

General Dental Practice Inspection (Announced)

Betsi Cadwaladr University
Health Board, {My} dentist
Kandy Lodge

29 July 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to {My} dentist Kandy Lodge at High Street, Ruabon, Wrexham, LL14 6NH within the area served by Betsi Cadwaladr University Health Board on 29th July 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

{My} dentist Kandy Lodge provides services to approximately 3,000 patients in the Ruabon and surrounding area of Wrexham. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Kandy Lodge is a mixed practice providing both private and NHS dental services.

The practice was originally established in 1984 but has undergone two company take overs in the last two years, the most recent by Integrated Dental Holdings (IDH) who took the business over in September 2014. IDH has gone through a process of re-branding dental practices, including Kandy Lodge, to {My} dentist.

The practice staff team includes three dentists, two hygienists, eight dental nurses (which at the time of our inspection included three trainee nurses), one lead nurse/receptionist, one receptionist and one practice manager. Additionally, a Foundation Dentist (a dentist in the first phase of continuing postgraduate) was due to commence placement in September 2015.

A range of services are provided. These include:

- Routine check ups and examinations
- Scale and polish
- Fillings
- Crowns and bridges
- Extractions
- Dentures
- Teeth whitening
- Cosmetic dentistry / facial rejuvenation

4. Summary

HIW explored how {My} dentist Kandy Lodge meets the standards of care set out in the Health and Care Standards (April 2015).

All of the eight patients who responded to HIW's questionnaire were satisfied and complimentary about the dentists and staff. However three of the patients indicated that, since the practice was rebranded to {My} dentist, the waiting area facilities need to be improved. The practice agreed to feedback patients' comments to IDH for consideration.

We found inconsistencies between the English and Welsh language versions of the practice complaints procedures. Therefore we have advised the practice to review these, to ensure consistency and compliance with NHS 'Putting Things Right', which is the arrangement for responding to complaints regarding NHS services.

Overall, the clinical facilities, treatment areas and the systems to maintain and service the equipment were very good. With the exception of one dental instrument mentioned in the paragraph below, the decontamination and infection control facilities and procedures were excellent.

However, we issued an immediate assurance letter and improvement letter with regard to ultrasonic handpieces that were not being appropriately sterilised between patients. Consequently HIW has received written confirmation from the practice that interim arrangements were immediately implemented (to minimise the risks) and that several additional handpieces have been purchased. HIW have therefore been provided with sufficient assurance that the risks to patient safety have been minimised.

The standard of patient records was generally very good by two of the dentists. We advised the practice on the areas of record keeping that could be improved by the other dentist, which they agreed to take forward for action.

We found that the practice was being effectively managed by the practice manager and by the management team within the wider organisation. There were robust policies and procedures in place and we found a strong ethos on learning and development, with staff being provided with various opportunities to maximise their professional performance and competence.

Kandy Lodge is a purpose built practice and, because of the ground floor and car parking facilities, including disabled parking, overall accessibility was good. We observed that the standard of cleanliness was good.

The staff facilities, reception and storage space, for a five surgery practice, were limited. We have advised the practice to urgently review the layout of the reception area to ensure compliance with workplace regulations.

5. Findings

Patient Experience

All of the eight patients who responded to HIW's questionnaire were satisfied and complimentary about the dentists and staff. However three of the patients indicated that, since the practice was rebranded to {My} dentist, the waiting area facilities need to be improved. The practice agreed to feedback patients' comments to IDH for consideration.

We found inconsistencies between the English and Welsh language versions of the practice complaints procedures. Therefore we have advised the practice to review these, to ensure consistency and compliance with NHS 'Putting Things Right', which is the arrangement for responding to complaints regarding NHS services.

HIW received eight completed questionnaires from patients during the morning of the inspection. Their responses indicated that information about key aspects of the service was readily available to them, including information about their treatment, how to access the out of hours service and how to make a complaint. Several patients had added further complimentary comments, such as *"excellent service"*, *"100% satisfaction always"*, *"always friendly and helpful"*. A couple of patients stated:

"An excellent practice, excellent dentists supported by a team of very able support staff. Thank you".

"Prior to joining this dentist I was very nervous about coming. I now feel more relaxed and my phobia of needles has lessened".

During our general observations, we saw that bilingual Welsh/English written information was prominently displayed in the reception and waiting areas.

The practice was taken over by IDH in September 2014 and was recently re-branded to a {My} dentist practice. Three of the patients commented about the facilities in the waiting room; for example, they wanted the television to be returned; one of the patients suggested a Wi-Fi connection to help to keep adults and children entertained, adding that the waiting area is no longer child friendly, and one of the patients said there are no reading materials to help people relax. We spoke with the practice and clinical support managers about these comments. Reading materials have recently been made available (as we saw during the inspection). However they agreed to feedback the other patients' views to IDH for consideration.

We saw that feedback forms were available for patients in the waiting area. We suggested that the writing on the form be presented in larger font, to assist people who have a visual impairment, which the practice agreed to consider. There was evidence that patients' feedback is taken into account, for example the practice manager informed us that any comments from the online feedback service is added as an agenda item for the next team meeting, so that these can be discussed and, if possible, acted upon.

At the time of our inspection the practice was waiting for new {My} dentist patient information leaflets. We were unable to access information through the {My} dentist website, however we saw information about the practice through a different website address but this did not include anything about the company (IDH) who are now running the service.

Improvement needed

The current website information should be urgently updated to ensure that information is accurate and complies with the General Dental Council principles of ethical advertising.

Patient information leaflets should be made available as soon as possible, again to ensure that patients are provided with accurate and up to date information.

We noticed an anomaly between the English and Welsh language versions of the complaints procedure, in that the timescales to acknowledge and deal with complaints were different between them and there was an additional paragraph of other organisations that could be contacted on the Welsh version. The Welsh version was consistent with the NHS 'Putting Things Right'⁴ arrangements.

Improvement needed

We advised the practice to review their complaints procedures, to ensure consistency and correct translation between the English and Welsh language versions and, for patients receiving treatments under NHS, compliance with the NHS 'Putting Things Right' arrangements.

⁴ The NHS 'Putting Things Right' specifies the arrangements for dealing with and responding to complaints about NHS services, which includes dental practices, and provides the timescales under which complaints should be acknowledged and responded to.

Delivery of Health and Care Standards

Overall, the clinical facilities, treatment areas and the systems to maintain and service the equipment were very good. With the exception of one dental instrument mentioned in the paragraph below, the decontamination and infection control facilities and procedures were excellent.

However, we issued an immediate assurance letter and improvement letter with regard to ultrasonic handpieces that were not being appropriately sterilised between patients. Consequently HIW has received written confirmation from the practice that interim arrangements were immediately implemented (to minimise the risks) and that several additional handpieces have been purchased. HIW have therefore been provided with sufficient assurance that the risks to patient safety have been minimised.

The standard of patient records was generally very good by two of the dentists. We advised the practice on the areas of record keeping that could be improved by the other dentist, which they agreed to take forwards for action.

We found that there were clear systems in place to monitor and maintain radiographic equipment. X-rays were being digitally processed and we saw that regular image quality audits were being undertaken and acted upon. We were presented with training certificates demonstrating that all three dentists had received training, in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000, in the last five years as recommended by the General Dental Council.

The practice had robust systems and procedures, including a comprehensive policy, to respond to potential medical emergencies. In addition to the mandatory annual cardio pulmonary resuscitation training attended by all staff, the practice manager and hygienist were holding three monthly in-house scenario-based training sessions with staff. All the emergency medication and equipment we saw were within their expiry date and there was evidence that staff were carrying out regular checks.

Contracts were in place to dispose of hazardous and non-hazardous waste. We saw that waste was placed in the correct coloured receptacles. The external clinical waste bins were securely stored.

We found that the practice decontamination facilities and written procedures were excellent and in keeping with the Welsh Health Technical Memorandum

(WHTM) 01-05 decontamination in dental practices guidelines. There was a separate room to process used instruments, which included a hatch to another room to process and store the clean/sterilised instruments. We saw that the bags containing clean instruments included the 'sterilised' and 'use by' dates, which is best practice.

Overall, we saw that the standard of each surgery room was excellent, with areas that were easy to clean and sealed edges to prevent dust and dirt from becoming ingrained.

We looked at the instruments being used and saw that the suction tips could be sterilised. However, in line with the WHTM 01-05 recommendation for single-use instruments, staff agreed to dispose of these after each patient and to replace these with single use tips.

Whereas we saw that scaler tips were being sterilised between patients, the practice was not also sterilising the ultrasonic hand pieces between patient use. As this could have potentially posed a risk to patient safety, we raised our concerns with the practice and issued an immediate assurance letter and improvement plan. HIW has since been provided with sufficient assurance that safe interim arrangements were implemented pending receipt of a sufficient number of new additional handpieces, to enable them to be sterilised between patient use.

We looked at a sample of five patient records per dentist. We saw that the standard of record keeping by two of the dentists was, overall, good. Out of the five records inspected, we found gaps in the records where radiographs had not been graded on the computer system (although we saw the grades were noted in the audit log book). We acknowledged that the practice had undergone two company takeovers in the last few years, resulting in three computer software changes. Therefore not all the information had yet been transferred onto the latest system.

The patient records for one of the dentists however were inconsistently completed. For example, out of the five records we looked at, two medical histories were not recorded on the system, which included one case where the medical history form could not be found at all. There were two cases where bitewing radiographs would have been appropriate but had not been taken in the past three years. These matters were raised with the clinical support manager who agreed to discuss these findings with the dentist concerned.

Improvement needed

Consideration should be given to the systems needed to ensure that the standard of record keeping is consistent amongst of dental practitioners and that full and complete information is available on patient records.

Management and Leadership

We found that the practice was being effectively managed by the practice manager and by the wider organisation. There were robust policies and procedures in place and we found a strong ethos on learning and development, with staff being provided with various opportunities to maximise their professional performance and competence.

At the time of our inspection the practice had undergone two company take overs in relatively quick succession, the most recent being by IDH 10 months previously. Although this had been a challenging time for staff we observed a strong, cohesive staff team who seemed to have adapted well to these changes.

There were robust management systems in place. For instance, the practice manager was well organised and some of the clinical areas were delegated to a lead nurse. The team of dental nurses worked with different dentists on a rota system; chairing and minute taking of team meetings was shared between staff as was the decontamination process, which was undertaken between them on a twice-daily rota basis.

There was a strong ethos on learning and development. Staff members' progress with training was monitored as part of their annual staff appraisal and a personal development plan agreed. We looked at a sample of training certificates which demonstrated that staff had completed various mandatory and specialist training. The practice was utilising the Wales Deanery Maturity Matrix, which is a tool that can be used by dental practices to monitor standards and overall performance. Previously, before being acquired by IDH, the practice had achieved the Denplan Gold accreditation (an additional mark of quality available to dentists who are members of the Denplan payment plan scheme).

We made a few suggestions for improvements to practice systems. We saw that minutes of staff meetings were inconsistent and did not always demonstrate learning from discussions. Because accident forms were filed as part of the patient's records there was no clear audit trail of the type of incidents, so that steps to mitigate common themes could be considered. Informal concerns were considered at team meetings, however logs were not retained afterwards so common themes could not be identified and acted upon. Therefore, the practice manager agreed to consider ways of tightening up on these systems.

At the time of our inspection, one of the dentists did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with

the regulations for private dentistry. We discussed this with the practice manager who confirmed that a new DBS certificate had been requested for this dentist and that, in future, they will ensure that DBS checks are renewed three yearly, in order to comply with private dentistry regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We saw documentary evidence that DBS checks had in fact already been obtained for all the other staff working at the practice, therefore this was acknowledged by us as best practice.

Quality of Environment

Kandy Lodge is a purpose built practice and, because of the ground floor and car parking facilities, including disabled parking, overall accessibility was good. We observed that the standard of cleanliness was good.

The staff facilities, reception and storage space, for a five surgery practice, was limited. We advised the practice to urgently review the layout of the reception area to ensure compliance with workplace regulations.

Kandy Lodge is a purpose built single-storey dental practice. Externally, there is a staff and patient car park, which includes three designated bays for disabled parking. There is one step in the porch and we saw that a portable ramp was located in this area, which was also visible by the receptionists.

The waiting room was adequate for the number of surgery rooms, although we were informed that it can get busy at times. We reminded the practice to take the patients' comments about the waiting area into consideration, as discussed in the Quality of Patient Experience section of this report (page 6). We observed that the signage within the premises was very good, which included notices with relevant symbols to signpost or alert visitors.

Staff facilities included the practice manager's office and a small kitchen and sitting area. We saw that staff were using the waiting area to eat their lunch, when the surgery was closed for an hour. There were two toilets, including a disabled access toilet, for use by staff and patients. We saw that staff lockers were stored in the disabled toilet. This room was still spacious enough for wheelchair access and, as there were no other suitable storage facilities and that staff only accessed their lockers before or after surgery times, we acknowledged that this was the only suitable option.

We raised concerns regarding the reception area, which was shared by two staff members. This area was small and, when the two staff work spaces were occupied, we saw that one of the staff members was blocked in by the other. We were informed that this area used to be bigger but had been adapted after being taken over by IDH last year. We advised the practice to urgently review the layout of this reception area, to ensure that it complies with workplace regulations and with consideration to emergency procedures such as fire evacuation.

Improvement needed

The layout of the reception area should be urgently reviewed to ensure compliance with regulations such as The Workplace (Health, Safety and Welfare) Regulations 1992 and the Health and Safety (Display Screen Equipment) Regulations 1992.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the {My} dentist Kandy Lodge will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: {My} dentist Kandy Lodge, High Street, Ruabon, Wrexham

Date of Inspection: 29 July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
8	<p><i>The current website information should be urgently updated to ensure that information is accurate and complies with the General Dental Council principles of ethical advertising.</i></p> <p><i>Patient information leaflets should be made available as soon as possible, again to ensure that patients are provided with accurate and up to date information.</i></p> <p>[Health and Care Standard 3.2]</p>	<p>We are in the process of closing down the old practice website containing the incorrect information.</p> <p>The practice has correct details on the {my} dentist website which meet all requirements https://www.mydentist.co.uk/dentists/practices/wales/wrexham/wrexham/high-street</p> <p>The patient information leaflet has been ordered as part of the rebrand of the practice and we have an expected delivery date</p>	<p>Compliance team/ IT</p> <p>Marketing Department</p>	<p>20th September</p> <p>20th September</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
8	<p><i>We advised the practice to review their complaints procedures, to ensure consistency and correct translation between the English and Welsh versions and, for patients receiving treatments under NHS, compliance with the NHS 'Putting Things Right' arrangements.</i></p> <p>[Health and Care Standards 3.2 and 6.3]</p>	<p>My dentist will review the code of practise against procedure and posters and ensure accuracy against 'Putting Things Right' and Private Dentistry regulations. Once reviewed we will distribute to all welsh practices</p>	<p>Amanda Codrington / Customer Care team</p>	<p>4th September</p>
Delivery of Health and Care Standards				
11	<p><i>Consideration should be given to the systems needed to ensure that the standard of record keeping is consistent amongst of dental practitioners and that full and complete information is available on patient records.</i></p> <p>[Health and Care Standard 3.5]</p>	<p>The last record Card audits have been reviewed and identified issues relating to record keeping. The Clinical Support Manager has since attended the practice and reviewed vital signs and audits with the clinicians and talked through record keeping protocols. We have arranged for the Practice Manager to conduct monthly record card audits which the clinical support manager will review. A Clinical Support manager revisit has been arranged for October but he will attend at an earlier stage should the monthly audits identify any issues.</p>	<p>Practice Manager / Clinical Support Manager / Clinicians</p>	<p>October review Meeting</p>
Management and Leadership				

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	N/A			
Quality of Environment				
15	<p><i>The layout of the reception area should be urgently reviewed to ensure compliance with regulations such as The Workplace (Health, Safety and Welfare) Regulations 1992 and the Health and Safety (Display Screen Equipment) Regulations 1992.</i></p> <p>[Health and Care Standard 2.1]</p>	<p>The Health and Safety team are supporting the Practice Manager regarding this issue. Arrangements have been made for our Health and Safety manager to meet the Area Development Manager and Practice Manager to review the existing set up and make recommendations in accordance with workplace regulations. Once this visit has been conducted the health and safety team will support Facilities in following up on actions required.</p> <p>The business is currently trialling a new incident reporting process and the practice has been asked to be part of this trial</p>	Health and Safety team / Practice Manager / Area Manager / Facilities	Meeting arranged for 5 th September

Practice Representative:

Name (print): ...Helen Clee.....

Title: ...Practice Manager.....

Date: 25/8/15.....