

**General Dental Practice
Inspection (Announced)**
Aneurin Bevan University
Health Board, **North View
Dental Practice**

28 January 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to North View Dental Practice at 10 North View Terrace, Caerphilly within the area served by Aneurin Bevan University Health Board on 28 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 Wales¹.

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 medical records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

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

- 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 will be 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

North View Dental Practice provides both NHS and private dental services in the Caerphilly area. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board. The staff team at the practice includes four dentists (including the principal dentist), three hygienists (one hygienist was not currently working at the practice), seven nurses and a practice manager.

A range of general dental and hygienist services are provided. North View Dental Practice is an established training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, one of the dentists at the practice was undertaking a foundation year of dental training under the guidance of the principal dentist.

HIW understands that North View Dental Practice is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and (amendment) Regulations 2011.

4. Summary

HIW explored how North View Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was very positive. We recommended the practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.

Overall, we found care and treatment was planned and delivered safely to patients. There were suitable processes in place to protect both patients and staff from cross infection. In general, we felt the patient record keeping at the practice was appropriate, but we identified some improvements that could be made.

We saw that the practice was being safely run, with systems in place to ensure patient safety. We felt there was strong management and leadership at the practice. The foundation trainee dentist told us they felt appropriately supervised.

We found the building was appropriately maintained and provided a safe environment for patients to receive treatment.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was very positive. We recommended the practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.

Ten patient questionnaires were completed prior to the date of inspection. We also spoke to four patients on the day of inspection. Patient feedback was very positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentist.

A sample of patient comments included the following:

“Brilliant.”

“Very satisfied with treatment.”

“Never had any problems. All staff are very friendly and efficient.”

“Have recently moved from the area – the treatment is such that both my husband and myself are more than willing to make the two hour journey to continue our dental care.”

“Perfectly happy.”

“They are as good as gold.”

“Nothing is too much trouble.”

“Always a pleasure to attend for such an unwelcome need.”

The majority of patients said they knew how to access ‘out of hours’ dental services. We saw a sign in the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone message.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence

of this recorded in patient notes. We have, however, made recommendations about patient records and providing written treatment information to patients in the following section - Delivery of Standards for Health Services in Wales

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. The practice had emergency appointments available every day, enabling patients to be seen quickly if required.

Practice information was available to patients on request. The practice did not have a website, but basic information on the practice, including contact details and opening times, is available through the Aneurin Bevan Health Board website. However, the practice told us a website had been under development and there were plans to complete this in future.

There was a good display of health promotion information in the ground floor patient waiting area, including information about how patients could look after their teeth and advice about the sugar content in food and drink. This was engaging to read and eye-catching. The display made use of pictures which increased its accessibility to a wider range of patients. We discussed health promotion information with the practice and they were open to including additional displays with information on smoking cessation and mouth cancer. The practice also told us there were plans for staff to attend a smoking cessation course.

Recommendation

The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.

Patients told us they were very happy with the care provided at the practice. However, the practice did not have a system to regularly gain patients' views (i.e. patient survey or suggestion box) and act upon them, as a way of assessing the quality of their service. The practice agreed to consider this.

Recommendation

The practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.

When asked about making complaints, patients told us they either knew how to complain or did not have a reason to complain and felt happy to approach staff with any concerns. We saw there was a complaints poster clearly displayed near to the reception area.

We suggested that the practice consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

Delivery of Standards for Health Services in Wales

Overall, we found care and treatment was planned and delivered safely to patients. There were suitable processes in place to protect both patients and staff from cross infection. In general, we felt the patient record keeping at the practice was appropriate, but we identified some improvements that could be made.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found these contained relevant equipment for the safety of patients and staff. We noted that all surgeries were clean, tidy and well organised. All appropriate maintenance certificates were in place for equipment. We found instruments were stored appropriately to avoid contamination.

Decontamination of instruments

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and suitable processes in place to prevent patients from cross infection. Dedicated hand washing sinks and disposable items were available to help with infection control. All appropriate personal protective equipment for staff was available.

The practice used electronic data recorders for the decontamination equipment and staff told us this was backed up regularly onto the computer system. We found there were no records for the standard checks that were performed by dental nursing staff at the start and end of each day. Due to the number of nursing staff employed at the practice, we advised the practice to consider a system whereby the individual staff member undertaking these checks signs to confirm the checks are complete.

Recommendation

The practice should consider recording the start of day and end of day checks completed by nursing staff to ensure the checks are completed.

We found the practice had not conducted an audit of its infection control procedures. In accordance with Welsh Health Technical Memorandum (WHTM

01-05)² guidelines, infection control audits should be conducted at least annually. As a result of these audits, the practice should develop an improvement plan to address any issues.

Recommendation

The practice should conduct annual infection control audits and develop an improvement plan to address any issues highlighted.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place.

Radiographic equipment

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. However, we noticed the certificates for some of the radiation equipment had recently expired. The practice told us a renewal of these maintenance checks had been arranged. We saw evidence that staff had received training about the safe use of radiographic equipment, but for some staff this was conducted more than five years ago. Whilst staff had conducted this training within the General Dental Council recommendations for continued professional development, the Ionising Radiation (Medical Exposure) Regulations state that this training must be conducted every five years. The practice did not conduct quality assurance audits for x-rays to ensure the image quality.

Recommendation

The practice should ensure that all radiation equipment maintenance checks are conducted and up-to-date. Training in ionising radiation should be completed every five years in line with the Ionising Radiation (Medical Exposure) Regulations. The practice should have suitable quality assurance and quality control systems in place for radiographic equipment.

² The Welsh Health Technical Memorandum 01-05 is a set of guidelines intended to raise the quality of decontamination (cleaning and sterilisation) work in primary care dental services.

Drug storage and emergency equipment

Staff had access to appropriate resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. Staff had also received up-to-date training on how to deal with medical emergencies. However, we found the hygienist needed to update their training in cardiopulmonary resuscitation. The foundation trainee dentist confirmed they had conducted this training, but a certificate was not available on the day of inspection. The practice did not have an appointed first aider, but agreed a staff member could attend this training.

Recommendation

The practice should ensure all staff have up-to-date training in medical emergencies. The practice should also appoint a first aider.

We found there was a suitable system to replace expired medication and drugs were stored and organised clearly. We also noticed that the cupboard in which emergency equipment and drugs were stored was clearly sign posted. This avoids any delay in treating patients in an emergency.

Patient Records

We looked in detail at a total of nine patient records, with samples taken from each dentist. Overall, the patient records at the practice were appropriate. However, we identified the following areas and improvements that could be made:

- We found there was limited information on social history (i.e. smoking and alcohol intake) in patient records
- Mouth cancer screening and oral hygiene was not clearly and consistently recorded
- Consistent and enhanced recording of justification and findings for radiographs (x-rays) was needed for some patient records
- We found that patient recall frequency, including a risk assessment for each patient (i.e. low, moderate, high risk) was not consistently recorded
- The practice should improve the system for obtaining valid consent from all patients, such as by providing patient information sheets for treatments (root canal, immediate dentures and teeth extractions) so that patients could consider them and make an informed decision. Treatment plans should also be given to patients

- The practice should develop a robust system for checking medical histories, such as by asking patients to complete written medical history update forms on a regular basis (i.e. annually) as well as verbally checking for changes at each appointment

We also identified that one dentist could improve the detail of notes made in patient records. We discussed this with the dentist concerned, who agreed to look at this.

Recommendation

Improvements should be made to patient record keeping, particularly regarding medical histories, obtaining consent, social history, mouth cancer screening, details around x-rays, and recording frequency of patient recall.

Management and Leadership

We saw that the practice was being safely run, with systems in place to ensure patient safety. We felt there was strong management and leadership at the practice. The foundation trainee dentist told us they felt appropriately supervised.

The practice was established in its current premises in 1994 by the principal dentist. We were informed that all aspects of management of the practice will once again be the responsibility of the principal dentist, who will be resuming the role he undertook for many years, following the imminent retirement of the practice manager who had assisted him in these duties. We felt there was strong management and leadership at the practice.

Staff told us they had a clear understanding of what was expected of them and felt supported in their roles. Staff also told us they would be comfortable raising any concerns they may have.

Clinical staff were registered with the General Dental Council (one dental nurse had an application being processed) and had indemnity insurance cover. All dentists involved in providing private services had certificates confirming their registration with HIW which were displayed in the surgeries.

We found the practice had a range of relevant policies, procedures and maintenance certificates. The practice had developed a 'Safe Practice' policy which provided a clear and useful handbook for staff and contained the latest guidance from the WHTM 01-05. The practice informed us this policy was used as an induction tool for all new staff. The practice had a suitable system for ensuring that policies and procedures were up-to-date and that staff were aware of them.

We looked at a sample of staff training records which confirmed staff completed training opportunities relevant to their role. Staff told us they had been supported with training and continued professional development. Staff had completed training in child protection. However, as the training for the hygienist was conducted in 2009 we advised that an update course in child protection should be taken. We also advised that all relevant staff should have training in the protection of vulnerable adults.

Recommendation

The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.

Staff members told us annual appraisals had been conducted at the practice. However, records of these appraisals were not available.

Recommendation

The practice should ensure that records of appraisals for all staff, including the principal dentist, are maintained.

The practice is an established training practice for dentists and currently had one dentist undertaking a foundation year of dental training. The two associate dentists had also been trainees at the practice and had subsequently been employed. All dentists we spoke to felt they received good support and supervision from the principal dentist and found it useful to have clinical discussions together. The principal dentist also told us the practice was open to mutual learning and gained insights from the other dentists. This means the practice used informal peer supervision to help ensure the quality and safety of the care provided.

Staff meetings were conducted approximately every month. We saw notes from these meetings which were clearly recorded. We were given an example of learning from these meetings, where one of the dentists was finding a number of patients were not attending root filling appointments. After discussion, the dentist spent extra time speaking to patients and explaining about the procedure prior to their appointment to reassure them. This was found to be successful in improving attendance rates.

We saw clinical staff had hepatitis B immunity records. The records for the principal dentist and hygienist suggested the need for a 'booster' which was overdue.

Recommendation

The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood borne viruses.

The practice had an arrangement for occupational health support for staff through the health board. The practice also had suitable arrangements for the recording of accidents and incidents.

The practice had an appropriate system for recording both written and verbal complaints. However, we suggested the practice use a summary sheet to record the dates and actions taken which could be easily reviewed.

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right'³ and gave a list of relevant organisations for patients to contact in the event they had a complaint. The policy needed to be updated with the new address of HIW. This is required by the Private Dentistry Regulations. There should also be reference to the Public Service Ombudsman for Wales for NHS patients. The policy also needed to be clearer about the process and relevant organisations to contact depending on whether patients were receiving NHS or private treatment.

Recommendation

The complaints policy should clearly detail the procedure and organisations to contact depending on whether patients were receiving NHS or private treatment. The policy should be updated with the new address of HIW (now Merthyr not Caerphilly) and include reference to the Public Service Ombudsman for Wales for NHS patients.

Given the recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards.

³ 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

Quality of Environment

We found the building was appropriately maintained and provided a safe environment for patients to receive treatment.

The practice is located in the centre of Caerphilly near to the main shopping area. The practice has five surgeries with two surgeries on the ground floor and three surgeries on the first floor. The practice has patient waiting areas on each floor. The reception area is located on the ground floor. Parking is available in a pay and display car park near to the practice.

Access to the building was generally suitable for wheelchair users and patients with mobility difficulties, but there was a small step to the path leading to the front door. The ground floor areas were accessible. Staff told us patients could have their appointments in the ground floor surgeries if required.

There was a sign outside the practice with the names and qualifications of all dentists with the emergency contact number for 'out of hours' services. We noticed the sign was missing the practice opening times. The principal dentist agreed to add this. We also found that price lists for NHS patients were displayed in the practice, but the prices for private treatments were missing.

Recommendation

The practice should display price lists for both private and NHS patients and information on opening hours.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. The practice had a small unisex staff toilet on the first floor and unisex accessible patient toilet on the ground floor. The patient toilet contained suitable handrails to allow patients to use the facility safely. These were visibly clean and contained suitable hand washing facilities to prevent cross infection. The waiting areas were suitable sizes for the number of surgeries and were pleasant environments for patients to use.

Fire exits were signposted and fire extinguishers recently inspected. Appropriate security measures were in place to prevent unauthorised access to the building. Generally, we found there were suitable arrangements to ensure patient records were stored securely and electronic records were backed-up daily onto an external device. This means the practice has taken measures to ensure the safety and security of patients and their information. However, we found the filing cabinets behind the reception area which contained historical paper patient records were not locked.

Recommendation

The practice must ensure the security of all patient information, in particular by locking filing cabinets with historical patient records, to prevent unauthorised access.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the recommendations in this report. 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 North View 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: North View Dental Practice

Date of Inspection: 28 January 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.	As agreed at the time of the inspection enhanced health promotion would be a benefit for all. I have started trying to find relevant practice based CPD that will encompass the topics listed enabling the practice team to play a full part in the improvement	Gwyn Jones	As soon as course(s) can be arranged
7	The practice should develop a method of gaining patient views and feedback to regularly assess the quality of the service provided.	Plans are in hand for a quarterly practice questionnaire based on the sample size recommended by HIW (10). Results will influence future practice planning. Taking the HIW questionnaire to be the first such involvement a future questionnaire will be designed and implemented in April 2015.	Gwyn Jones	3 months

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Delivery of Standards for Health Services in Wales				
9	The practice should consider recording the start of day and end of day checks completed by nursing staff to ensure the checks are completed.	Suggestion of HIW was accepted by dental staff. It means nothing new or improved has been implemented but the high standards the practice already employs will be recorded	Gwyn Jones	Commenced
10	The practice should conduct annual infection control audits and develop an improvement plan to address any issues highlighted.	Use will be made of the Postgraduate Audit tool and an audit will be undertaken in the near future and repeated annually	Andrew Sullivan	6 months
10	The practice should ensure that all radiation equipment maintenance checks are conducted and up-to-date. Training in ionising radiation should be completed every five years in line with the Ionising Radiation (Medical Exposure) Regulations. The practice should have suitable quality assurance and quality control systems in place for radiographic equipment.	All radiation checks will soon be up to date as explained at the time of the inspection. As you know the routine checks had already been arranged and will be undertaken soon. After confirmation that IRMER training is required every 5 years (and not as advised by GDC once within 5 year cycle) actions were immediately taken and Gwyn Jones, the only staff member affected, has successfully completed IRMER training. Certificates are available for inspection. New and improved quality assurance and quality control systems are being implemented	Gwyn Jones	4weeks
11	The practice should ensure all staff have up-to-date training in medical emergencies. The practice should also appoint a first aider.	All staff are up to date with training for medical emergencies as recommended by GDC guidelines.	Gwyn Jones Kaylea Palkowski	3 months

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
		<p>At the time of the inspection a certificate was missing but the training completed. Document is now filed away.</p> <p>Two staff members have agreed to take on the role as first aiders and will undertake training as soon as a suitable course can be found. In the mean time I am confident that between four 12 dental professionals all up to date in training for medical emergencies that a reasonable response can be initiated.</p>	Rebecca Spears	
12	Improvements should be made to patient record keeping, particularly regarding medical histories, obtaining consent, social history, mouth cancer screening, details around x-rays, and recording frequency of patient recall.	Improvements can always be made even when we considered our efforts were adequate. It was felt that the use of "tick-boxes" was a good memory aid and saved time. However, as you made clear that you were not enamoured with their use we will limit their use and adopt more comprehensive note keeping in the style you considered exemplary.	Gwyn Jones	Immediate
Management and Leadership				
13	The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.	A practice based course to enhance the knowledge of all staff members will be undertaken as soon as a course can be arrange	Gwyn Jones	As soon as course can be arranged
14	The practice should ensure that records of	Appraisals are planned for early April. The	Gwyn Jones	3 months

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	appraisals for all staff, including the principal dentist, are maintained.	records will be maintained	Andrew Sullivan	
14	The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood borne viruses.	The one missing record has been located. All records will be scrutinised and any appropriate actions undertaken	Gwyn Jones	1 month
15	The complaints policy should clearly detail the procedure and organisations to contact depending on whether patients were receiving NHS or private treatment. The policy should be updated with the new address of HIW (now Merthyr not Caerphilly) and include reference to the Public Service Ombudsman for Wales for NHS patients.	The practice has always endeavoured to avoid the need for patients to complain. However, an occasional complaint must be inevitable. To facilitate a complaint against our private work, in the way we have against our NHS work, by including the details you request is easy to accommodate	Gwyn Jones	1 month
Quality of Environment				
16	The practice should display price lists for both private and NHS patients and information on opening hours.	A private price list will be displayed. Opening hours will be added to the sign already displayed on front of premises	Gwyn Jones	1 month
17	The practice must ensure the security of all patient information, in particular by locking filing cabinets with historical patient records, to prevent unauthorised access.	It was always considered that practice security (locked and barred ground floor windows, metal shutters to front and rear doors and a professionally maintained intruder alarm) were adequate security for patient information. At your request we will lock the filing cabinets	Gwyn Jones	Immediate

Practice Representative:

Name (print):

Title:

Signature:

Date: