

General Dental Practice Inspection (Announced)

Ruthin Dental Practice / Betsi
Cadwaladr University Health
Board

Inspection date: 23 April 2018

Publication date: 24 July 2018

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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 Ruthin Dental Practice at Market Street, Ruthin, Denbighshire, LL15 1AU, within Betsi Cadwaladr University Health Board on the 23 April 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), the Private Dentistry (Wales) Regulations 2017 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 Ruthin Dental Care 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 sharp bins are wall mounted in the surgeries
- Redecorate the decontamination room
- Undertake full infection control audit as recommended by WHTM 01-05
- Ensure at least two members of staff at the practice are trained in first aid
- Self evaluate using the Maturity Matrix Dentistry tool
- Implementation of clinical peer review.

3. What we found

Background of the service

Ruthin Dental Practice provides services to patients in the Denbighshire 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 eight dentists, three hygienists, three therapists, nine dental nurses, two trainee dental nurses, four receptionists, one treatment co-ordinator 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 Ruthin 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.

We received a total of 37 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Some of the comments provided by patients on the questionnaires included:

"Lovely, clean & professional practice"

"Always good! Accommodating if urgent"

"I have a phobia for dentists and this has eased a lot over year due to the caring nature of all staff. I also like the practice Facebook page - very informative"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients provided the following comments:

"Room to make broader use of Welsh – staff, forms, signage etc. Having said that, website is bilingual – very good! But more to be done"

"Open till later as people don't finish work these days until 6 o'clock. Even if its one a week"

"Play area for children"

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. However, we advised the practice to display a no smoking sign at the entrance / reception area ensuring patients and visitors are fully aware that smoking is not prohibited on the premises, which the practice agreed to do. We found ample no smoking signs at the staff entrance.

The majority of patients who completed a questionnaire confirmed 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. Telephone calls were also received in privacy away from patients.

Patient information

All but one 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 the majority of patients told us that they had received clear information about available treatment options.

Whilst the majority of patients who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, almost half of patients told us 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 / waiting 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 and was displayed around the reception and the waiting area. The practice also had its own patient information booklet for patients to take away.

Communicating effectively

Some staff working at the practice can communicate bilingually with patients. Around a third of patients who completed a questionnaire considered themselves to be a Welsh speaker and told us that they could only sometimes speak to staff in their preferred language.

All non-Welsh speaking patients told us that they were always able to 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.

Almost half of patients who completed a questionnaire said that they would 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, was given on the answer phone message, the practice website and patient information booklet.

Individual care

Planning care to promote independence

We viewed a sample of patient records and found that they were well maintained. All treatment options were recorded and consent to treatment was obtained from each patient.

People's rights

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

The practice is located over three floors. The ground floor is fully accessible for patients with mobility difficulties. Wheelchair users could access the ground floor surgeries, the reception, waiting area and toilet facilities.

Listening and learning from feedback

Just over half of patients who completed a questionnaire told us that they would not know how to raise a concern or complaint about the services they receive at the dental practice.

We saw that the practice had a written complaints procedure in place for both private and NHS treatment. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting areas. However, the notice did not include any timescales or the contact details for Healthcare Inspectorate Wales as the registration authority. We brought this to the attention of the staff who immediately amended the notice during our visit. Details were also included within the patient information leaflet and website.

Almost a half of patients who completed a questionnaire said that they did not know whether the dental practice had asked for their views on the service provided, for example, through patient questionnaires.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by distributing questionnaires to patients once a year. The practice also informed us that the treatment coordinator also contacts patients following treatment providing them with the opportunity to provide feedback. Patients are also able to provide feedback or leave comments anonymously in the suggestion box.

Details of all feedback analysis are discussed with the whole dental team and testimonials are published on the practice website.

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 surgeries were visibly clean, tidy and were well laid out and effectively used. However, we identified a number of improvements needed to support the delivery of safe and effective care. We found some improvements were needed to all surgeries and the decontamination room.

Safe care

Managing risk and promoting health and safety

The building appeared to be generally 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 expressed 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 one for staff. The facilities were signposted and visibly very clean. However, no sanitary disposal bins were in place.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure small appliances 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. 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 which had been recently reviewed.

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. However, we found that the practice was disposing of phosphor plate¹ envelopes in a non clinical waste bin. Our concerns regarding the disposal of phosphor plate envelopes were dealt with by the practice immediately. Details of the immediate improvements we identified are provided in Appendix A.

We also recommended that the practice wall mounts all sharp bins in the surgeries.

We saw that a mercury spillage kit was available at the practice. However, we found that the kit was out of date. The practice immediately arranged for a new kit to be ordered during our visit.

Improvement needed

Ensure that sanitary disposal bins are provided in the staff / patient toilet facilities.

Ensure sharp bins are wall mounted in the surgeries.

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, well organised, well equipped and uncluttered. However, we noted that the paint in the decontamination room was peeling off in areas. We recommended that the practice redecorates the decontamination room.

We saw that the practice had completed the Welsh Deanery infection control action plan. However, the practice had not undertaken the full infection control

¹ Phosphor plate envelopes are disposable envelope used to protect the plate when dental x-rays are taken.

audit as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.

We noted that the majority of handwashing sinks at the practice had plugs and overflows, which are not compliant with WHTM 01-05. We also found that some of the clinical bins in the surgeries had 'knee knock' openers that had broken and did not open easily in a 'no-touch' method. We advised the practice that the handwashing sinks and clinical bins should be identified on the infection control action plan which the practice agreed to do. We also recommended that the practice arranges for the 'knee knock' bins to be repaired or replaced.

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.

Improvement needed

Ensure the decontamination room is redecorated.

Ensure the practice undertakes a full infection control audit as recommended by WHTM 01-05.

Ensure that the 'knee knock' bins are repaired or replaced.

Medicines management

The practice had good procedures in place showing how to respond to patient medical emergencies.

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 also saw evidence that an effective system was in place to check the emergency drugs and equipment to ensure they remained in date and ready for use.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. We were informed that one member of staff is trained in first aid. However, the training was in need of renewal. We recommend that at least two members of staff are trained in first aid due to the size of the practice.

Improvement needed

Ensure at least two members of staff at the practice are 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.

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 are Disclosure and Barring Service (DBS) checked. We were informed and shown evidence that a DBS check was being processed for two members of staff.

Improvement needed

Forward to HIW DBS details for two members of staff.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised and tidy. However, we identified that the floor in surgery 6 needed to be sealed at its edges. We also found some paint damage and corrosion on the dental chair unit in surgery 3.

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 (IR(ME)R) for all clinical staff involved in x-rays. However, the member of staff appointed as the Radiation Protection Supervisor had not undertaken the appropriate IR(ME)R training. We discussed this with the practice and recommended that the member of staff undertakes the training or one of the clinical staff who has undertaken the training should take over the role of Radiation Protection Supervisor.

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

Improvement needed

Ensure appointed Radiation Protection Supervisor undertakes appropriate IR(ME)R training.

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 audits such as patient records; x-ray; health and safety and legionella risk assessments had been completed and / or arranged by the practice.

Quality improvement, research and innovation

The practice confirmed that they have not used 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.

The practice also informed us that no peer review of clinical staff has recently taken place. We recommend that the practice implement a range of clinical peer reviews.

Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

Implementation of clinical peer review.

Information governance and communications technology

A data protection policy was in place. All electronic files were being backed up regularly and access to computer screens was secure and discreet. However, we noted that there was no lock on the cupboard where patients' files were being kept. We brought this to the attention of the practice who agreed to install a lock on the cupboard.

We also found that there was no central referral log system in place to record referrals. We discussed this with the practice who immediately implemented a log system during our visit.

Improvement needed

Ensure patients' records are kept securely.

Record keeping

There was evidence that the practice, as a whole, was maintaining good clinical records.

A sample of 37 patient records were reviewed and we 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. All clinical staff documented that cancer screening and smoking cessation advice had been given.

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, from the sample of patients' records we viewed, we found that 20 did not contain a signed medical history form. Our concerns regarding patients' medical histories were dealt with under our immediate assurance process. Details of the immediate improvements we identified are provided in Appendix B.

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.

Staff told us that they were confident in raising any issues or concerns directly with practice manager and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities and we saw that there was a good rapport between them.

Staff and resources

Workforce

We saw staff induction folders and overall these were well arranged. However, not all training certificates were easily to hand for all members of the team. We also found that not all files contained a job description or a completed induction checklist. We advised the practice to ensure completed induction checklists are filed in staff individual files along with relevant training certificates which the practice agreed to do.

All staff had access to policies and procedures. We also saw evidence of annual staff appraisals and monthly team meetings.

We saw records relating to Hepatitis B immunisation status for all the dentists and dental nurses 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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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
We found that phosphor plate packets were being disposed of in non clinical waste bin.	Phosphor plate packaging should be disposed of in an 'orange' bag as the packaging is classed as clinical waste because it has been placed in patients' mouth.	We raised this concern with the practice during the inspection and requested this was immediately resolved.	The practice immediately amended their procedures during the inspection. Phosphor plate envelopes would be removed in the surgeries and disposed of correctly in clinical waste bins.

Appendix B – Immediate improvement plan

Service: Ruthin Dental Practice

Date of inspection: 23 April 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
<p>Finding:</p> <p>20 out of 37 patient records reviewed did not contain a signed medical history form.</p> <p>The Registered Manager must review the procedures for:</p> <p>Completion of patients medical history forms</p> <p>Scanning of patients medical forms into clinical records</p> <p>Evidence that medical forms are verbally</p>	<p>GDC Standards, Section 4.1.1</p>	<p>We have taken immediate action to address this finding.</p> <p>We have improved our system as described below. The team have been informed by email and the issue will also be raised at the next Practice meeting.</p> <p>Patients are now issued with a medical history form to be completed on arrival at the Practice whilst they wait for their appointment. These are</p>	<p>Registered Manager (Thomas Gregg)</p>	<p>Immediate</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>updated at each visit.</p> <p>The practice must maintain and keep complete and accurate patient records, including an up-to-date medical history, each time that a patient is treated at the practice.</p>		<p>countersigned by the treating clinician.</p> <p>We no longer send the medical history forms away with the patient to be returned at the next appointment.</p> <p>Once the form has been countersigned they are returned to reception for scanning into the patients electronic records.</p> <p>We will monitor the improvement via clinical notes audits, these are part of our annual iComply cycle.</p> <p>We will additionally audit the medical histories at 3 and 6 months with the aim of achieving 90% rate of up-to-date, signed and scanned forms in the clinical notes.</p> <p>We have recently updated our computer hardware and software</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		and have the ability to use clinipads, we plan to introduce these to further improve our record keeping in regard to medical histories.		

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): Thomas Gregg

Job role: Registered Manager

Date: 30 April 2018

Appendix C – Improvement plan

Service: Ruthin Dental Practice

Date of inspection: 23 April 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				
N/A				
Delivery of safe and effective care				
Ensure that sanitary disposal bins are provided in the staff / patient toilet facilities.	2.1 Managing risk and promoting health and safety	Contact has been made with Initial Medical - discussing contract change and organising initiation	MN	1/12
Ensure sharp bins are wall mounted in the surgeries.		Wall mounts ordered and to be fitted by the end of July	MN/RM	2/12
Ensure the decontamination room is redecorated.	2.4 Infection Prevention and Control (IPC) and	This is planned for 6th and 7th August during the summer holidays to avoid too much disruption	RM	2/12

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure the practice undertakes a full infection control audit as recommended by WHTM 01-05.	Decontamination	The newly appointed infection control lead has been training using the CODE system and looking into WHTM 01-05 prior to carrying out audit. Audit to be carried out.	KD	2/12
Ensure that the 'knee knock' bins are repaired or replaced.		Organising repair/refurb - ongoing	MN	3/12
Ensure at least two members of staff at the practice are trained in first aid.	2.6 Medicines Management	Second first aider appointed and training day being arranged August 2018	RM	3/12
Forward to HIW DBS details for two members of staff.	2.7 Safeguarding children and adults at risk	Copies have been sent with this document for scrutiny.	RM	Completed
Ensure appointed Radiation Protection Supervisor undertakes appropriate IR(ME)R training.	2.9 Medical devices, equipment and diagnostic systems	RPS changed to Tom Gregg who has appropriate IRMER training. KP booked on a course in January to be trained appropriately to resume the role in the future	TG and KP	1/12 and 8/12
Self evaluate using the Maturity Matrix Dentistry tool.	3.3 Quality Improvement, Research and	MMD evaluation will be carried out and built into CODE calendar - to do created on calendar	TG	12 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
Implementation of clinical peer review.	Innovation	Build into CODE calendar - to do created on calendar. We are currently engaging the services of specialist Dentistry Business Consultants who will be assisting us in improving our peer review procedures	TG	6 months
Ensure patients' records are kept securely.	3.4 Information Governance and Communications Technology	Lock fitted on the door to paper record store	RM	1/12
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): Thomas Gregg

Job role: HIW Registered Manager/ Practice Co-Principal

Date: 27/6/2018