

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Rossett Dental Care

21 January 2016

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Rossett Dental Care, Station Road, Rossett, Wrexham, LL12 0ER on 21 January 2016.

HIW explored how Rossett Dental Care met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Rossett Dental Care 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. Rossett Dental Care is a mixed practice providing both private and NHS dental services.

The practice staff team includes 3 dentists, 2 registered dental nurses, 1 practice manager, 1 therapist and 1 receptionist/trainee dental nurse.

A range of NHS and private dental services are provided.

3. Summary

We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were satisfied with the service provided. The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales.

We found arrangements were in place for the safe use of X-rays. Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment. Arrangements were in place to dispose of waste produced at the practice. Staff demonstrated a satisfactory process for the decontamination of dental instruments. Overall we found patient dental records had been maintained to a high standard.

A manager was responsible for the day to day running of the practice. Staff told us they had training opportunities relevant to their role and that they felt communication within the team was good. There are regular staff meetings.

A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults.

4. Findings

Quality of the Patient Experience

We invited patients to tell us about their experiences of using the practice. Patients who returned completed questionnaires told us they were satisfied with the service provided. The practice had a procedure for handling concerns (complaints). It was consistent with *Putting Things Right*, the arrangements in place for responding to concerns about NHS care in Wales.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Twenty (20) questionnaires were received and Patient comments included:

'All the staff here are very friendly and keep you informed as to what they are doing. An excellent practice'

' Always helpful and friendly'

'Thoroughly satisfied with my treatment'

'The practice is excellent'

Patients who provided comments within the questionnaires told us that the staff members were welcoming, polite and helpful. Patients were happy with the amount of information they received and commented on the advice and help they received when further explanations regarding treatment was required.

There was a process in place for informing patients should their dentist be running late.

The names and qualifications of the dentists, together with the opening times and (emergency) out of hours contact number were clearly displayed inside and outside near the main entrance.

However 7 out of the 20 patients who provided comments within the questionnaires told us they were not aware of how to access these services. Therefore, the practice owner and practice manager may wish to consider how to further raise awareness of this.

We saw that a practice information leaflet was available and this included practical and useful information. Additional information leaflets were available with regard to healthy lifestyles and smoking cessation.

The practice had assessed patients' views on the service provided via the use of patient questionnaires. This survey is undertaken on a monthly basis. The last survey had been completed during December 2015. We saw that the results of the last survey had been audited to identify any themes and that the outcomes were positive in all areas. We suggested that outcomes from the surveys should be made available to the patients. Suggestion boxes for patient's comments were available in each waiting area.

The practice had no designated car parking available for patients to use. However, there was a free public car park available next to the practice.

There was access to the practice for people who use wheelchairs or those with significant mobility difficulties. The practice may wish to review whether a door light system may be helpful for those patients who are unaccompanied as the receptionist will have to open the door to allow access to the practice.

The practice provided both private and NHS care and treatment and had a written procedure in place for patients to raise concerns (complaints). The procedure met the requirements of the private dentistry regulations and complied with Putting Things Right, the arrangements for handling concerns about NHS care in Wales. However, details regarding the advocacy service/support that community health council offers needed to be included.

We found evidence that formal/written and concerns (complaints) were recorded and logged in a complaints file. We were told that informal/verbal complaints were noted and logged. Complaints were discussed at practice meetings to share learning, with the intention of making service improvements. Staff told us they would be comfortable raising work related concerns with senior practice staff.

When we asked patients about the procedure to follow, 14 patients who returned questionnaires told us they were aware of how to make a complaint and 6 patients told us they did not know how to make a complaint. Information for patients on how to raise a concern (complaint) was available at the practice. However, the practice owner and practice manager may wish to consider how to further raise awareness of this.

Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. Prices for private dental services were also available. This meant patients visiting the practice had

access to information on how much they may have to pay for their dental treatment.

Delivery of Safe and Effective Care

We found arrangements were in place for the safe use of X-rays. Staff had received training on how to respond to a patient emergency (collapse) and had access to emergency drugs and equipment. Arrangements were in place to dispose of waste produced at the practice. Staff demonstrated a satisfactory process for the decontamination of dental instruments. Overall we found patient dental records had been maintained to a high standard.

Environment

Rossett Dental Care practice occupies a detached building on a residential street in the village.

The front exterior of the building appeared well maintained and the practice was signposted. The interior of the building is light, clean and bright and there is a warm and friendly atmosphere. The practice is currently being extended to offer more facilities for patients and staff.

There was access to the practice for people who use wheelchairs or those with significant mobility difficulties.

Fire exits were signposted and fire safety equipment was available at various locations within the practice building. Maintenance labels indicated that extinguishers had been subject to a service visit within the last 12 months. This meant that staff and patients had information so they could safely evacuate the building in the event of a fire and fire fighting equipment was available for staff to use if necessary.

Maintenance of the premises is on a rolling programme.

Clinical Facilities

Facilities within the practice are organised on the ground floor. This comprises a reception area, waiting room, two surgeries, decontamination room, office, a universal toilet (disabled access and which contained suitable hand washing facilities and paper towels to reduce cross infection) and a radiography room. It was noted, that the patient's toilet did not have an emergency alarm call system, which is advisable. However, the facility is observable from the reception area.

Contract documentation was in place for the disposal of hazardous waste. Arrangements were in place with the local council for the disposal of non

hazardous/domestic waste. Waste produced by the practice was securely stored whilst waiting to be collected.

The practice has a separate decontamination room as recommended within Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) ¹. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of instruments.

We observed a member of staff during the process of decontamination and found this to be completed satisfactorily.

The practice had one autoclave (used for sterilising dental equipment/instruments) which had an up to date inspection certificate confirming that it was safe to use.

Testing strips were available and demonstrated daily tests had been performed to establish whether the autoclave had reached a suitable sterilisation “temperature and pressure” and this was maintained for a given period. There were records/logbooks available to demonstrate whether other routine tests, set out within WHTM 01-05, had been conducted on the autoclave and to confirm it remained suitable for intended use. We advised that the first printout of the autoclave should be attached to a book with a separate page for each day of the week. We noted that temperature checks were not currently in place on sentinel outlets, these checks need to be commenced and recorded, monthly. We also advised that the monthly checks on the compressor be recorded.

Improvement needed

Sentinel outlets and Compressor checks need to be recorded.

We saw that instruments had been packaged to reduce the risk of contamination when stored. The practice team had recorded the expiry date when instruments had to be used by. The practice may wish to consider re-processing sterilised instruments after one month, in line with WHTM 01-05 guidance.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. It was noted that no size was

¹ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

marked on the oxygen cylinder. It was advised that the principle dentist review the Resuscitation Council UK guidelines on back up oxygen cylinders especially as the practice occasionally carries out sedation on patients. A poster was available and displayed the procedures for various medical emergencies.

The practice manager confirmed that all staff had received training in the last twelve months on how to perform cardiopulmonary resuscitation (CPR). Training certificates we saw supported this. It was advised that the practice staff consider practicing CPR scenarios in between annual training.

Staff told us a system was in place to identify and replace expired drugs and to regularly check emergency equipment at the practice. This is checked and recorded on a monthly basis. We checked the emergency drugs and found all were in date. We found that the defibrillator was not included on the check list and noted that this should be added to the list. We advised that the check should be undertaken on a weekly basis in line with The Resuscitation Council UK recommendations.

Prescription pads were securely stored when not being used to prevent unauthorised persons using them. However, it is advised that a log be kept of all void and issued prescriptions.

We found arrangements were in place for the safe use of X-ray equipment. A radiation protection file (RPF) contained all the relevant documentation and information required. We noted that the RPF file required the qualification of a visiting Implantologist. Copies of the Ionising Radiation (Medical Exposure) Regulation (IR(M)ER training certificates were required for the implantologist and an associate dentist.

Improvement needed

RPF file required the qualification of a visiting Implantologist. Copies of IR(M)ER training certificates were required for the implantologist and an associate dentist.

A current safety check certificate for the equipment was available. We saw certificates that indicated staff training on the safe use of X-ray equipment was up to date. Local rules (for the use and taking of X-rays) were available. However, these need to be customised to specific circumstances in each surgery, which the practice agreed to undertake.

Improvement needed

Local rules need to be customised to specific circumstances in each surgery.

Digital X-rays were used and a quality assurance system was in place to ensure that the image quality of these was graded and recorded. However, we advised the practice to keep a log book of the recording and grading of x-rays.

We reviewed a sample of 10 patient dental records. This sample included records that had been completed by two of the dentists working at the practice. Overall, we found the records had been maintained to a high standard and notes recorded in a consistent and comprehensive manner. We found advice around the risks and benefits of treatments and alternative treatments had been recorded; treatment plans had been signed by patients. All the records we saw demonstrated that health promotion advice, including better oral health, had been provided by the dentists.

Treatments, costs, benefits and alternatives were explained and recorded in the notes. Consent is discussed and obtained. However, we noted that some notes did not contain the grading of radiographs and though the recall period had been assessed, no clinical justification had been recorded with regard to this.

Improvement needed

The grading of radiographs and clinical justification for period of patient recall should be recorded in patient documentation.

The practice had written procedures in place for responding to child protection and protection of vulnerable adult issues. The contact details of local safeguarding teams were available so that staff had access to information on who to contact for advice on safeguarding matters. Staff had attended training on child protection and on the protection of vulnerable adults.

Quality of Management and Leadership

A manager was responsible for the day to day running of the practice. Staff told us they had training opportunities relevant to their role and that they felt communication within the team was good. There are regular staff meetings and monthly lunchtime 'listen and learn' sessions for all staff members.

A number of written policies and procedures were in place with the intention of providing safe dental services. These included policies for safeguarding children and vulnerable adults. Staff had received training on child protection and protection of vulnerable adults. Audits were undertaken in different areas of the practice.

A practice manager was responsible for the day to day running of the practice and explained that she would cover duties of other members of the team as necessary. The practice manager was very conversant with all aspects of the practice and demonstrated a clear commitment to maintaining and improving quality and standards within the practice.

The practice manager confirmed that all clinical staff working at the practice were registered with the General Dental Council. We saw records confirming they had valid indemnity insurance cover in place.

Dentists working at the practice provided both NHS and private dental services. In order for dentists to provide private dental services in Wales they have to be registered with HIW. We saw the dentists had up to date HIW registration certificates confirming their registration. These were prominently displayed in accordance with the relevant regulations for private dentistry.

Records were also available confirming clinical staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patients' safety against blood-borne viruses.

We spoke with staff working at the practice on the day of our inspection. Staff explained they were able to access training relevant to their role and for their continuing professional development (CPD). We saw a sample of staff training certificates indicating staff had attended training on a range of topics. This meant that patients were treated by staff whom had appropriate skills and up-to-date training.

Staff told us practice meetings were held regularly and topics relevant to their work were discussed. They confirmed that they were able to raise work related issues for discussion at these meetings. We saw notes from practice meetings

had been maintained. Peer review takes place on a daily basis. However, this needs to be recorded. Staff annual appraisals were undertaken.

The practice had a comprehensive range of relevant policies and procedures with the intention of providing safe dental services to patients. These included the following:

- Data Protection Policy
- COSHH Assessments
- Safeguarding Children
- Safeguarding Adults
- Infection Control
- Health & Safety
- Privacy & Dignity
- Equal Opportunities
- Patient, Privacy, Dignity and Confidentiality.

There was a system in place to ensure that all staff members were kept informed about any changes to policies and procedures and alerts.

A number of audits have been recently undertaken; these included a review of infection control and x-ray film quality assurance. Outcomes and any required actions have been fed back to the staff team.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Rossett Dental Care will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



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

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

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

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
- 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Rossett Dental Care

Date of Inspection: 21 January 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	N/A				
Delivery of Safe and Effective Care					
Page 9	Sentinel outlets and Compressor checks need to be recorded.	Regulation 14(3)(b)			
Page 10	RPF file required the qualification of a visiting Implantologist. Copies of IR(M)ER training certificates were required for the implantologist and an associate dentist.	Regulation 14(1)(b)			
Page 10	Local rules need to be customised to specific circumstances in each	Regulation 14(1)(b)			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	surgery.				
Page 11	The grading of radiographs and clinical justification for period of patient recall should be recorded in patient documentation.	Regulation 14(1)(b)			
Quality of Management and Leadership					
	N/A				

Practice Representative:

Name (print):

Title:

Date: