attended to at the Bangor practice. However, we were informed that there were plans to increase the scope of the service provided at the Beaumaris practice and extending the opening hours.

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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 that the staff at the practice worked hard to provide patients with a high quality service and positive patient experience.

Patients, in questionnaires responses, told us that they were treated with dignity, respect and politeness by the practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice.

In total, we received 20 completed questionnaires; there was a good mix of questionnaires responses received from both relatively new patients at the practice (those that had been a patient for less than two years) and long term patients at the practice (those that had been a patient for more than two years).

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

“Parking”

“Very happy with present service”

“No improvement necessary”

Staying healthy

There was dental health promotion information available in the waiting areas, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental

practice and oral health information. No smoking signs were displayed in the practice.

All but one of the patients who completed a questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff.

Patient information

All of the patients 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 available treatment options. While all the patients who completed the questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, a quarter of patients told us they didn't understand how the cost of their treatment was calculated.

We noted that information on prices was available to view on the practice's web site which meant patients had access to information on how much their treatment may cost.

Communicating effectively

Almost a third of the patients who completed a questionnaire considered themselves to be Welsh speakers; three patients told us that they could never speak to staff in Welsh when they wanted to, and four patients said that they could sometimes speak to staff in Welsh. All English speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice manager confirmed that Welsh speaking staff were employed and that they would be made available to patients requesting to converse in Welsh.

Timely care

The practice tries to ensure that dental care is always provided in a timely way. The practice manager described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed a questionnaire said that they knew 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, in the surgery and waiting areas and was given on the answer phone message.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

We saw evidence of treatment planning and options being discussed with patients.

Patients' medical histories were reviewed and updated at each visit. All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was located on the ground floor. However, access for wheelchair users or people with mobility problems was limited due to the steps leading into the practice and further steps within the practice leading to the reception area.

The toilet facility was also very compact and not easily accessible to wheelchair users.

We were told that parking was also an issue, particularly during the summer months, with restricted on road parking outside the practice. Pay and display car parks were available within walking distance.

The practice manager informed us that people with mobility problems would be seen at the Bangor practice which had better access and designated parking facilities.

Listening and learning from feedback

We reviewed the practices' complaints handling policy and we saw that the practice had a dedicated complaints file in place with clear procedures to deal with formal and informal complaints and concerns. The practice's complaints handling policy had recently been updated to include the correct contact details of HIW as the registration authority and also ensure it is fully compliant with The Private Dentistry (Wales) Regulations¹. However, we suggested that the practice's web site be updated in order to contain a reference to HIW.

The practice manager informed us that no complaints had been received since the practice opened in April 2017. However, the practice manager explained that any informal concerns would be captured on a central log and noted within individual patients' records.

Fifteen out of the twenty patients who completed a questionnaire told us that they knew how to raise a concern or complaint about the services they receive at the dental practice.

Under half of patients who completed a questionnaire said that they are asked for their views on the dental practice, for example, through patient questionnaires.

We discussed the practice's mechanism for actively seeking patient feedback, which the practice does by providing questionnaires to patients and also providing a comments / suggestion box in the waiting area. The practice informed us that the feedback is collated across both Beaumaris and Bangor practices and discussed at team meetings.

¹ [The Private Dentistry \(Wales\) Regulations](#)

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.

However, we found some improvements were needed to the decontamination room and dental surgery.

Safe care

We found that the practice did not have a waste management contract in place. Waste was being segregated into the designated bags / containers in accordance with the correct method of disposal. However, it was then being transported to the Bangor practice to be collected by an approved waste management contractor. This was dealt with under our immediate improvement process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial action was taken. Details of the immediate improvements we identified are provided in Appendix B.

We also found that the practice did not record visual checks of the autoclave. Nor did the practice manually record the operating parameters using TST² strips in accordance with WHTM 01-05³. This was also dealt with under our immediate improvement process and is referred to further in Appendix B.

² The term TST is an abbreviation of Time/Steam/Temperature, the critical parameters for a sterilisation cycle

³ Welsh Health Technical Memorandum 07-01, Safe management of healthcare waste

Managing risk and promoting health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice. We found the practice to be generally well maintained both inside and outside and the surgery was clean, tidy and well organised.

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

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months to make sure they were working properly.

We noted that portable appliance testing (PAT) and gas maintenance check had been undertaken taken to ensure that appliances were safe to use.

Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display. However, the health and safety poster did not contain the name of the practice's health and safety representative and details of other health and safety contacts. This was brought to the attention of the practice manager who addressed the issue during the inspection visit.

We found that all chemicals were kept away from public areas. However, we found that cleaning equipment was stored on open shelving in the dirty area of the decontamination room. We were informed by the practice manager that alternative storage had been identified for the cleaning as part of the refurbishment of the practice.

There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments in place.

Improvement needed

Cleaning equipment must be stored away from the decontamination room.

Infection prevention and control

We found that the surgery had recently been re-decorated and a new floor covering fitted. However, the flooring had not been sealed at the edges. We

highlighted that the floor edging must be sealed in order to facilitate effective cleaning and reduce the risk of cross infection.

We also found that the assistant/nurse's chair had a tear in the upholstery which had been repaired with tape. This requires attention in order to facilitate effective cleaning of the chair and reduce risk of cross infection.

The practice had a designated area for the cleaning and sterilisation (decontamination) of dental instruments. However, we found that the facility was not fully compliant with the Welsh Health Technical Memorandum (WHTM) 01-05 and we found several improvements needed.

Only one sink was available in the decontamination room. Staff were using a two bowl system to manually clean and rinse used instruments. WHTM 01-05 recommends that two dedicated sinks should be available for decontamination, one for washing and cleaning of the instruments, the second for rinsing; and a dedicated sink for hand washing. We advised the practice to ensure that the decontamination room contains two sinks or a double sink and a dedicated sink for hand washing in their refurbishment plans.

No audits of infection control had been undertaken since the practice opened in April 2017. We advised that audits be conducted on an annual basis as recommended by WHTM 01-05.

We found that some equipment was being stored in cupboards above the 'dirty' area within the decontamination room. We brought this to the attention of the practice manager who immediately removed the equipment for storage elsewhere.

Improvement needed

The floor edging within the dental surgery must be sealed in order to facilitate effective cleaning and reduce the risk of cross infection.

The assistant/nurse's chair must be repaired in order to facilitate effective cleaning and reduce risk of cross infection.

The decontamination room must be refurbished.

Infection control audits must be conducted on an annual basis.

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 that indicated 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 on a regular basis to ensure they remained in date and ready for use.

We were informed that unused medication was returned to the pharmacy. However, there were no records maintained of medication disposal. We suggested that arrangements be formalised so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.

We were informed that the dental nurse brings a suction apparatus with her from the Bangor practice when attending the Beaumaris practice. The practice manager advised us that a suction apparatus had been ordered for the Beaumaris practice.

We suggested that the practice includes checking of the oxygen levels to the daily surgery checklist.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice manager and dental nurse were the nominated first aiders.

Medication disposal process should be formalised so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.

The practice must provide HIW with documented evidence to show that a suction apparatus has been purchased.

Oxygen level checks should be added to the daily surgery checklist.

Safeguarding children and adults at risk

We saw that all staff working at the practice had completed training in the safeguarding of children and vulnerable adults.

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

We confirmed that all relevant staff were registered with the General Dental Council (GDC).

The dentist's Disclosure and Barring Service (DBS) check was in date.

Medical devices, equipment and diagnostic systems

We looked at the surgery and found that it contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently.

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 relevant staff.

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

There was an oil filled compressor in use. We highlighted the need for a log to be maintained to show that the oil levels were checked before use and drained after use.

Improvement needed

A log must be maintained to show that the compressor oil levels are checked before use and drained after use.

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 audits had been completed and / or arranged by the practice.

Quality improvement, research and innovation

Peer review audits were undertaken regularly.

We saw evidence that the practice used a self-evaluation tools such as audits and training needs assessments to enable the dental team to focus on how they work and consider improvements to 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 was keeping very good clinical records, demonstrating that care was being planned and delivered to a good standard to ensure patients' safety and wellbeing.

We examined a sample of patients' records and found that entries contained sufficient information regarding medical history, discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. The dentist documented that cancer screening and smoking cessation advice had been given.

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.

A range of relevant policies and procedures were in place.

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 their role.

Staff and resources

Workforce

We saw completed staff induction folders and 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 saw evidence of regular team meetings and staff appraisals being undertaken at the practice.

The dentist working at the practice provided private dental services and we saw the certificate prominently displayed in reception.

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. We found that policies and procedures were regularly reviewed, contained review dates and / or were version controlled.

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
The Health and Safety Law poster did not contain the name of the practice's health and safety representative and details of other health and safety contacts.	This meant that staff and patients did not know who to approach in the event of a health and safety issue being highlighted.	This was brought to the attention of the practice manager.	The practice manager resolved the matter during the inspection by entering the required information on the poster.
We found that some equipment was being stored in cupboards above the 'dirty' area within the decontamination room.	This meant that there was an increased risk of cross infection.	We brought this to the attention of the practice manager	The practice manager removed the items for storage elsewhere.

Appendix B – Immediate improvement plan

Service: Beaumaris Dental Practice

Date of inspection: 3 October 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
We found that the practice did not record visual checks of the autoclave. Nor did the practice manually record the operating parameters using TST4 strips in accordance with WHTM 01-055.	WHTM 01-05, Section 4.16	The visual checks have been put in place for the new autoclave and the manual recording of the TST strips	Practice Manager	Done

⁴ The term TST is an abbreviation of Time/Steam/Temperature, the critical parameters for a sterilisation cycle

⁵ [Welsh Health Technical Memorandum 01-05, Decontamination in primary care dental practices and community dental services](#)

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The practice owner must ensure that a record is maintained of visual checks undertaken of the autoclave and of the operating parameters using TST strips.				
<p>We found that the practice did not have a waste management contract in place for the disposal of hazardous clinical waste.</p> <p>The practice owner must ensure that a waste management contract is put in place for the disposal of clinical waste.</p>	<p>WHTM 07-01, Section 40</p> <p>Hazardous Waste Regulations</p>	<p>The contract has been put in place for the individual practice with immediate effect.</p>	<p>Practice Manager</p>	<p>6th October 2017</p>

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: Beaumaris Dental Practice

Date of inspection: 3 October 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 areas for improvement identified.				
Delivery of safe and effective care				
Cleaning equipment must be stored away from the decontamination room.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1) (d)	Cleaning equipment has been moved to separate room away from the decontamination room.	Sally Mason	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	WHTM 01-05 Section 6.60			
The floor edging within the dental surgery must be sealed in order to facilitate effective cleaning and reduce the risk of cross infection.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1) (d) WHTM 01-05 Section 6.47	The flooring has been completed and the edging sealed	Sally Mason	Done
The assistant/nurse's chair must be repaired in order to facilitate effective cleaning and reduce risk of cross infection.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (3) (b) WHTM 01-05 Section 6.62	The nurses chair has been replaced	Sally Mason	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The decontamination room must be refurbished.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (6) WHTM 01-05 Section 5.7, 6.11 and 6.40	The decontamination room is scheduled to be refurbished in the first quarter of 2018	Sally Mason	February 2018
Infection control audits must be conducted on an annual basis.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (2) and (6) WHTM 01-05 Section 2.22-2.25	The infection control audit has been scheduled for the first quarter 2018 after the decontamination room refurbishment.	Sally Mason	February 2018
Medication disposal process must be formalised	Private Dentistry	The medication disposal process has been arranged with the clinical disposal	Sally Mason	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
so that written confirmation, in the form of transfer notes, are received when medication is returned to the pharmacy or disposed of.	(Wales) Regulations 2008 Regulation 14. (1) (b) WHTM 01-05 Appendix 1	company and transfer notes will be retained.		
The practice must provide HIW with documented evidence to show that a suction apparatus has been purchased.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (1) (d)	Medical suction apparatus has been ordered. Invoice to be sent to HIW on receipt.	Sally Mason	November 2017
Oxygen level checks should be added to the daily surgery checklist.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (3) (b)	The oxygen checks have been added to the surgery check list.	Sally Mason	Done

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
We recommended that a log be maintained to show that the compressor oil levels are checked before use and drained after use.	Private Dentistry (Wales) Regulations 2008 Regulation 14. (3) (b) Pressure Systems Safety Regulations 2000 Regulation 12	A log has been implemented to record the checking and draining of the compressor oil	Sally Mason	Done
Quality of management and leadership				
No areas for improvement identified.				

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: