

General Dental Practice Inspection (Announced)

**Abertawe Bro Morgannwg
University Health Board,
Porthcawl Dental Care**

26 January 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	7
	Patient Experience	7
	Delivery of Standards for Health Services in Wales	9
	Management and Leadership.....	12
	Quality of Environment	15
6.	Next Steps	18
	Appendix A	19

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Porthcawl Dental Care at 34, Victoria Avenue, Porthcawl, CF36 3HG within the area served by Abertawe Bro Morgannwg University Health Board on 26 January 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*¹.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Information within the practice information leaflet and website
- 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

Porthcawl Dental Care provides services to patients in the Porthcawl area of Bridgend. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. The practice employs a staff team which includes two dentists (the practice owner and the associate dentist), two dental nurses, a receptionist and a practice manager/dental nurse.

A range of services are provided.

4. Summary

HIW explored how Porthcawl Dental Care met the standards of care in the *Doing Well, Doing Better: Standards for Health Services in Wales*.

Patients who completed questionnaires told us they were satisfied with the service provided. Patients also told us they had been provided with enough information about their treatment.

The practice did not have a formal system in place to obtain feedback from patients on their experience. Therefore, we have recommended a system is put in place so that service improvements can be made as appropriate.

Overall, we found the practice was being run with the intention of providing safe care and treatment to patients. However, some key documentation relating to the safe operation of X-ray equipment and to demonstrate the practice's compliance with Welsh Health Technical Memorandum 01-05 was not available for inspection. Following our inspection, we sought immediate written assurance from the practice that action had been taken to address this. The response has provided us with assurance that appropriate action has been taken.

The practice had an established team who felt well supported in their roles by the practice owner and manager.

Whilst the practice had a range of policies and procedures in place, we could not be assured these related to current working arrangements at the practice. Following our inspection, we sought immediate written assurance from the practice that arrangements had been put in place to ensure the policies were current and would be reviewed regularly. We are assured appropriate action has been taken.

We have also recommended the practice review the complaints procedure so it is consistent with *Putting Things Right*, the arrangements for handling complaints about NHS care and treatment in Wales.

The practice premises were satisfactorily maintained both internally and externally. Patient and public areas were clean and tidy.

Measures were in place to deter unauthorised persons from entering non patient areas. However, we recommended the practice make suitable arrangements to increase the security of the staff area and storage room. We sought immediate assurance on this following our inspection and are assured action has been taken. We have also recommended the practice make

arrangements to ensure equipment stored in a cupboard in the waiting room does not pose a hazard.

Clinical facilities within the practice were arranged to protect the privacy and dignity of patients whilst receiving their dental treatment.

5. Findings

Patient Experience

Patients who completed questionnaires told us they were satisfied with the service provided. Patients also told us they had been provided with enough information about their treatment.

The practice did not have a formal system in place to obtain feedback from patients on their experience. Therefore, we have recommended a system is put in place so that service improvements can be made as appropriate.

The practice team presented as friendly and welcoming and we saw them being courteous and polite to patients. Many of the patients attending seemed to know the staff well, which contributed to a friendly atmosphere within the practice.

We invited patients who were attending the practice on the day of our visit to complete HIW questionnaires. In total five completed questionnaires were returned. All patients who provided comments told us they were satisfied with the service they had received from the practice, were made to feel welcome by staff at the practice and had been given enough information about their treatment. Comments included:

'Very welcome'

'Always' [satisfied with the service]

'No delay' [in being seen by the dentist on the day of appointment]

We found the main frustration for patients who provided comments within completed questionnaires related to the lack of NHS dental care provision in the locality.

Overall, patients told us they had not experienced any significant delays when waiting to be seen. Staff described that a process was in place for informing patients should their dentist be running late.

We found the practice team did not formally seek patients' views on the quality of service they had received. Therefore, we have recommended the practice implement a suitable system to obtain feedback from patients with the aim of making service improvements as appropriate.

Recommendation

The practice should implement a formal system of obtaining feedback from patients with the aim of making service improvements as appropriate.

Delivery of Standards for Health Services in Wales

Overall we found the practice was being run with the intention of providing safe care and treatment to patients. However, some key documentation relating to the safe operation of X- ray equipment and to demonstrate the practice's compliance with Welsh Health Technical Memorandum 01-05 was not available for inspection. Following our inspection, we sought immediate written assurance from the practice that action had been taken to address this. The response has provided us with assurance that appropriate action has been taken.

We considered the arrangements in place for the safe use of radiation equipment. Whilst the majority of documentation was available, we could not be assured that equipment safety checks had been completed. In addition a notification letter to the Health and Safety Executive was not available as required by the Ionising Radiation Regulations 1999 (IRR99)².

Therefore we requested immediate assurance from the practice that safe systems were in place for the use of radiation equipment.

Immediate Assurance Requirement

The practice must take suitable action to ensure it can demonstrate it operates safe systems with regard to the use of radiation equipment.

The practice provided us with details of the action taken and we are assured that a suitable system for equipment safety checks have been implemented in relation to the above.

The practice had procedures in place to respond and deal with patient emergencies.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. We saw evidence within staff files that indicated staff were up to date with training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We found that a system was in place for checking expiry dates of emergency drugs, so that drugs nearing their expiry date are identified and replaced before

² <http://www.hse.gov.uk/radiation/ionising/notification.htm>

they expire. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly. Whilst emergency drugs were being stored securely, we recommended that the security be improved regarding the storage of prescription pads.

We saw waste had been segregated into different coloured bags/containers to indicate correct methods of disposal. These were stored securely whilst waiting to be collected. Whilst contract documentation was not readily available for inspection, we saw copies of transfer notes confirming waste had been safely collected from the practice.

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05 (WHTM 01-05)³.

We found the system for cleaning and decontamination of instruments was satisfactory. Records of daily checks had been maintained and the equipment being used was visibly in good condition. We have recommended that the practice owner implement emptying the autoclave water reservoir in the evening rather than the morning to further reduce the growth of micro organisms overnight.

Recommendation

The practice should make suitable arrangements to ensure the autoclave reservoir is emptied in the evening to further reduce the growth of micro organisms overnight.

Whilst processes were in place for the safe pre sterilisation cleaning, sterilisation and storing of instruments, the practice did not have a separate decontamination room. A separate room, together with the use of appropriate control procedures could further reduce the risk of cross contamination of instruments. We discussed this with the practice owner who told us he was considering providing a separate decontamination room as part of the future development of the practice.

We saw that instruments were appropriately bagged and stamped with the date they had to be used by, prior to being stored.

³ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We found no evidence that routine infection control audits had been completed in line with the policy and guidance set out within WHTM 01-05. Therefore, we requested immediate assurance from the practice that such audits would be completed. This allows dental teams to self assess their practice against the policy and guidance set out within it and make improvements where necessary to ensure safe systems of work.

Immediate Assurance Requirement

The practice must take suitable action to ensure the practice can demonstrate the use of the policy and guidance set out within Welsh Health Technical Memorandum 01-05 and conducting audits associated with it.

The practice provided us with details of the action taken and we are assured that suitable arrangements have been implemented in relation to the above.

We looked at the clinical facilities of each of the surgeries within the practice. We found these contained relevant equipment to ensure the safety of patients and staff. Suitable arrangements were in place to protect patients' privacy when receiving treatment. Sufficient hand washing facilities and disposable protective equipment were available to reduce the risk of cross infection.

We looked at a sample of eight patient dental records. This sample considered records for both dentists working at the practice. Paper records were in use at the practice but we were told the practice was in the process of moving to an electronic based notes system. Overall detailed records had been maintained to include the reason why patients were attending, the care and treatment provided and the advice given by the dentist.

Management and Leadership

The practice had an established team who felt well supported in their roles by the practice owner and manager.

Whilst the practice had a range of policies and procedures in place, we could not be assured these related to current working arrangements at the practice. Following our inspection, we sought immediate written assurance from the practice that arrangements had been put in place to ensure the policies were current and would be reviewed regularly. We are assured appropriate action has been taken.

We have also recommended the practice review the complaints procedure so it is consistent with *Putting Things Right*, the arrangements for handling complaints about NHS care and treatment in Wales.

The principal dentist (who also owned the practice) had overall responsibility for the management of the practice and was supported by a practice manager. The principal dentist had worked at the practice for a number of years. An associate dentist was also employed on a part time basis.

Both dentists provided private dental care and in accordance with requirements of the Private Dentistry (Wales) Regulations 2008⁴ were registered with HIW. We reminded them of the need to display their registration certificates in a prominent place. Both dentists agreed to do this.

The practice had a range of relevant policies and procedures. However, we could not be assured these were up to date and related to current working arrangements at the practice. This was because they were not dated to indicate when they were agreed or last reviewed and did not refer to the current name of the practice. We expect healthcare services to operate with clear and robust policies. Therefore, we sought immediate written assurance from the practice that suitable arrangements had been implemented. Namely, to ensure policies reflected the current arrangements and that they would be reviewed and updated regularly.

⁴ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009.

Immediate Assurance Required

The practice must make suitable arrangements to ensure policies and procedures underpinning the operation of the practice reflect the current arrangements at the practice. A suitable system should be implemented to ensure such policies and procedures are regularly updated as necessary.

The practice provided us with details of the action taken and we are assured that a suitable system has been implemented in relation to the above.

Staff told us they felt well supported in their roles and would be comfortable raising any work related concerns they may have. Staff also told us practice meetings were held monthly and topics relevant to their work were discussed.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We looked at three continuing professional development files for staff and found staff were recording evidence of training they had attended to support CPD requirements. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

The practice provided both NHS and private dental care. Information for patients on how to raise a concern (complaint) was displayed within the waiting room.

We looked at the complaints procedure and found two different versions were in place and so could not be assured which version was the most current. In addition the procedures were not consistent with *Putting Things Right*, the arrangements for handling concerns about NHS care and treatment in Wales. We have therefore recommended the practice review the procedure and ensure it is consistent with the *Putting Things Right* arrangements and also satisfies the requirements of the regulations regarding private dental care.

Recommendation

The practice needs to review the current complaints procedure and ensure it is up to date and consistent with 'Putting Things Right'.

We looked at the complaints records and found one complaint had been raised in the previous year, which was ongoing. Copies of correspondence indicated the practice had acknowledged and responded to the complainant within a reasonable timescale.

Whilst copies of written/formal complaints were recorded on file, verbal/informal complaints were not captured. We were told the team, wherever possible try

and resolve complaints 'on the spot'. We have recommended the practice consider implementing a system to capture verbal/informal complaints with the intended aim of making service improvements as appropriate.

Recommendation

The practice should consider implementing a suitable system to capture verbal/informal complaints to identify themes and trends. Action identified to improve the service to be taken as appropriate.

Quality of Environment

The practice premises were satisfactorily maintained both internally and externally. Patient and public areas were clean and tidy.

Measures were in place to deter unauthorised persons from entering non patient areas. However, we recommended the dentists make suitable arrangements to increase the security of the staff area and storage room. We sought immediate assurance on this following our inspection and are assured action has been taken. We have also recommended the practice make arrangements to ensure equipment stored in a cupboard in the waiting room does not pose a hazard.

Clinical facilities within the practice were arranged to protect the privacy and dignity of patients whilst receiving their dental treatment.

The practice provides services from premises near the town centre of Porthcawl. There were no designated car parking spaces at the practice but some parking was available along the street outside. A public car park was also available near the town.

The practice was clearly signposted making it easy to find from the street. The names and qualifications of the dentists working at the practice were clearly displayed, along with the opening hours and emergency number for private patients to contact. As the practice also provides NHS services, the appropriate out of hours telephone number should also be displayed to direct patients to who to contact in an emergency when the practice is closed.

Recommendation

The practice should make arrangements to prominently display the out of hours telephone number for NHS patients to contact in a dental emergency.

There was a ramp to the entrance of the practice, making immediate access possible for wheelchair users. However, there were steps leading down to the reception area and waiting room to the ground floor. This meant wheelchair users would not be able to use the waiting room. Instead, staff told us arrangements would be made for them to wait in the hallway.

A toilet was available for patients to use on the ground floor and this was clearly signposted. However, the location of these facilities meant they were not accessible by wheelchair users. The toilet facilities were clean and hand washing facilities were available to prevent cross infection.

The practice had two surgeries, both located on the ground floor. We looked at the clinical facilities within each and saw they contained relevant equipment to ensure the safety of patients and staff. Suitable arrangements were in place to protect patients' privacy when receiving treatment.

The reception, waiting room and toilet were also on the ground floor, accessed via steps. Our observations indicated the size of the waiting room was appropriate given the number of surgeries and patients attending. During a tour of the practice we saw this area was clean and tidy with suitable lighting, heating and ventilation so providing a comfortable area for patients to wait.

A cupboard in the waiting room was being used to store equipment and was unlocked. We have recommended the practice owner make arrangements to ensure this does not pose a hazard to patients visiting the practice.

Recommendation

The practice should make suitable arrangements to ensure equipment stored in the cupboard in the waiting room does not pose a hazard to patients.

Staff facilities and a store room were located on the first floor. Whilst the door to these areas was closed to deter access by unauthorised persons, it was not secure against entry by unauthorised persons. Therefore we sought immediate written assurance from the practice on the arrangements made to reduce the risk, as far as possible, of unauthorised access to these areas.

Immediate Assurance Requirement

The practice must make suitable arrangements to reduce the risk as far as possible of unauthorised persons accessing non public areas of the practice environment.

The practice provided us with written details of the action taken and we are assured arrangements have been made to secure the areas identified.

A range of health promotion material was available for patients to read. This meant patients visiting the practice had easy access to a range of information to care for their own oral hygiene.

The practice provided both NHS dental treatment to patients exempt from paying NHS charges and private dental treatment via a health insurance scheme. Information on eligibility criteria for free NHS treatment was clearly displayed. This meant patients had information on whether they would be entitled to free dental treatment. Whilst information on the dental insurance scheme was available, associated costs were not prominently displayed.

Rather, we were told these costs would be discussed and agreed with patients on an individual basis. However, we expect a price list to be displayed and have recommended the practice make arrangements for this.

Recommendation

The practice should make suitable arrangements to display a price list setting out costs associated with private dental care and treatment provided at the practice.

The practice appeared satisfactorily maintained internally and externally. Fire exits were clearly signposted and maintenance labels indicated fire extinguishers had been checked within the last 12 months.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the areas of patient experience, delivery of *Standards for Health Services in Wales*, leadership and management and the environment. 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 Porthcawl Dental Care 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: Porthcawl Dental Care

Date of Inspection: 26 January 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Patient Experience				
8	The practice should implement a formal system of obtaining feedback from patients with the aim of making service improvements as appropriate.	We have put a comment book in the waiting room. We are looking into getting new practice leaflets with a 'patient comment' section.	Sylvia Barnes	complete
Delivery of Standards for Health Services in Wales				
9	<u>Immediate Assurance Requirement</u> The practice must take suitable action to ensure it can demonstrate it operates safe systems with regard to the use of radiation equipment.	[The practice provided us with written details of the action taken. The improvement plan dated 9 February 2015 confirmed:	Sylvia Barnes	complete

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
		<ul style="list-style-type: none"> • A notification email had been sent to the HSE. • A qualified engineer was to inspect, service and certify the relevant equipment within one month.] 	Hywel Price Hywel Price	Complete Within 1 month
10	The practice should make suitable arrangements to ensure the autoclave reservoir is emptied in the evening to further reduce the growth of micro organisms overnight.	A new routine has been established to ensure that this is done.	Sara Townsend	done
11	<p><u>Immediate Assurance Requirement</u></p> <p>The practice must take suitable action to ensure it can demonstrate the use of the policy and guidance set out within Welsh Health Technical Memorandum 01-05 and conducting audits associated with it.</p>	<p>[The practice provided us with written details of the action taken. The improvement plan dated 9 February 2015 confirmed:</p> <ul style="list-style-type: none"> • A copy of WHTM 01-05 had been obtained together with a series of associated audits. • The dentists were intending to carry out all the required audits within three months.] 	Hywel Price Eifion Roberts	Complete 3 months

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Management and Leadership				
13	<p><u>Immediate Assurance Required</u></p> <p>The practice must make suitable arrangements to ensure policies and procedures underpinning the operation of the practice reflect the current arrangements at the practice. A suitable system should be implemented to ensure such policies and procedures are regularly updated as necessary.</p>	<p>[The practice provided us with written details of the action taken. The improvement plan dated 9 February 2015 confirmed:</p> <ul style="list-style-type: none"> A new system had been put in place whereby a dedicated member of staff had arranged the policies into a file and folder system and to be updated and checked on a quarterly basis.] 	Sylvia Barnes	1 month
13	<p>The practice needs to review the current complaints procedure and ensure it is up to date and consistent with 'Putting Things Right'.</p>	<p>The documents to improve our complaints procedure have been downloaded, which will ensure we are up to date with Putting Things Right.'</p>	Wendy Roper	completed
14	<p>The practice should consider implementing a suitable system to capture verbal/informal complaints to identify themes and trends. Action identified to improve the service to be taken as appropriate.</p>	<p>We have installed a computer system which enables us to implement a complaints audit.</p>	Wendy Roper	completed

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Quality of Environment			
15	The practice should make arrangements to prominently display the out of hours telephone number for NHS patients to contact in a dental emergency.	The number is clearly displayed on the front window and is mentioned on the answerphone message	Hywel Price	complete
16	The practice should make suitable arrangements to ensure equipment stored in the cupboard in the waiting room does not pose a hazard to patients.	The door to the cleaning cupboard is in clear view of the receptionist. However, we will be fitting a bolt to the door out of reach of children.	Hywel Price	1 month
16	<u>Immediate Assurance Requirement</u> The practice must make suitable arrangements to reduce the risk as far as possible of unauthorised persons accessing non public areas of the practice environment.	[The practice provided us with written details of the action taken. The improvement plan dated 9 February 2015 confirmed: <ul style="list-style-type: none"> • A code lock had been purchased and was to be fitted within one month.] 	Hywel Price	1 month
17	The practice should make suitable arrangements to display a price list setting out costs associated with private dental care and treatment provided at the practice.		Eifion Roberts	Complete.

Practice Representative:

Name (print):Hywel Price.....

Title:Mr.....

Signature:

Date:25/03/2015.....