

**General Dental Practice
Inspection (Announced)**
Betsi Cadwaladr University
Health Board
Elmhurst Orthodontic Clinic

6 January 2016

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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

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	12
5.	Next Steps	14
6.	Methodology.....	15
	Appendix A	17

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 Elmhurst Orthodontic Clinic at Garth Road, Bangor, Gwynedd, LL57 2RT on 6th January 2016.

HIW explored how Elmhurst Orthodontic Clinic 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

Elmhurst Orthodontic Clinic provides services to patients mainly in the Gwynedd and Anglesey area but also much further afield. The clinic is run by Tameside Orthodontics Ltd and forms part of dental services provided within the area served by Betsi Cadwaladr University Health Board.

The clinic provides private orthodontic services to adults and children. NHS treatment is provided for children (who qualify for this service) up to the age of 18 years old.

The practice staff team includes two dentists, a practice manager, four dental nurses and two receptionists.

3. Summary

Patients told us that they were receiving a very good service at Elmhurst Orthodontic Clinic. Patients were being seen in good time of their appointment and confirmed they received sufficient information about their treatment. However, we have advised the clinic to update the practice leaflet as a matter of urgency.

Overall, we found that patients received safe and effective care. There were sound systems in place to protect patients from harm.

Staff were being provided with regular training to ensure they had the knowledge and skills required to deliver orthodontic care and treatment. However, improvements were required to ensure that there was documentary evidence of staff employment checks and that staff members' training requirements were consistently being met.

There were comprehensive policies and procedures available. We advised how the safeguarding policies and audit systems could be improved further.

Elmhurst Orthodontic Clinic was taken over by Tameside Orthodontics Ltd in March 2012, with the Director working as a part-time orthodontists there. Overall, we found evidence that the clinic had been well run and managed. There were clear lines of accountability between the orthodontists, nurses, receptionists and practice manager. However there were also signs that the high standards had begun to slip. This was because the practice manager had not had adequate time to familiarise herself in her new role and to maintain the full range of the management responsibilities required for a registered clinic. Therefore we have included that an improvement is needed to maintain these standards.

4. Findings

Quality of the Patient Experience

Patients told us that they were receiving a very good service at this clinic. Patients were being seen in good time of their appointment and confirmed they received sufficient information about their treatment. However, we have advised the clinic to update the practice leaflet as a matter of urgency.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. We received a total of 22 questionnaires. Patient comments included:

"I have always had a pleasant experience at this orthodontist. Staff have always kept me in the picture ... very nice dentist".

"I have always been welcomed with a smile. Everyone is lovely".

"Excellent. Can't fault him – brilliant orthodontist".

"Welcoming and always give plenty of information about the appointment".

Dignified care

All of the 22 patients who completed HIW's questionnaire said that the practice team usually make them feel welcome. As can be perceived from the above examples, patients' comments signified that staff are very friendly and helpful.

Timely care

We spoke with two patients during the inspection. They explained that had received a letter from the clinic asking them to ring for an appointment. They found the appointment system quick and easy.

We observed that patients were seen promptly when they arrived for their appointment time. 18 of the patients who completed questionnaires said they had not experienced delays in being seen. One patient said they had sometimes been delayed and another patient had been delayed for about half an hour. However, all of the patients said they were satisfied about the service.

Staying Healthy

21 of the patients who completed questionnaires said they were given enough information about their treatment. One patient said they were not given enough information unless they asked for it.

We found that the patient leaflet had not been updated since the new owners took over in March 2012, therefore it was not currently being distributed to patients. Although the information on the clinic's website was good, it did not mention the NHS referrals and service for children.

We could not find the clinic's opening hours on the website or inside the clinic. 11 patients said they did not know the out of hours and emergency telephone number. Therefore this information should be included in the practice information and clearly displayed within the clinic premises.

Improvement needed

The clinic's opening hours and the number(s) for patients to telephone during closing hours and in an emergency should be prominently displayed.

The information on the noticeboard in the waiting area was in large font and easy to follow, although was written in the English language only. We observed that a number of patients who attended the clinic during the inspection spoke Welsh and, given the high proportion of Welsh speaking people in the area, information should be made available in Welsh and English.

Improvement needed

The practice leaflet should be updated as an urgent matter. A Welsh and English version should be easily accessible to patients. A copy should be sent to HIW as evidence.

Information for patients, including the website and practice leaflet, should be clear about the range of NHS and private services provided. In respect of the website, the practice is advised to take the General Dental Council (GDC)'s principles of ethical advertising into consideration.

Individual Care

There was evidence that orthodontic treatment was tailored around each patient's needs and preferences. We saw that new patients were given a file to look through before their appointment. This contained information and pictorial illustrations of the orthodontic treatments available and that could be considered. We spoke with two children, who were accompanied by their

parents, and they confirmed that seeing pictures of the different types of treatments and braces had been useful.

Patients were given the opportunity to feed back their views about the service and to raise any suggestions, comments or concerns via reception or the practice manager in the first instance. We also saw there were different versions of a patient safety for new and existing patients. However, there was no evidence of a recently completed patient survey and action plan. Therefore the practice should consider conducting a patient survey at the earliest opportunity. Where practicable, feedback should be acted upon in a way that demonstrates learning and improvement.

Improvement needed

The processes already in place at the clinic to evaluate patient experience should be regularly utilised. The clinic should be able to demonstrate how feedback has been used to learn from and to influence/improve services.

Delivery of Safe and Effective Care

Overall, we found that patients received safe and effective care. There were sound systems in place to protect patients from harm.

Staff were being provided with regular training to ensure they had the knowledge and skills required to deliver orthodontic care and treatment. However, improvements were required to ensure that there was documentary evidence of staff employment checks and that staff members' training requirements were consistently being met.

There were comprehensive policies and procedures available. We advised how the safeguarding policies and audit systems could be improved further.

Safe Care

We saw that the clinic, having benefitted from an extensive programme of refurbishment over the last 12-18 months, was well maintained. One of the toilets, in a separate building at the back of the premises, had been adapted to enable wheelchair access. Completion of this work was anticipated by the end of January 2016.

There were 11 steps to access the clinic. An external stair lift was in situ and access to the main entrance then continued along a decking area, which had been fitted with grips to prevent the risk of slips or falls. We saw that a risk assessment had been completed and a regular maintenance programme was in place to prevent the decking becoming slippery when wet or through wear and tear.

All the staff members received training in child and adult protection during October 2015. We advised the practice manager to add the local authority contact details to the practice child and adult protection policies and to ensure that the procedures for staff to follow are also included in these policies.

Improvement needed

The procedure for staff to follow and the local authority details should be added onto the child and adult safeguarding policies.

We looked at various maintenance records and saw that electrical, gas, fire, dental devices and x-ray equipment were being regularly tested and maintained. Contracts were in place for general and hazardous waste. We were informed that arrangements had been made to improve the security in the area

where waste was being stored externally. We advised the practice manager to keep documentary evidence of the daily checks that were being undertaken on the compressor¹.

All the areas we looked at during the inspection were clean and tidy. There was a clear system for cleaning and sterilising dental instruments. A new decontamination area had been created which was consistent with the 2014 Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidance for dental practices. Staff had received infection control training during November 2015. An infection control audit had been undertaken in 2013 and was due to be reviewed during 2016. However the audit tool used had not been designed primarily for dental practices. There was no clear action plan evident from this audit.

Improvement needed

A more suitable infection prevention control and decontamination audit should be established. We advised the practice to consider the audit tools developed and available through the Post Graduate Medical and Dental Education (PGMDE) Cardiff University (as referred to in WHTM 01-05) for this purpose.

We looked at a sample of staff files to check the staff recruitment and employment checks. We found that only one of the dentists was registered with HIW. We reminded the practice that it is a regulatory requirement for dentists who provide private dental and orthodontic treatments to be registered with HIW. However the dentist we spoke with and who is registered with HIW, assured us that only he provides private orthodontic treatments and that the other orthodontist sees NHS patients only.

A disclosure and barring service (DBS) check for the HIW registered dentist had been obtained in 2011. However, the Private Dentistry (Wales) Regulations 2008 requires that an enhanced criminal record certificate, in respect of which less than three years have elapsed since it was issued, is available for registered persons. Therefore, we requested that a new DBS check for this dentist be urgently obtained.

Improvement needed

¹ A compressor is a mechanical device that compresses air for storage and is used in dental handpieces and tools.

An enhanced criminal record (DBS) certificate, of which less than three years have elapsed since it was issued, must be available for registered persons.

We were provided with evidence that training, as required under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, had been completed by the dentists in the last 5 years. We reminded the practice manager to retain a copy of this for inspection purposes, as required under IR(ME)R 2000.

There was no evidence that written references had been obtained for one of the newer staff members appointed. The practice manager believed that verbal references had been obtained by the practice owner. However, there was no documentation about these reference discussions on the staff member's file. We saw that a recent DBS check was available for this employee. However this had been obtained during the staff member's previous employment in adult services, therefore, a check under the children's barring list had not been requested. The practice manager agreed to urgently pursue this on behalf of the employer.

Improvement needed

Appropriate recruitment checks must be obtained and documented in individual staff members' file.

As the clinic provides services for children, the DBS check for clinical staff should include an enhanced check for both adults and children's barring lists.

The clinic had the necessary medication and resuscitation equipment if needed in an emergency. All the medication and equipment we saw were within date. We saw that staff had received regular cardio pulmonary resuscitation (CPR) training. However, this annual training was last due in October 2015 but had not yet been undertaken. At our request, the practice manager arranged for the next training to be delivered at the next available opportunity, which was 29th February 2016.

Improvement needed

CPR training should be undertaken at least annually, in line with the Resuscitation Council (UK) Standards.

Effective Care

There was a well organised and structured system between the orthodontists and dental nurses. We saw that patients' care and treatment was being

effectively managed and that the patients' involvement was central to the service. Patients were being provided with copies of their treatment plan and the computer system enabled dentists to produce information and letters immediately, as was demonstrated to us.

We looked at a sample of three patient records per orthodontist. The quality was very good as they provided sufficient information regarding patients' appointments, treatments and discussions with them.

Quality of Management and Leadership

Elmhurst Orthodontic Clinic was taken over by Tameside Orthodontics Ltd in March 2012, with the Director working as a part-time orthodontists there. Overall, we found evidence that the clinic had been well run and managed. There were clear lines of accountability between the orthodontists, nurses, receptionists and practice manager. However there were also signs that the high standards had begun to slip. This was because the practice manager had not had adequate time to familiarise herself in her new role and to maintain the full range of the management responsibilities required for a registered clinic. Therefore we have included that an improvement is needed to maintain these standards.

We found that there were robust management systems in place, which included a bespoke computer system and comprehensive policies/ procedures relating to all aspects of an orthodontic clinic. Staff members were receiving regular mandatory and specialist training.

The practice manager had worked at the clinic for over 30 years but was new in her current role following the departure of the previous practice manager a few months ago. She, and the dentist we spoke with, were professional, approachable and eager to maintain a high standard of service. However the practice manager was still learning about the role and, as the orthodontists also practised in England, they were not completely familiar with the differences between English and Welsh regulations and standards.

There were signs that some of the management tasks had fallen behind in the last 12 months. For example the most recent staff appraisals and team meetings were held during 2014. We found that the practice manager was still involved in some of the operational work. For example she was taking and evaluating all x-rays. However, two of the dental nurses were currently receiving radiography training so it was anticipated that this task would be shared with them from March 2016. We suggested that their role could also involve periodic audits of the x-rays. The practice manager informed us that she was about to start a treatment co-ordinating course as she would be overseeing this area.

We expressed our concern regarding the practice manager currently being in both a dual operational and management role. This could pose a risk for standards to deteriorate if this was to continue over a prolonged period.

Improvement needed

Urgent steps should be taken to ensure that the practice manager's role is reviewed and, if necessary, delegated appropriately amongst other staff.

Time must be factored in for the practice manager to become familiar with her roles and responsibilities (for example staff recruitment, appraisals, team learning & development, meetings, quality assurance and audits) and to ensure that management tasks are consistently maintained, otherwise there is a risk that standards will decline further.

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 Elmhurst Orthodontic Clinic 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: Elmhurst Orthodontic Clinic, Garth Road, Bangor, Gwynedd,
LL57 2RT

Date of Inspection: 06 January 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	<i>The clinic's opening hours and the number(s) for patients to telephone during closing hours and in an emergency should be prominently displayed.</i>	Standard 3.2 and 4.2	Already updated Bi-lingual	AE	
6	<i>The practice leaflet should be updated as an urgent matter. A Welsh and English version should be easily accessible to patients. A copy should be sent to HIW as</i>	Standard 3.2 and 4.2	The practice leaflet is currently under review and there will be a welsh version. A full description of treatments	AE	3 Months

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>evidence.</i> <i>Information for patients, including the website and practice leaflet, should be clear about the range of NHS and private services provided. In this respect the practice is advised to take the General Dental Council (GDC)'s principles of ethical advertising into consideration.</i>		offered at the practice, including NHS and private will be included. In liaison with the LHB		
7	<i>The processes already in place at the clinic to evaluate patient experience should be regularly utilised. The clinic should be able to demonstrate how feedback has been used to learn from and to influence/improve services.</i>	Standard 6.3			
Delivery of Safe and Effective Care					
8	<i>The procedure for staff to follow and the local authority details should be added onto the child and adult safeguarding policies.</i>	Standard 2.7 and 7.1	Flow Chart will be added	AE	3 Months

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9	<i>A more suitable infection prevention control and decontamination audit should be established. We advised the practice to consider the audit tools developed and available through the Post Graduate Medical and Dental Education (PGMDE) Cardiff University (as referred to in WHTM 01-05) for this purpose.</i>	Standard 2.4	An updated audit will be put into place using WHTM 01-05	AE	4 Months
10	<i>An enhanced criminal record (DBS) certificate, of which less than three years have elapsed since it was issued, must be available for registered persons.</i>	Standard 2.7 and 7.1	An up to date DBS check is being applied for registered persons.	AE	3 Months
10	<i>Appropriate recruitment checks must be obtained and documented in individual staff member's file.</i> <i>As the clinic provides services for children, the DBS check for clinical staff should include an enhanced check for both adults and</i>	Standard 7.1	DBS check will be applied for, for any new permanent members of staff.	AE	

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>children's barring lists.</i>				
10	<i>CPR training should be undertaken at least annually, in line with the Resuscitation Council (UK) Standards.</i>	Standard 2.1 and 7.1	Current CPR Training booked for 29 th February 2016. Ongoing training is yearly.	AE	
Quality of Management and Leadership					
12-13	<i>Urgent steps should be taken to ensure that the practice manager's role is reviewed and, if necessary, delegated appropriately amongst other staff.</i> <i>Time must be factored in for the practice manager to become familiar with her roles and responsibilities (for example staff recruitment, appraisals, team learning & development, meetings, quality assurance and audits) and to ensure that management tasks are consistently maintained, otherwise there is a risk that standards will decline further.</i>	Standard 7.1	Structured courses need to be attended by staff to achieve qualifications to carry out certain aspects of these duties. Julie is due to be commencing radiography training, and treatment coordinator. Reception team will have head sets To receive all calls. Job rolls have been specified. All team members trained to cross cover jobs of Angie.	ZU	Within the next 6 -12 months

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			Angie – Practice Manager		

Practice Representative:

Name (print):Zia Ud-Din / Angela Evans.....

Title:Specislist Orthodontist / Practice Manager.....

Date:4/2/16.....