

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Ruabon Road Dental
Practice

18 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Ruabon Road Dental Practice at 96 Ruabon Road, Wrexham, LL13 7PH within the area served by Betsi Cadwaladr University Health Board on 18th August 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

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>

- 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.

3. Context

Ruabon Road Dental Practice provides services to approximately 12,000 patients mainly from the Wrexham area but also to patients travelling from further afield. At the time of our inspection the practice ownership was by two of the dentists, under Ryan & Naylor Limited but trading as Ruabon Road Dental Practice. However we were informed that transfer of ownership, to one of the practice owners/dentists, was imminent.

The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Ruabon Road Dental Practice is a mixed practice providing NHS dental services but also offering private dental treatments. It is a training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, one dentist had left after completing a year of practice and another dentist, known as a foundation dentist, was starting in September 2015.

The practice staff team also includes eight dentists, one hygienist, ten dental nurses (which at the time of the inspection included three trainee nurses), four administrators/receptionists, a business manager, a practice manager and a deputy practice manager.

A range of services are provided. These include:

- Routine examinations and treatments, including x-rays, fillings, root canal treatment and extractions
- Crowns, dentures and bridges
- Hygiene advice and treatments, including scale and polish
- Adult orthodontics
- Private dentistry, including tooth whitening, dental implants (undertaken by one of the dentists in consultation with a specialist on implant dentistry), cosmetic fillings, crowns and veneers

4. Summary

HIW explored how Ruabon Road Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

The feedback we received from patients indicated that they were satisfied with the services they had received. Overall, we saw that written information was readily available and accessible for patients. However a list of charges for the full range of private services should be maintained and made available to patients. We have advised the practice to formalise their process for obtaining patient feedback which, where appropriate, should be used to influence changes to the service delivery.

Overall we saw that the clinical facilities were good. There were monitoring and maintenance systems in place to ensure that equipment remained safe for use. We saw that infection control and prevention could be improved further in some areas, therefore we have included these in our improvement plan. We also found that the record keeping for a couple of the dentists needed to be improved, which we have advised .

At the time of our inspection the practice was in the transition of a change of ownership, during which the overall practice management was being considered. We found that some areas, for example staff appraisals and team meetings, had fallen behind schedule.

However, overall, we saw that there were effective systems and procedures in place. We were warmly welcomed by all staff and were impressed with the objectives as envisaged by the proposed sole practice owner and the business manager. Immediate steps were taken by them to address or move forwards with our suggestions, which we commended.

Findings

Patient Experience

The feedback we received from patients indicated that they were satisfied with the services they had received. Overall, we saw that written information was readily available and accessible for patients. However a list of charges for the full range of private services should be maintained and made available to patients. We have advised the practice to formalise their process for obtaining patient feedback which, where appropriate, should be used to influence changes to the service delivery.

All of the 18 patients who responded to HIW's questionnaire confirmed that the practice team usually made them feel welcome, that they were given enough information about their treatment and were satisfied with the services provided. Several of the patients used words such as "very" and "always" in answer to these questions. We have included an extract of the comments made by of the patients:

"I had not been to the dentist for many years ... I was very nervous when I first came but I was made to feel really welcome and at ease ... and this has continued with [name]. I am very grateful for this".

"I'm a nervous patient but always get a friendly welcome and am put at ease. Excellent service".

We found that most of the patients did not know how to make a complaint. A couple of patients added that they had never needed to complain or would phone. Some of the patients did not know how to contact the out of hours number. We discussed these findings with managers and found that, since receiving the questionnaire responses, they had acted upon this feedback. Therefore, as we saw, this information was now clearly displayed in the reception area and waiting room as well as the patient information leaflet and website. Additionally, the out of hours number was displayed on entry to the building and we were informed by the receptionist that the number is included on the telephone answering message during closing hours.

Eight of the patients confirmed that they had experienced delays on the day of the appointment. However they all added comments, indicating that the delays were not excessive and, as far as they were concerned, were not problematic. However we suggested that patient waiting times is closely monitored and a log of any comments is maintained for this purpose.

One of the patients informed us that, in addition to receiving an appointment card, they received a text message to remind them of their appointment approximately two days beforehand, which they appreciated. We were informed that, if the patient's email address is known, they send reminders via email, which again we acknowledged as a good service.

We saw that the patient information leaflet was available in standard size and larger font, thereby suitable for some people who have visual impairment. The managers agreed to explore our suggestion of looking at other ways to improve overall communication, for example considering different formats and patients whose English language is limited.

During the inspection we saw that patients were invited to request a form from reception if they wished to make any suggestions or comments about the service. We obtained a copy of the form, which asked patients about their views about various aspects of the service, including the appointment system, information provided and the manner in which they were treated by staff. However we did not see any completed forms or evidence to demonstrate that a regular review is undertaken. Therefore we have advised the practice to formalise their system for this purpose.

Improvement needed

A formal process should be developed to assess and evaluate patient feedback about the service. Where possible, the practice should use patient feedback to influence/drive changes and improvements.

We were informed that the majority of dental treatments were currently being provided under NHS arrangements. However there were plans to promote the private treatments offered at the practice, including cosmetic dentistry. We saw that the charges for NHS and the hygienist's dental services were displayed. However, the practice had also recently commenced a 'Six Months Smiles' programme, for straightening and re-aligning teeth for adult patients and provides dental implant services. We were informed that a list of the charges for these private services were in the process of being compiled.

Improvement needed

A list of charges for all the private dental treatments offered should be made available for patients as soon as possible.

Delivery of Health and Care Standards

Overall we saw that the clinical facilities were good. There were monitoring and maintenance systems in place to ensure that equipment remained safe for use. We saw that infection control and prevention could be improved further in some areas, therefore we have included these in our improvement plan. We also found that the record keeping for a couple of the dentists needed to be improved, which we have advised .

Our inspection of the radiographic (x-ray) equipment and documentation found that there were satisfactory processes and procedures in place with regard to their use and maintenance. The number of x-rays taken did not warrant Individual radiation dose badges being worn by staff. However we suggested that this decision was included in the practice radiation protection risk assessment.

We saw documentary evidence demonstrating that seven of the dentists had completed ionising radiation training, in line with The Ionising Radiation (Medical Exposure) Regulations 2000, within the last 5 years, which is the frequency recommended by the General Dental Council. The last certificate for the remaining dentist was dated March 2010. As no further information was available and the dentist was on leave, we could not check whether he had received further training that, to comply with the GDC standards, would have been due earlier this year. Therefore the principal dentist agreed to pursue this as an urgent matter once the dentist returned to work.

The practice had the necessary procedures, equipment and medication needed in the event of an emergency. We saw that items were within their expiry dates and that there was a system to monitor when these were due for replacement.

We saw that hazardous and non-hazardous waste was being disposed of in the appropriate receptacles. Contracts were in place for waste collection.

We considered the decontamination (cleaning and sterilising) process. We saw that the room used for this purpose was well laid out and organised. We observed the lead decontamination nurse who was knowledgeable and conscientious in following the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination guidelines for dental practices. However, we found that the decontamination room was not kept locked when not in use.

Improvement needed

We advised the practice to lock the decontamination room when not in use. This will assist to prevent the risks of cross contamination that may occur if untrained people gained entry.

We looked at the six surgery rooms which, overall, were in good condition. We recommended that sealed floor to wall flooring (to prevent dirt becoming ingrained in floor edges) is considered when the surgery rooms are next due for refurbishment. The surgery rooms were all visibly clean on the day of the inspection. However some of the smaller instruments, including polishing brushes and discs and cotton wool pledgets, were stored in the drawers uncovered. Therefore we advised the practice to consider obtaining covered storage boxes or insets, in order to protect instruments from contamination.

Improvement needed

Consider obtaining covered storage boxes or insets for the cabinet drawers in the surgery rooms, to protect instruments from contamination.

We noticed that the protective bibs used for patients were not the disposable type. Therefore we suggested the practice consider using disposable patient bibs as plastic bibs can be difficult to clean thoroughly

We saw that the last infection control audit, completed during September 2014, was very brief and inadequate for the purpose of identifying compliance with the WHTM 01-05 guidelines. We were informed that the practice intends to use a much more detailed tool available through the “iComply” programme for dental practices, with a timescale of September 2015 set for completion. However we suggested that the practice considers an alternative tool through the Postgraduate Medical & Dental Education, Cardiff University. For NHS practices in Wales, this would include additional funding, support and advice.

We looked at 30 patient records in total, sampling 3-4 records per dentist and 2 records by the hygienist. The standard of record keeping by six of the dentists and the hygienist was good. One of the dentists showed us a system that he had implemented to provide information to patients following their appointment. We acknowledged this as ideal practice and suggested that this system be rolled out to the other practitioners, which the practice agreed to encourage. The following improvements were recommended to bring the other dentists' record keeping in line with others:

Improvement needed

Record keeping could be improved by the inclusion of relevant information/details in the following areas by all of the dentists:

- ***Consent for treatment***
- ***Treatment planning and options***
- ***Cancer screening***
- ***Radiographs, including report, justification, grade and frequency***
- ***Justification for recall (in accordance with NICE guidelines)***
- ***Local anaesthetic details to be recorded, for example batch number and expiry***

The audit system for clinical records should be reviewed, to ensure that any shortfalls in record keeping are identified and that actions are taken to improve the standards and consistency between dentists.

Management and Leadership

At the time of our inspection the practice was in the transition of a change of ownership, during which the overall practice management was being considered. We found that some areas, for example staff appraisals and team meetings, had fallen behind schedule.

However, overall, we saw that there were effective systems and procedures in place. We were warmly welcomed by all staff and were impressed with the objectives as envisaged by the proposed sole practice owner and the business manager. Immediate steps were taken by them to address or move forwards with our suggestions, which we commended.

We looked at a sample of the practice policies and procedures. It was evident that these had been regularly reviewed and updated. Where necessary, these had been modified to suit the practice. We suggested that the staff signature form that had been used for a couple of policies (to confirm they had read and understood the policy) could also be used for other key policies.

During the day we spoke at length with the business manager, one of the dentists/current and proposed practice owner and deputy practice manager. They were eager to take our suggestions for improvement on board, although we found that they already had effective systems and procedures in place. The practice had recently started utilising a software application, available for dental practices to manage, delegate and monitor compliance with regulations and guidelines.

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years, in line with the regulations for private dentistry. We discussed this with managers who informed us that new DBS checks had already been applied for.

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 found that DBS checks had been obtained for most staff but advised the practice to also consider obtaining checks for the remaining staff, in line with best practice and safeguarding guidelines. We suggested that a checklist of all recruitment checks be used as a means of monitoring the obtained and due dates.

Improvement needed

Periodic DBS checks should be considered for all staff working at the practice. This practice would also be consistent with the 2011 NHS and

Public Health 'Guidance for Safeguarding Children & Vulnerable Adults in General Dental Practice'.

We found that the staff appraisals programme had fallen behind, although we saw that staff had begun the process of completing their self assessment.

Improvement needed

Given the large number of staff working at the practice, consideration should be given to how the staff appraisal programme can be achieved, to ensure that each staff member are provided with an annual appraisal and a personal development plan.

The sample of team meeting minutes we viewed were clear and provided sufficient information about the agenda items discussed. However we suggested that, where possible, team meetings are used as an opportunity for learning and development.

We looked at a sample of training records and certificates. In some instances, checklists had been developed to monitor progress, dates completed and refresher due dates, although these were inconsistently used. Therefore we would advise the practice to consider utilising one system for monitoring training, to include the recommended frequency in those particular areas. Whereas all of the staff had received child protection training, we saw that most staff had not received training in adult protection (which is also referred to as protection of vulnerable adults (POVA)). We were informed that there were no dates available for this course at present, therefore we suggested that another method, such as e-learning, is utilised until a course becomes for practice staff.

Improvement needed

The practice should consider arranging alternative POVA training for staff members, until the Wales Deanery course becomes available again during 2016.

When we looked at the complaints procedure and file, we saw that the systems for dealing with and responding to complaints were consistent with NHS 'Putting Things Right', which is the Wales legal framework for complaints about NHS services, including dental practices. There were no ongoing complaints and we saw that the last formal complaint was in 2011.

We discussed the complaints procedure with some staff members and found that when comments or concerns are raised, these are logged directly on the

computer under the patient record. Therefore it was not possible to obtain an audit trail of the number of informal comments made and what these related to.

Improvement needed

We have advised the practice to maintain a log of formal and informal concerns or complaints made. This will enable the practice to monitor the number and type of issues raised and, where possible, to take actions to mitigate similar occurrences.

Quality of Environment

We found that the practice was accessible, suitable for purpose and generally well maintained. All the areas we saw during the inspection were clean and tidy.

Ruabon Road Dental Practice is located along a main road on the outskirts of Wrexham town centre. There are no designated car parking spaces for patients or staff, therefore parking is on street nearby (where, currently, there are no time limits) or in a public car park nearer the town centre. We suggested that this information is made known in the patient information leaflet and website.

We found that the practice had undertaken other reasonable adjustments to improve accessibility. There was a handrail either side of the four steps to enter the building. We saw a notice directing patients to the back of the building, which provided level access.

The reception, two of the surgery rooms, a patient toilet (suitable for wheelchair access) and a large waiting room were located on the ground floor. There were a further four surgery rooms, toilet and small seating area on the first floor. The office was in a separate building at the back of the practice.

A couple of the patients we saw during the inspection mentioned the absence of magazines and the small children's area that recently used to be available. From our discussions with managers we found that these had been removed for cleanliness and infection control purposes. However they agreed to consider the patient comments we fed back to them.

We saw that written information was neatly and conspicuously displayed in the waiting room. A couple of the patients commented that they found this information useful.

We were informed that there were two dedicated cleaners for the non-clinical areas. We looked at the detailed cleaning schedule and suggested that the tasks could be broken down into those that are undertaken by the dental nurses and those undertaken by the domestic cleaners.

During the morning of the inspection we identified that three of the cupboards, storing various dental items and medication, were unlocked. Potentially therefore, this could pose a risk to patient safety. HIW usually escalate serious findings under our immediate assurance procedures. However, when we brought this to the attention of managers, immediate action was taken and by mid-afternoon of our inspection, we saw that a lock had been fitted onto these cupboards. The practice owner discussed his plans for the environment, which

included moving some of these items to another room accessible by staff only. Therefore, no further action was imposed by HIW on this occasion.

5. 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 Ruabon Road Dental Practice 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: Ruabon Road Dental Practice, 96 Ruabon Road, Wrexham,
LL13 7PH

Date of Inspection: 18 August 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	<p><i>A formal process should be developed to assess and evaluate patient feedback about the service. Where possible, the practice should use patient feedback to influence/drive changes and improvements.</i></p> <p>[Health and Care Standard 6.3]</p>	<p>An annual patient satisfaction and feedback survey will be implemented and scheduled using iComply. Following completion of annual surveys the results will be reviewed and any areas where standards fall short of expectations will be addressed. In addition a log sheet will be kept at reception to enable informal concerns/complaints/comments to be logged – these will be subject to periodic review with any areas of concern or recurring themes actioned.</p>	Jayne Taylor	<p>Annual survey – less than 12 months; Comment log sheet – already implemented</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
7	<p><i>A list of charges for all the private dental treatments offered should be made available for patients as soon as possible.</i></p> <p>[Health and Care Standards 3.2 and 4.2]</p>	<p>A standardised private price list is in the process of being formulated and will be implemented practice wide and made available to patients as soon as complete. The private price list will be integrated into the practice's patient management system (EXACT) so that pricing information is available to practitioners instantly and at all times.</p>	Dan Naylor	Less than 3 months
Delivery of Health and Care Standards				
9	<p><i>We advised the practice to lock the decontamination room when not in use. This will assist to prevent the risks of cross contamination that may occur if untrained people gained entry.</i></p> <p>[Health and Care Standards 2.1 and 2.4]</p>	<p>The practice staffing rota has recently been updated to provide for the decontamination room to be staffed by a dedicated member of the nursing team each day. As a result periods when the decontamination room is unstaffed or unoccupied are short and infrequent. The decontamination room does have a lock in place however this is due to be replaced. As part of the long term plans to refurbish the practice internal doors will be being replaced and the security measures for the decontamination room will be reviewed at that time.</p>	Nursing staff/Dan Naylor	Less than 3 months
9	<p><i>Consider obtaining covered storage boxes or insets for the cabinet drawers in the surgery rooms, to protect instruments</i></p>	<p>We are currently looking into practical and cost effective solutions that might fulfil this function, which if identified will be implemented at the earliest opportunity.</p>	Paula Trow	Less than 3 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>from contamination.</i></p> <p>[Health and Care Standards 2.1 and 2.4]</p>			
10	<p><i>Record keeping could be improved by the inclusion of relevant information/details in the following areas by all of the dentists:</i></p> <ul style="list-style-type: none"> • <i>Consent for treatment</i> • <i>Treatment planning and options</i> • <i>Cancer screening</i> • <i>Radiographs, including report, justification, grade and frequency</i> • <i>Justification for recall (in accordance with NICE guidelines)</i> <p><i>Local anaesthetic details to be recorded, for example batch number and expiry</i></p>	<p>All dentists are to receive additional instruction in relation to the standard and detail required for good record keeping. The practice will also continue to carry out monthly compliance audits to monitor dentists' ongoing clinical compliance and standards of record keeping, together with providing periodic Patient Management System tutorials either as a group or individually as required to ensure dentists are able to make best use of the system to assist with record keeping.</p>	Dan Naylor	Ongoing

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><i>The audit system for clinical records should be reviewed, to ensure that any shortfalls in record keeping are identified and that actions are taken to improve the standards and consistency between dentists.</i></p> <p>[Health and Care Standards 3.4 and 3.5]</p>			
Management and Leadership				
11-12	<p><i>Periodic DBS checks should be considered for all staff working at the practice. This practice would also be consistent with the 2011 NHS and Public Health 'Guidance for Safeguarding Children & Vulnerable Adults in General Dental Practice'.</i></p> <p>[Health and Care Standards 2.7 and 7.1]</p>	All new clinical staff are subject to an enhanced DBS check before commencement of employment. Dentists carrying out private work are also required to undertake or renew their enhanced DBS check every 3 years.	Jayne Taylor	Ongoing
12	<p><i>Given the large number of staff working at the practice, consideration should be given to how the staff appraisal programme can be achieved, to ensure that each staff member are provided with an annual appraisal and a personal development plan.</i></p>	At the time of the inspection the staff appraisal process had been initiated, however due to the absence of the long term practice manager and other factors that process had been placed on temporary hold. However as part of the review and restructuring of the practice all staff contracts are due to be reviewed, following which the appraisal process will be resumed.	Duncan Paine	Less than 3 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standard 7.1]			
12	<p><i>The practice should consider arranging alternative POVA training for staff members, until the Wales Deanery course becomes available again during 2016.</i></p> <p>[Health and Care Standards 2.7 and 7.1]</p>	We are currently exploring options for arranging practice wide POVA training, but in particular for dentists and dental care professionals	Jayne Taylor	Less than 12 months
13	<p><i>We have advised the practice to maintain a log of formal and informal concerns or complaints made. This will enable the practice to monitor the number and type of issues raised and, where possible, to take actions to mitigate similar occurrences.</i></p> <p>[Health and Care Standard 6.3]</p>	As mentioned in relation to the first point re page 7 of the report a log sheet will be kept at reception to enable informal concerns/complaints/comments to be logged and reviewed. Formal complaints will also be logged and the causes monitored periodically in order to identify any address any recurring issues.	N/A	Already implemented
Quality of Environment				
	N/A			

Practice Representative:

Name (print): Dan Naylor

Title: Practice Principal

Date: 11 September 2015