

General Dental Practice Inspection (Announced)

Springfield Dental / Betsi

Cadwaladr University Health
Board

Inspection date: 19 June 2018

Publication date: 20 September
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 Springfield Dental at Springfield House, 5 Chester Road, Gresford, Wrexham, LL12 8NA, within Betsi Cadwaladr University Health Board on the 19 June 2018.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 Springfield Dental provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

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

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 floors in the surgeries are sealed at the edges
- Review and update COSHH file and radiation protection file
- Undertake infection control audit
- Implement a range of clinical audits

3. What we found

Background of the service

Springfield Dental provides services to patients in the Wrexham 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 two dentists, one hygienist, one clinical dental technician, three dental nurses and one receptionist.

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 Springfield Dental 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 and rated the care and treatment received as excellent.

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 36 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. All patients who completed a questionnaire rated the care and treatment received as excellent. Some of the comments provided by patients on the questionnaires included:

*"I work all over the county, but will never go anywhere else!
Best dentist by far"*

"Both dentists and all staff provide excellent care and treat you with dignity and respect"

"All staff are very friendly, welcoming, polite and ensure that I and my family receive excellent customer care"

"Really pleased with the dental care - we are made to feel part of the family"

"This is an excellent, professional & friendly practice. All the staff are extremely impressive"

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

"Disability access could be improved"

"Able to book appointment on the website"

Staying healthy

Health promotion protection and improvement

There was ample, dedicated dental health promotion information available, which meant patients had access to information that 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.

All 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 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, had received clear information about available treatment options and understood 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

A small number 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.

All but one of the patients who completed a questionnaire said 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, provided on the answer phone message, the practice website and patient information booklet.

The majority of patients who completed a questionnaire told us that they found it very easy to get an appointment when they needed it.

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.

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

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

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

Listening and learning from feedback

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 area. However, the notice did not include contact details for Healthcare Inspectorate Wales as the registration authority nor did it make any reference to the NHS 'Putting Things Right'¹. 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.

We saw evidence that the practice had a system in place to log formal complaints and concerns. The practice informed us that any informal concerns were captured within individual patients' records. We advised the practice to record any informal concerns in a central log in order for any themes to be identified. The practice agreed to do this immediately. At the point of inspection no complaints had been received at the practice since it was taken over by the current owners in 2004.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. Patients are able to provide feedback or leave suggestions anonymously in the comment box provided. Details of all feedback analysis are discussed with the whole dental team and testimonials are published on the practice website. We saw the latest survey results which were extremely positive and we also saw evidence that the practice had acted upon and used the feedback to influence changes at the practice. We advised the practice to display an analysis of the feedback received in the waiting area / reception, demonstrating to patients visiting the practice that feedback is acted upon and is used to influence changes to the service delivery at the practice.

¹ <http://www.wales.nhs.uk/sites3/home.cfm?orgid=932>

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.

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

However, we did find some improvements needed such as the implementation of a range of clinical audits.

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 were four unisex toilets for use by patients or staff. The facilities were clearly signposted and visibly very clean.

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. However, we noted that these were due for renewal.

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.

Improvement needed

Review COSHH file and associated risk assessments.

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) 01-05². The facility was clean, well organised and well equipped.

Staff demonstrated the decontamination process and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with best practice guidelines.

We were informed by the practice that daily, weekly and ad-hoc checks are undertaken of infection control but no routine audits have been undertaken. We recommended that an infection control audit is undertaken as soon as possible using the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) audit tool which is the standard for decontamination and infection control practices in dental surgeries in Wales. The practice agreed to immediately undertake the infection control audit.

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 the current decontamination policy. All instruments were bagged and contained the processing date.

² Decontamination in primary care dental practices and community dental services

Improvement needed

Undertake full infection control audit using the WHTM 01-05 audit tool.

Medicines management

The practice had procedures in place that described 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. However, we advised the practice to consider organising the emergency drugs into packs relating to potential emergency.

We 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. However, we found that no records were maintained for checking the portable defibrillator. We were verbally assured that the defibrillator is checked as part of the same process. We advised the practice to maintain records of the checks which they agreed to do.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and the practice had one trained first aider. We did advise the practice to consider having more than one member of staff trained in first aid due to the size of the practice.

We recommended that the practice review and update the resuscitation policy ensuring it reflects current procedures and latest guidance by the Resuscitation Council (UK).

We also found that not all staff at the practice were aware of the process of reporting any adverse reactions to drugs. Any drugs may produce unwanted or unexpected adverse reactions. The early detection and recording of any adverse drug reactions is important so that any hazards are identified and action taken. Healthcare professionals should report suspected adverse

reactions directly to the Medicines and Healthcare Regulatory Agency (MHRA) through the Yellow Card Scheme³

We strongly recommended that the practice review and ensure all staff fully understands the process of adverse reporting mechanisms for drugs.

Improvement needed

Review and update the resuscitation policy.

The practice should review and improve its understanding of adverse reporting mechanisms for drugs.

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 were informed by the practice that one member of staff was due to renew their training and we were verbally assured that the appropriate training session had been booked.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all staff working at the practice had a valid DBS in place.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment to ensure the safety of patients. The surgeries were well organised and tidy. We identified that the floors in all surgeries needed to be sealed at their edges.

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

³ <https://yellowcard.mhra.gov.uk/>

radiographic (X-ray) equipment and the practice had undertaken thorough image quality assurance audits of X-rays. We saw evidence of up-to-date ionising radiation training (IR(ME)R) for all clinicians involved in x-rays. However, we noted that the dental nurses needed to complete the IR(ME)R training as part of their Continuing Professional Development (CPD) requirements which the practice agreed to arrange.

We recommended to the practice that the radiation protection file should be reorganised to make it easier to locate information which the practice agreed to do.

We also advised the practice to review and update their sharps policy ensuring it reflects current procedures.

Improvement needed

Ensure floors in all surgeries are sealed at the edges.

Ensure all dental nurses completes IR(MR)R training as per their CPD requirements.

Update and organise the radiation protection file.

Effective care

Safe and clinically effective care

The practice did not have a programme in place for undertaking a wide range of formal 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 has been undertaken which contributes to the quality and safety of the care provided to patients.

The practice informed us that plans are in place and contact made with the Wales Deanery in order for the practice to self-evaluate using the Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

Information governance and communications technology

A data protection policy was in place. 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 at all times.

Record keeping

A sample of patients' records were reviewed for each dentist. Overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we found some gaps within patients' individual records such as medical and social history, smoking cessation advice and whether or not cancer screening had been explained. We also discussed with the practice the lack of evidence in support of the justification, frequency and clinical findings recorded of regular x-rays being taken based on risk factors.

Considering the variance we found in patients' records, it would be advisable for the practice to undertake regular audits of patient records as part of their peer review process and ensure all x-rays are justified, the frequency recorded along with the clinical findings.

We also examined a sample of patients' records for the hygienist. Overall, we found evidence of excellent records being maintained. However, we did advise the hygienist to consider developing a template dedicated for direct access patients⁴.

⁴ <https://www.gdc-uk.org/professionals/standards/direct-access>

Improvement needed

Undertake regular audits of patients' records as part of the peer review process that includes a review of the justification, frequency and recording of clinical findings of x-rays.

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 principal dentist 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 very good rapport between them.

Staff and resources

Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures. However, we advised the practice to ensure all policies and procedures contained a review date and / or were version controlled. We also advised the practice to ensure policies and procedures contain a staff signature demonstrating that these have been read and understood.

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.

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

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 non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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
There were no immediate concerns identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Springfield Dental

Date of inspection: 19 June 2018

The table below includes any immediate non-compliance 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.

Description of non compliance / Action to be take	Regulation	Service action	Responsible officer	Timescale
There were no non compliance issues identified on 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: Springfield Dental

Date of inspection: 19 June 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/Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Review COSHH file and associated risk assessments.	2.1 Managing risk and promoting health and safety	Ongoing update started immediately following HIW inspection day. Completion and review to be carried out by mid-September team meeting	Rachel Griffiths	Completion by 14.09.18
Undertake full infection control audit using the WHTM 01-05 audit tool.	2.4 Infection Prevention and Control (IPC) and Decontamination	Immediate full infection control audit completed within one week of inspection	Stuart Randell and Karen Quail	WHTM 01-05 Audit tool Completed
Review and update the resuscitation policy.	2.6 Medicines	Reviewed in first staff meeting and	Rachel Griffiths	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Management	debrief following inspection		
The practice should review and improve its understanding of adverse reporting mechanisms for drugs.		Reviewed in first staff meeting and debrief following inspection	Stuart Randell and Karen Quail	Completed
Ensure floors in all surgeries are sealed at the edges.	2.9 Medical devices, equipment and diagnostic systems	Seal floor edges with clear silicone	Stuart Randell	Completion By Mid September
Ensure all dental nurses completes IR(MR)R training as per their CPD requirements.		Outstanding staff members to complete training	Rachel Griffiths	Completed
Update and organise the radiation protection file.		Swap to online radiation protection file with Public Health England and complete any outstanding work	Stuart Randell	Completed
Implement a range of clinical audits with a view to identifying areas for improvement.	3.1 Safe and Clinically Effective care	Maturity Matrix in Dentistry Quality Assurance Tool meeting scheduled. When this was completed SR and KQ have arranged to have Maturity Matrix in Dentistry facilitator to come in to facilitate a range of clinical audits. In house audits to be identified at next staff meeting and staff roles to be decided	Stuart and Karen	Ongoing – interim report to be shared amongst team members at Mid Sept team meeting

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Undertake regular audits of patients' records as part of the peer review process that includes a review of the justification, frequency and recording of clinical findings of x-rays.	3.5 Record keeping	Immediate review and data collection to see the current state of offering following HIW inspection. (Completed). Review after 12 weeks	Stuart Randell and Karen Quail	Review by 23/11/18
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): **Stuart Randell**

Job role: **Dentist**

Date: **21.08.18**