

General Dental Practice Inspection (Announced)

**Abertawe Bro Morgannwg
University Health Board,
Eastside Dental**

9 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Eastside Dental at Beacon Centre for Health, Langdon Road, Swansea, SA1 8QY within the area served by Abertawe Bro Morgannwg University Health Board on 9 March 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

Eastside Dental provides services to patients in the Swansea area. 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 five dentists, a therapist, ten nurses, reception staff (including a customer care manager) and a practice manager. At the time of our inspection there were also two dental foundation trainees² working at the practice. A range of services are provided.

Eastside Dental 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 the Private Dentistry (Wales) (Amendment) Regulations 2011.

² Dental Foundation Training is the first phase of continuing postgraduate education after graduation.

4. Summary

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

Patients, who provided comments, told us they were satisfied with the service provided. The practice had a system in place to regularly obtain the views of patients.

We found the provision of facilities at the practice to be of a very high standard. Notable practice was observed in respect of the arrangements in place for the decontamination of dental instruments. The patient dental records we saw were comprehensive and had been well maintained.

The practice had an experienced manager who worked closely with the principal dentist and other members of the practice team. Relevant policies and procedures were in place with the intention of ensuring patients' safety. We found the practice to be well run.

Staff told us they felt well supported in their roles and communication within the team was good.

The practice environment appeared well maintained and was furnished and decorated to a very high standard.

The practice was easily accessible and the waiting areas provided a comfortable area in which patients could wait to see the dentist or therapist.

5. Findings

Patient Experience

Patients, who provided comments, told us they were satisfied with the service provided. The practice had a system in place to regularly obtain the views of patients.

We invited patients who were attending the practice on the day of our inspection to complete HIW questionnaires. In total we received eight completed questionnaires.

All patients who provided comments indicated they were satisfied with the service they had received from the practice. Patients also told us they had been made to feel welcome by the practice team and had been given enough information about their treatment.

Comments included:

‘Receive a warm welcome.’

‘...always quite detailed [information about treatment].’

‘Very friendly and [efficient].’

Patients told us they had not experienced any significant delay in being seen on the day of their appointment. Reception staff described that a process was in place for informing patients should their dentist or therapist be running late or unexpectedly absent.

There was a flexible appointment system in place and we found patients could book appointments both in advance and on an emergency basis. We were told that arrangements would be made for patients requiring emergency treatment to be seen by another dentist, should their dentist be unexpectedly absent on the day of the appointment. This meant people could be confident (when they experienced pain) there was a system in place to try to ensure they were seen quickly.

We saw that the practice had regularly obtained the views of patients via a patient satisfaction survey. This meant patients had opportunities to comment on the service provided by the practice.

Delivery of Standards for Health Services in Wales

We found the provision of facilities at the practice to be of a very high standard. Notable practice was observed in respect of the arrangements in place for the decontamination of dental instruments. The patient dental records we saw were comprehensive and had been well maintained.

We found arrangements were in place for the safe use of radiographic equipment. The radiation protection file was comprehensive and contained all the required information. Certificates were available in respect of maintenance checks of X-ray equipment and staff training records were present and up to date. The quality of X-rays had also been subject to regular audit as part of the quality assurance process.

We saw the practice had emergency equipment and drugs available for use in the event of a patient emergency (collapse). We also saw training certificates that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Emergency equipment and drugs were stored securely. A system was described as being in place to identify and replace expired drugs and also check emergency equipment. This was confirmed through our observations. Those staff we spoke to were aware of the procedure to follow in the event of a patient emergency.

Contract documentation was in place for the disposal of hazardous waste. We saw waste produced by the practice was being stored securely whilst waiting to be collected by the waste contractor. We saw written procedures and equipment were in place to deal with mercury spillages safely.

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice.

The practice had a separate decontamination area made up of two separate rooms. The policy and guidance set out within Welsh Health Technical Memorandum (WHTM) 01-05³ describes this arrangement as the preferred option as it provides a higher degree of separation between dirty instruments and cleaned or sterilized. We considered the arrangements that were in place to be notable practice.

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

An appropriate process was in place for the transportation, cleaning, sterilisation and storage of instruments. This was supported by records confirming daily equipment checks had been conducted. The equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. The practice had a washer – disinfectant, which again WHTM 01-05 describes as the preferred option for cleaning dental instruments.

We saw that instruments were appropriately sealed in containers (to prevent them becoming contaminated) and stamped, with the date of processing and the date to be used by, prior to being stored.

The practice manager confirmed infection control audits had been performed in accordance with WHTM 01-05 policy and guidance. This allowed the dental team to self assess their practice against the policy and to develop an improvement plan as part of the continuous improvement process required.

Hand washing facilities and ample disposable protective equipment were available to reduce the risk of cross infection.

We looked at the clinical facilities of the surgeries within the practice. We found these were of a high standard and contained relevant equipment to ensure the safety of patients and staff. We saw documentation confirming equipment safety checks had been completed. Suitable arrangements were in place to protect patients' privacy when receiving treatment.

The practice used an electronic patient records system. The sample of records we considered were detailed and demonstrated care had been planned and delivered in a manner to ensure patient safety.

Management and Leadership

The practice had an experienced manager who worked closely with the principal dentist and other members of the practice team. Relevant policies and procedures were in place with the intention of ensuring patients' safety. We found the practice to be well run.

Staff told us they felt well supported in their roles and communication within the team was good.

A practice manager was responsible for the day to day running of the practice. He worked closely with the principal dentist and other members of the practice team.

We found the practice to be well run and with a range of policies and clinical procedures in place with the intention of providing safe care and treatment to patients. Policies included those in respect of safeguarding vulnerable adults and children and these had contact details of local agencies. This meant the practice team were able to seek advice in relation to patient safeguarding issues from local safeguarding teams.

The practice manager confirmed all clinical staff were registered with the General Dental Council and had indemnity insurance cover in place. Dentists working at the practice were registered with Healthcare Inspectorate Wales to provide private dental services. Their registration certificates were up to date and displayed as required by the Private Dentistry (Wales) Regulations 2008.

At the time of our inspection, we identified one dentist did not have a Disclosure and Barring Service (DBS) certificate that was dated as being issued within the last three years. This is required under the regulations for private dentistry. We discussed this with the practice manager who agreed to ensure a new DBS check was obtained in order to comply with current regulations.

The practice manager confirmed staff had been vaccinated against the Hepatitis B virus and the sample of staff records we saw supported this. The practice had a procedure in place in the event of staff sustaining an inoculation (needlestick) injury. Staff we spoke to were aware of the procedure to follow.

Staff told us they felt well supported in their roles. They confirmed daily morning meetings were held as a means of sharing information amongst the team. Comments from staff indicated they found these meetings useful.

Staff also told us they were able to access relevant training. Evidence of training attended was available. This meant staff were supported to meet continuing

professional development (CPD) requirements so they had appropriate skills and up-to-date training.

The practice manager described regular meeting arrangements were also in place to discuss clinical and managerial issues.

The practice manager provided details of the practice's induction programme. Junior staff we spoke to confirmed they had been well supported when starting work at the practice. We saw written records confirming the process described.

The practice employed a customer service manager. He told us wherever possible complaints (concerns) would try to be resolved 'on the spot'. Where this was not possible these would be escalated to the practice manager. The practice provided both NHS and private dental services and had a procedure in place for patients to raise concerns (complaints). The contact details of the Public Services Ombudsman for Wales needed to be included and the contact details of Healthcare Inspectorate Wales needed to be updated. The practice manager agreed to update the policy with this information.

The practice had a whistleblowing procedure in place for raising concerns and this included contact details of relevant external organisations. Staff we spoke to confirmed they would feel comfortable raising work related concerns directly with the practice manager prior to, and therefore potentially instead of, escalating their concerns externally.

Quality of Environment

The practice environment appeared well maintained and was furnished and decorated to a very high standard.

The practice was easily accessible and the waiting areas provided a comfortable area in which patients could wait to see the dentist or therapist.

Eastside Dental provides services from premises located at SA1 Waterfront near Swansea city centre. The practice is situated within the Beacon Centre for Health building. Some designated parking spaces for patients were available immediately behind the building. Further parking was available at a public car park opposite the building.

The practice was located on the first floor of the building and the reception, patient waiting areas and clinical facilities were arranged over one floor. The practice was signposted outside and further signage was displayed within the main foyer to direct patients to the correct floor. There was easy access to the building via a wide entrance with automatic doors. A passenger lift served all floors. This made the practice fully accessible to people, including those with mobility problems and those who use wheelchairs.

The opening hours of the practice were displayed near the entrance of the practice together with the emergency contact number. This meant patients attending the practice were made aware of how to access dental treatment in an emergency. This number was also contained within the practice leaflet and we were told it was also available via the practice's answerphone message.

The practice had two waiting areas. Our observations indicated the size of the waiting areas were appropriate given the number of surgeries and patients attending. These areas were well lit, clean and tidy and provided comfortable areas where patients could wait to be seen by the dentists or therapist. The larger waiting area contained seating of different heights and types. This meant patients had a choice according to which type and height of seating they found easier to use and their personal preference.

There were two patient toilets and these were clearly signposted. The toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection. Both toilets were suitable for use by people who use wheelchairs.

The immediate practice environment appeared well maintained and was decorated and furnished to a very high standard. The layout of the practice allowed for confidential conversations and telephone calls to be conducted in private.

Facilities were available for staff and consisted of a staff room and toilet.

Security precautions were in place to prevent unauthorised access to and within the practice. We found fire extinguishers had been checked within the last year. Fire exits were signposted and the procedure to follow in the event of a fire was clearly displayed.

6. Next Steps

This inspection has not resulted in the need for the dental practice to complete an improvement plan.