

General Dental Practice Inspection (Announced)

Aneurin Bevan University
Health Board

Abertridwr Dental Surgery

14 March 2016

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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 Abertridwr Dental Surgery at 5 Thomas Street, Abertridwr, Caerphilly. CF83 4AU on 14 March 2016.

HIW explored how Abertridwr Dental Surgery 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

Abertridwr Dental Surgery provides services to patients in the Caerphilly area of Mid Glamorgan. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Abertridwr Dental Surgery is a mixed practice providing both private and NHS dental services

The practice staff team includes two dentists; three dental nurses one of whom is the practice coordinator and a receptionist.

A range of NHS and private dental services are provided but primarily, NHS patients are treated at this practice.

3. Summary

Overall, we found evidence that Abertridwr Dental Surgery provides safe and effective dental care and is well regarded by its patients. Abertridwr Dental Surgery is able to offer information through the medium of Welsh.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided
- Staff we spoke to were happy in their roles, understood their responsibilities
- Clinical facilities are well-equipped, visibly clean and tidy
- There are arrangements in place for the safe use of x-rays, although we have recommended improvements to paperwork to ensure the practice fully complies with regulations.
- Dental instruments are cleaned and sterilised appropriately
- Hazardous and non-hazardous waste is stored and disposed of safely

We felt that this practice needs to make improvements in relation to patient records. Please refer to Appendix A for further details.

4. Findings

Quality of the Patient Experience

We found that this practice is committed to providing a positive experience for their patients. The feedback gained through our patient questionnaire was positive and complimentary in relation to patient/staff relationships. The practice had compiled an information leaflet for their patients and also provided some information in the Welsh language.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

"This is by far the best dental practice for myself even though it's not exactly on my doorstep, I prefer to travel here."

"Very friendly efficient practice..."

"Service at this practice is to a very high standard and children are treated exceptionally well."

"Could not be happier! The receptionists are fab!"

Dignified care

Nineteen patients completed our HIW questionnaire with the majority of patients attending the practice for more than 20 years. Feedback from the patients who completed our questionnaire was very positive. All patients told us that they were satisfied with the care and treatment they received at the practice and were made to feel welcome by the staff. We saw evidence that patients were provided with care in a dignified and respectful manner. For patients who wished to discuss issues in private, staff made use of an empty surgery as a separate private room was not always available. We noticed the friendly yet professional manner in which staff spoke to patients face to face and on the telephone.

Timely care

The majority of patients who completed our questionnaire had not experienced delays. Patients who indicated they had experienced delays stated this was rare. Staff told us they tried to ensure patients were seen on time but occasionally when an emergency appointment was needed, a delay may occur. Staff told us they made sure that patients were given an explanation as to the

delay. The practice had a flexible appointment system and had recently installed a text message system to contact patients when the need arose. The majority of patients told us they knew how to access out of hours dental care and we saw a sign in the window informing patients of emergency contact numbers and surgery opening hours. The signage also included the names of the dentists working at the practice. However, we noted that the name of one retired dentist remained on this information notice and we advised staff to amend this so that information for patients remained up to date.

Staying healthy

All patients who completed the questionnaires indicated they received enough information about their treatment. Patients we talked to also told us that the dentists and nurses took time to advise on good dental hygiene, best ways to brush teeth, risks from smoking, and poor diet.

We saw a plentiful supply of health promotion leaflets and posters in both the English and Welsh language.

Individual care

The practice published an information leaflet for patients giving advice and guidance on policies and dental services provided by the practice.

Although the practice was situated in a street of terraced properties, there was adequate room for wheelchair access and movement throughout the surgery. There was a ramp and handrails inside the door for patients who had compromised mobility. Staff told us that when they knew a patient with mobility difficulties was booked in, they made sure that the appointment was on time to avoid unnecessary delays. We saw that the practice's information leaflet advised patients to contact the practice prior to their appointment if they had any special needs.

We saw that posters advising patients how to make a complaint were available in both English and Welsh and gave contact details for both private and NHS patients. This information was also given in the practice leaflet.

Delivery of Safe and Effective Care

Overall we found evidence that patients were provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

We looked at issues relating to radiological procedures (x-rays) and recommended improvements in line with requirements under the Ionising Radiation Regulations 1999. We also saw that some patient records needed improvement. We recommended that the dentists conduct a clinical records audit together to share learning and best practice.

Safe care

Fire extinguishers were strategically placed throughout the building and we saw evidence of a current fire protection contract. Directions for the emergency exit were clearly displayed. There were also fire safety blankets available and the practice tested the fire alarms weekly. We saw evidence that testing of portable appliances (PAT) had been carried out and a contract was in place for the removal of hazardous and non-hazardous waste. We looked at the practice risk assessments on Control of Substances Hazardous to Health (COSHH) and we were satisfied that these complied with legal requirements.

Overall, the premises were clean and well maintained and the cabinetry adequate.

Infection Control

We were satisfied with the arrangements at this practice to protect staff and patients from preventable healthcare associated infections. An infection control policy was in place and a summary displayed on the surgery walls. Staff told us that infection control audits were completed through the Wales Postgraduate Deanery. This means the audit tool is aligned to the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) on decontamination in general dental practice. At the time of our inspection we saw that an infection control audit had been completed but had not yet been sent to the Welsh Deanery and accordingly, a certificate had not yet been issued.

We were satisfied with the infection control measures we saw at this practice and these included the following:

- A dedicated decontamination room for the cleaning and sterilisation of dental instruments.

- Availability and use of personal protective equipment (PPE) such as disposable gloves, heavy duty gloves, eye protection and aprons.
- A dedicated hand washing sink.
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition.
- Transportation of instruments between decontamination room and surgeries was in securely sealed containers.

We noted that all dental instruments which had been sterilised were bagged appropriately and the date of sterilisation was clearly visible. In accordance with WHTM01-05, we advised the practice to consider also marking the bag with the date of expiry for safe practice.

Emergency drugs and resuscitation equipment

We were satisfied with the measures in place at this practice to ensure the safe storage and management of medicines. We saw that all staff had completed cardio-pulmonary resuscitation (CPR) training and that the practice had a named first aider. There was a policy in place to manage a cardiac arrest and we saw that there was appropriate equipment available to safely manage a medical emergency such as a cardiac arrest or collapse.

Safeguarding.

We found the practice had taken steps to promote and protect the welfare of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults. We saw that all staff had undergone training in both Child and Adult protection. We noted too that the child protection policy was also available in Welsh.

Radiographic equipment

We saw documentation to show that x-ray machines had been regularly serviced to help ensure they were safe for use. We saw that all clinical staff had undergone Ionising Radiation (Medical Exposure) Regulations 2000 IR(ME)R training.

We looked at documentation in relation to radiation protection and saw that whilst safety measures were in place to protect staff and patients, there were anomalies in the written records that needed to be corrected in order for the practice to meet its obligations under the Ionising Radiation Regulations 1999 and IR(ME)R 2000 as follows:

- The radiation protection file needs to be customised better to this individual practice
- The name of the Radiation Protection Supervisor (RPS) and Radiation Protection Advisor (RPA) should be in the radiation protection file
- The local rules are out of date and need updating. A retired dental practitioner is currently named as a Radiation Protection Supervisor
- A log book should be kept to indicate the processor is being regularly cleaned and the chemicals changed where appropriate
- As part of a quality assurance programme, records should be kept to demonstrate control of film stock, changing of processing solutions and cleaning of processor. After every change of processing solutions & before processing patients films a radiograph of a test object (such as a step-wedge) should be taken & compared with a reference film to detect variations in processing quality before they affect patients films. A more detailed quality assurance audit for radiographs should be carried out.

Improvement needed

The practice must ensure it meets its obligations under the Ionising Radiation Regulations 1999.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that this practice engages in some relevant audits, including infection control.

There were no formal arrangements for staff to conduct regular peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided.

Patient records

We looked at a sample of five patient records for both dentists at the practice. Overall we found that the following areas needed to be improved:

- Paper record card inserts need to have all patient identifiers on them and to include radiograph envelopes
- In three of the ten records reviewed, there was no current medical history and no history of the medical history being updated even verbally

- Where BPE had been recorded there was no evidence of six point pocket charting being done on patients with BPE of 3 & 4
- Any new examinations need to examine and record both soft tissue and intra and extra oral findings
- In two record cards bitewing radiographs were found in patient files but these were not recorded in the patient notes
- Justification, grading and clinical findings of x-rays need to be recorded in patient notes
- In 10 out of the 10 record cards reviewed there was no reference to NICE recall intervals

Improvement needed

The following improvements should be made to patient notes:

- Ensure all paper record card inserts have patient identifiers
- Ensure medical history and updated medical history is recorded
- Ensure six point pocket charting is recorded where required
- Ensure any new examinations record both soft tissue and intra and extra oral findings
- Ensure justification, grading and clinical findings of x-rays are recorded
- Ensure records refer to NICE recall intervals
- Develop a policy to ensure standardisation of medical histories being taken and countersigned by the practitioners
- Audit of record keeping and findings to be acted upon
- Where smoking habits are established, this should be followed up with cancer screening advice and smoking cessation advice (Delivering Better Oral Health Version 3)
- Practitioners should ensure that all options, benefits and risks of treatments are noted as discussed with the patient

Given the improvements needed to patient records, we recommended that the dentists conduct a clinical records audit together in order to share learning and best practice.

Quality of Management and Leadership

We saw evidence of effective management and leadership at this practice delivered within clean, pleasant surroundings. A range of relevant policies and procedures were in place to establish and maintain safe practice. Staff we spoke to were happy and confident in their roles and enjoyed going into work. They appreciated the necessity of continued professional development (CPD) to keep up to date with developments in clinical practice and were supported to do so by the senior dentist.

Abertridwr Dental Surgery is a long established practice currently managed by the senior dentist. Many of the staff had worked together for more than sixteen years. We saw that all clinical staff was registered with the General Dental Council (GDC), all had a contract of employment and were covered by indemnity insurance. Both dentists had current Criminal Records Bureau (CRB)/Disclosure Barring Service (DBS) checks in place and all staff had up to date immunisation for Hepatitis B vaccination.

We saw that there were individual folders for staff showing evidence of their continual professional development (CPD) mainly through on-line courses. We saw that regular staff appraisals had been conducted for all staff and from these, 'personal development plans' were set out for each member.

We saw an induction policy for new staff and, should the occasion arise to use agency dental nurses, these were engaged via reputable dental nurse agencies. These agencies took responsibility for ensuring their staff had the required certification in relation to competency and safeguarding.

We saw a log of regular staff meetings and suggested that members should sign their attendance for future reference.

We noted that both dentists were registered with HIW but that one certificate needed renewal to reflect current address of HIW premises. We were assured by the dentist that this would be promptly addressed in order to secure the appropriate certificate.

We saw that this practice was well organised and managed under the consistent leadership of the senior dentist. Staff told us that they enjoyed coming into work and that if they had concerns relating, they were confident to discuss these with the dentist.

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 Abertridwr Dental Surgery 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 inspections of the NHS in 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 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². 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

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <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: Abertridwr Dental Surgery

Date of Inspection: 14 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	No improvements needed				
Delivery of Safe and Effective Care					
9	The practice must ensure it meets its obligations under the Ionising Radiation Regulations 1999. Specifically, the practice must address the following: <ul style="list-style-type: none">• Radiation protection file needs to be customised better to this	Health and Care Standards 2.9 Ionising Radiation Regulations 1999	Update and customise RPA file and local rules	R Sutherland	1 month

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>individual practice</p> <ul style="list-style-type: none"> • Name of Radiation Protection Supervisor (RPS) and Radiation Protection Advisor (RPA) should be in the radiation protection file (whilst these are established, information needs to be placed in the appropriate file.) • Local rules are out of date and a retired dental practitioner is named as one Radiation Protection Supervisors • A log book should be kept to indicate the processor is being regularly cleaned and the chemicals changed where appropriate • A daily radiograph of a test subject, such as a step-wedge, should be taken to detect efficacy of processing solutions before they affect patients' films. 	(IRR99)	Developer daily test and fluid change logbook to be sourced and completed as delegated scheduled task	R Sutherland	1 month

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> A more detailed quality assurance audit for radiographs should be carried out. 	National Radiological Protection Board 2001 Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment 5.20	New QA audit has already been formulated using guidance from FGDP. First cycle has been completed and future cycles timetabled as part of ongoing QA programme.	R Sutherland	1 month
10	<p>The following improvements should be made to patient notes:</p> <ul style="list-style-type: none"> Ensure all paper record card inserts have patient identifiers Ensure medical history and updated medical history is recorded Ensure six point pocket charting is recorded where required 	<p>Health and Care Standards 3.5;</p> <p>General Dental Council Standards 4</p>	<p>Immediate improvements to record keeping have been discussed and agreed upon in a practice staff meeting;</p> <ul style="list-style-type: none"> Copies of FGDP record keeping guidance and 'Delivering Better Oral Health' have been made available to staff Full computerisation of notes has been agreed over the next 6 	R Sutherland	Immediate to 6 months

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> • Ensure any new examinations record both soft tissue and intra and extra oral findings • Ensure justification, grading and clinical findings of x-rays are recorded • Ensure records refer to NICE recall intervals • Develop a policy to ensure standardisation of medical histories being taken and countersigned by the practitioners • Audit of record keeping and findings to be acted upon • Where smoking habits are established, this should be followed up with cancer screening advice and smoking cessation advice (Delivering Better Oral Health Version 3) • Practitioners should ensure that all options, benefits and risks of treatments are noted as discussed with the patient 		<p>months which should make more detailed record keeping easier</p> <ul style="list-style-type: none"> • Standardised medical history form to be given to all patients to complete/update in waiting room before each appointment countersigned by clinician • Record keeping audit scheduled 		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
	No improvements needed				

Practice Representative:

Name (print): ..R SUTHERLAND.....

Title: ..MR.....

Date: ..14/06/2016.....