

General Dental Practice Inspection (Announced)

Belmont House Dental Practice /
Betsi Cadwaladr University Health
Board

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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 Belmont House Dental Practice at 32 Colwyn Avenue, Rhos-On-Sea, Colwyn Bay, LL28 4RB, within Betsi Cadwaladr University Health Board on the 30 January 2018.

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

HIW explored how the service met the Health and Care Standards (2015), 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 Belmont House Dental Practice provided 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.

This is what we found the service did well:

- 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
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays.

This is what we recommend the service could improve:

- Ensure staff renew their training in the protection of children and vulnerable adults
- Implement a range of clinical audits
- Self evaluate using the Maturity Matrix Dentistry tool.

3. What we found

Background of the service

Belmont House Dental Practice provides services to patients in the Colwyn Bay area. The practice forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The practice has a staff team which includes four dentists, one hygienist, three dental nurses, one trainee dental nurse and a dedicated practice manager.

The practice provides a range of NHS and private general dental services.

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 Belmont House Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

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 21 completed questionnaires. The majority of questionnaires were completed by long term patients at the practice (those who had been a patient for more than two years).

Overall, patient feedback was very positive. Patient comments included the following:

"I only have the highest praise over the years. I have joined many practices throughout Wales. This practice is the best"

"Excellent practice, always helpful and friendly. Very professional, always talk to you and treat you like an adult"

"I find everything done to a very high standard"

"The staff are polite and helpful. Treatment has been of a highly professional standard"

Patients were asked in the questionnaires how the dental practice could improve the service it provides. The majority of patients told us that they thought the service could not be improved. However, a few patients did suggest:

"TV in waiting area to assist in relaxing nervous patients"

"Early appointment would help backlog maybe in receiving appointments sooner i.e. 8-8:30am"

Staying healthy

There was ample, dedicated dental health promotion information available, 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. Price lists for NHS and private treatment were also clearly on display in the waiting / reception area.

All patients who completed the questionnaires 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. Comments provided by patients in the questionnaires that praised the staff included:

“All staff are very pleasant and professional at all times and very friendly. They have always met my needs in an emergency”

“Always treated with care and respect”

“Very friendly and professional staff”

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 available treatment options.

The majority of patients who had received treatment at the practice confirmed that the cost of their treatment was always made clear to them. However, more than a third of these patients told us that they did not understand how the cost of their treatment was calculated.

We 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 displayed around reception and the waiting area. The practice had its own patient information booklet for patients to take away.

Communicating effectively

Some staff working at the practice can communicate bilingually with patients.

All but one of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. One Welsh speaking patient that told us they could only sometimes speak to staff in their preferred language.

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.

The majority of patients who completed a questionnaire confirmed that they would 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, in the waiting areas, was given on the answer phone message, was included on the practice website and in the patient information leaflet.

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.

Patients' medical histories were reviewed and updated at each visit. All but one of the 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. The practice was located in a two storey building with one dental surgery located on the ground floor and two dental surgeries on the first floor. Wheelchair users could access the ground floor level of the practice via the side entrance and could access the reception, waiting area and one dental surgery. The practice did inform us that they are considering installing a ramp at the main entrance as part of their refurbishment and improvement plans.

Listening and learning from feedback

Over a third of patients who completed a questionnaire confirmed that they would not know how to raise a concern or complaint about the services they receive at the dental practice if they needed to.

We saw that the practice had a written complaints procedure in place for NHS and private patients. The procedure for making a complaint or how to raise a concern was clearly on display in the reception / waiting areas. Details were also included within the patient information leaflet and on the practice website.

More than a half of patients who completed a questionnaire confirmed that they had not been asked by the dental practice for their views on the service provided there, for example, through patient questionnaires.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice told us was done by providing questionnaires to patients. The practice informed us that any feedback is discussed at team meetings. However; we noted that the questionnaire being used by the practice were HIW's questionnaire templates. The practice informed us that plans were in place to develop their own patient questionnaires which will be available for patients to complete in the waiting areas. We also advised the practice to display an analysis of patient feedback to demonstrate to patients that their feedback had been captured and acted upon to enhance learning and service improvement. The practice agreed to do this.

Improvement needed

Develop new questionnaires to seek the views of patients.

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 the practice to be well run and 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.

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.

During a tour of the building we saw that all areas were very clean, tidy and free from obvious hazards.

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

There was one unisex toilet for use by patients on the ground floor and one for staff on the second floor.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure all small appliances were safe for use.

Fire extinguishers were in place throughout the building and were serviced regularly. The Health and Safety poster was clearly on display by reception.

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) and relevant risk assessments were in place.

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 and stored securely while awaiting collection.

We noted that the practice was using orange lidded sharps bins for the disposal of used and partially used anaesthetic. We advised the practice that yellow lidded bins should be used for the disposal of partially used local anaesthetic. The practice immediately contacted the waste contractors following our inspection to amend the contract.

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 clean and well equipped. However, we noted that the facility was slightly cluttered in some areas. We brought this to the attention of the practice who immediately uncluttered the area during our visit.

Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination.

We saw records that showed the practice had undertaken audits of infection control on a regular basis. We saw evidence that the practice had used the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

We also saw records that showed the practice had undertaken regular legionella risk assessments. However, we noted that the temperature log sheet for the hot water outlets showed temperature readings of around 40 degrees. We advised the practice that the hot water temperature should reach 55 degrees. The practice immediately arranged for the hot water temperature to be checked by an approved engineer and we received confirmation the following day that this had been done.

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 and transported in line with their current decontamination policy.

Medicines management

We saw that the practice had a resuscitation policy in place with clear procedures showing how to respond to patient medical emergencies. 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 to ensure they remained in date and ready for use.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and one member of staff trained in first aid.

Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. However, we were informed by the practice that two members of staff were due to renew their training. We were verbally assured that arrangements would be made.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and we saw evidence that all staff working at the practice held Disclosure and Barring Service (DBS) certificates.

Improvement needed

Ensure staff renew their training in the protection of children and vulnerable adults.

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 very clean and in good 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.

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 by the practice. However, we recommend that the practice puts a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We recommend that the practice implement a programme of audits across the year.

Improvement needed

Implement a range of clinical audits with a view to identifying areas for improvement.

Quality improvement, research and innovation

From discussions with staff, 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.

The practice informed us that they have not used the Wales Deanery 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.

Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

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 maintaining good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

We examined a sample of patient records and found that patient care 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, where required, a treatment plan given to patients. The dentists documented that cancer screening and smoking cessation advice had been given.

However, we found that not all dentists working at the practice were consistently recording the recommended information in patients' records. It would be advisable for the practice to develop a standard template for all patient record keeping so that the quality is consistent across the practice. We also recommend that regular audits of patient records are undertaken as part of their peer review process.

Improvement needed

Develop a standard template for all patient record keeping so that the quality is consistent and undertake regular audits as part of their peer review process.

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 Health and Care 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 some time, there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns 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.

The dentists working at the practice provided private dental services and we saw their HIW registration certificate prominently displayed as required by the Private Dentistry (Wales) Regulations 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. All policies and procedures contained a review date and / or were version controlled along with staff signatures demonstrating that these have 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

Dental practice inspections are usually announced. Dental practices receive up to twelve 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.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 detail about how HIW inspects [dental practices](#) and the [NHS](#) 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 during this inspection			

Appendix B – Immediate improvement plan

Service: Belmont House Dental Practice

Date of inspection: 30 January 2018

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	Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues identified during 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: Belmont House Dental Practice

Date of inspection: 30 January 2018

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	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
Develop new questionnaires to seek the views of patients.	6.3 Listening and Learning from feedback	Develop a patient questionnaire to be given out periodically to seek the views of our patients.	Practice Manager	Completed
Delivery of safe and effective care				
Ensure staff renew their training in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk	Relevant staff enrolled and completed safeguarding courses in February 2018	Practice Manager	Completed
Implement a range of clinical audits with a view to identifying areas for improvement.	3.1 Safe and Clinically Effective care	Review current audits that are carried out regularly and to implement audits where they should be carried out to continuously improve our services. Include record keeping audits into our	Practice Manager	Within 3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
		audit scheme		
Self evaluate using the Maturity Matrix Dentistry tool.	3.3 Quality Improvement, Research and Innovation	Enquiries have been made with Wales Deanery and MMD tool will used to self-evaluate	Practice Manager	Within 3 months
Develop a standard template for all patient record keeping so that the quality is consistent and undertake regular audits as part of their peer review process.	3.5 Record keeping	All dentists to agree on format and content of templates and saved onto new patient management software.	Practice Manager	Completed
Quality of management and leadership				
N/A				

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): Rose-Lyanne Jones

Job role: Practice Manager

Date: 19/03/2018