

General Dental Practice Inspection (Announced)

**Belgrave Dental Practice
Abertawe Bro Morgannwg
Health Board**

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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 Belgrave Dental Practice at 91 Walter Road Swansea SA1 4QF on 9 March 2017.

HIW explored how Belgrave Dental Practice 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

Belgrave Dental Practice provides services to patients in the Mumbles, Swansea and surrounding areas. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg Health Board.

Belgrave Dental Practice is a mixed practice providing both NHS and private dental services.

The practice staff team includes four dentists (one of whom is a foundation dentist) six dental nurses (including two trainees), two therapists, one practice manager and two receptionists.

A range of NHS and Private dental services are provided.

3. Summary

Overall, we found evidence that Belgrave Dental Practice was meeting the standards necessary to provide safe and effective care.

This is what we found the practice did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well equipped and clean
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the practice could improve:

- Complaints procedures must be displayed and visible to the public
- Processes for checking dates of dental materials and organisation of instrument drawers need addressing
- Evidence of electrical wiring certification is required
- The practice must review and update its environmental risk assessments.
- The practice must review the storage and systems of periodic checks for emergency drugs and CPR equipment in the surgery and the domiciliary bag
- Develop a quality assurance policy, to implement an ongoing process of audit and review

4. Findings

Quality of the patient experience

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 21 questionnaires were completed and returned. Without exception patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. The majority of patients indicated that they received sufficient information about their treatment. Patient comments included:

“Belgrave is a very welcoming practice and the staff make you feel very comfortable and at ease”

“Everyone is really friendly here at this practice. We really like our personal dentist and assistant”

“Always a happy positive atmosphere”

“I have been to various dentists and this is by far the most friendly practice”

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining patient confidentiality. We observed staff speaking with patients in a friendly and professional way. We saw that information about the price of both NHS and private treatment was available in the waiting area, so that patients were informed about costs. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Timely care

Staff told us that they make every effort to ensure that care was provided in a timely way. 20 out of the 21 questionnaire respondents indicated that they had not experienced a delay in receiving their treatment. Eight out of the 21

questionnaire respondents stated they were uncertain about emergency out of hour's arrangements. However, we saw that the details of the emergency contact number, the practising dentists' details and the surgery opening hours were being displayed externally.

Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. 20 out of the 21 patients who completed the questionnaires told us they received enough information about their treatment. There was a separate therapist room available where patients receive specialist health promotion sessions and there was a wealth of health promotion information in this area. On the day of the inspection the practice placed more patient information and health promotion leaflets into the two waiting areas.

Individual care

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. Eight of the 21 respondents stated they did not know how to make a complaint. The practice manager was advised that copies of the complaints procedure should be displayed and accessible, on the notice board in both waiting rooms. Additionally, the practice manager must update the practice complaints procedures, to ensure that NHS and Private complaints' processes are separate and included the correct contact details for each. The complaints procedures should be compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹. The practice manager agreed to update the website in line with GDC guidance for ethical advertising and specifically to include details of the updated practice's complaints procedures.

Improvement needed

Information regarding complaints procedures must be updated and be displayed and visible in accordance with guidance and standards.

We found that a record of compliments, concerns and complaints was being maintained. The practice manager was the designated complaints manager.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

We advised that a periodic review and audit of complaints be undertaken by the practice, to inform lessons learnt.

The majority of respondents to questionnaires indicated that, were offered the option to communicate in the language of their choice. The practice had an established way of seeking patient feedback. We saw evidence that patient satisfaction surveys were distributed to seek patient's feedback and suggestions. The practice was advised to develop a formal process for reviewing patient feedback received. Any outcomes, actions or learning from patient feedback should be summarised and fed back to patients for their information.

Delivery of safe and effective care

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well equipped and were visibly clean and tidy. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, the practice is required to provide evidence of electrical wiring certification. Also, the Control of Substances Hazardous to Health (COSHH)² storage needs to be made safe and secure. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. However, clinical waste bins need to have lids attached and a feminine waste bin needs to be added to the waste contract for the patient toilet. The practice must review and update its environmental risk assessments. The practice must ensure daily checks are completed on the compressor. The decontamination rooms on both floors require secure access.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. However, a system of periodic checks for the expiry dates of items in the CPR bag needs to be developed, the storage of emergency medication and CPR equipment needs to be in one secure area for ease of access and a system of weekly record checks for emergency drugs needs to be arranged and documented for the surgery and domiciliary bag.

The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. However, the practice needs to arrange for Disclosure and Barring (DBS) checks to be undertaken for all relevant staff. There were arrangements in place for the safe use of X-ray equipment. However, the isolation/control switch positioning in the 2nd floor surgery needs to be reviewed.

Safe care

Clinical facilities

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was visibly well maintained and surgeries were clean, tidy and well organised. However, we found that there

² <http://www.hse.gov.uk/coshh/index.htm>

were some out of date dental materials being kept in the surgery drawers and drawers could to be better organised.

Improvement needed

The practice must ensure there is a process in place for checking that all out of date dental materials are disposed of appropriately and instrument drawers are well organised.

We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. Gas appliance certificates were all up to date. We saw evidence of an electrical wiring installation certificate for one floor of the premises. However, the practice needs to provide evidence of electrical wiring certification for the remaining 2 floors of the premises.

Improvement needed

The practice needs to provide documentary evidence of electrical wiring certification to HIW.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments. However, we advised that COSHH items should be stored safely and securely. Contract documentation was in place for the disposal of non hazardous and hazardous waste. However, clinical waste bins need to have lids attached and a feminine waste bin needs to be added to the waste contract for the patient toilet. Sharps containers were safely stored.

Improvement needed

COSHH items must be stored safely or securely

Improvement needed

Clinical waste bins need to have lids attached and a feminine waste bin needs to be added to the waste contract for the patient toilet.

Fire extinguishers were available and had been serviced in the last 12 months, a fire equipment maintenance contract was in place and fire signage and risk assessment were evident. There was a health and safety policy in place. However, as there were a number of areas identified for consideration e.g. housekeeping and access to the cellar area where the compressor is stored and associated staff risk assessments, safe COSHH storage, the practice must review and update the environmental risk assessments.

Improvement needed

The practice must review and update environmental risk assessments and ensure that all risks within the environment are identified and managed appropriately.

The practice had a compressor³. No records had been maintained to demonstrate that it was being checked daily to confirm it was safe.

Improvement Needed

The practice must ensure daily checks are completed on the compressor in accordance with the manufacture's instructions and records maintained.

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- Designated rooms for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

³ A compressor pressurises air for use in dental procedures.

A decontamination policy was in place and we saw that all staff were signing and dating to indicate that they had considered key policies. We found that Inoculation immunity check status for staff members was up to date.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05⁴ (WHTM 01-05) guidelines and relevant staff had completed decontamination refresher training on a five yearly basis. However, access to the decontamination rooms needed to be made more secure, as there was no door to safeguard patient access to these clinical areas.

Improvement needed

Access to the decontamination rooms needs to be made secure.

Emergency drugs and resuscitation equipment

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). A resuscitation policy was in place including roles and responsibilities for staff. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had appointed first aiders in the team who had completed relevant training and a first aid kit was available. There was an appropriate accident book in place and completed accident sheets were filed securely to maintain data protection

Emergency drugs were well organised in the main, with corresponding life support flowcharts for use in specific emergencies. However, a system of periodic checks for the expiry dates of items in the CPR bag needs to be in place, the storage of emergency medication and CPR equipment needs to be in one secure area for ease of access and a system of weekly record checks for emergency drugs needs to be documented in the surgery/domiciliary bag.

Improvement needed

The practice must review the storage and systems of periodic checks for emergency drugs and CPR equipment.

⁴ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Safeguarding

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. The dentists and therapists all had DBS clearance checks in place. However, we found that DBS checks needed to be arranged or refreshed for the dental nursing staff and other relevant staff.

Improvement needed

DBS clearance checks need to be arranged for dental nursing staff and other relevant staff.

Radiographic equipment

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council⁵ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000⁶. A radiation protection file was being maintained. However, the isolation/control switch positioning in the 2nd floor surgery needs to be reviewed, to ensure that access is appropriate and safe.

Improvement needed

The isolation/control switch positioning in the 2nd floor surgery needs to be reviewed.

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁶ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Patient Records

We viewed a sample of dental records and spoke with the dental practitioners on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care.

Effective care

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

There was evidence to indicate that arrangements were in place for staff to conduct some peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery.

Quality of management and leadership

Belgrave Dental Practice has a well established practice team with a low turn over of staff. The day to day management of the practice was provided by the lead dentist and practice manager. Staff we spoke with were committed to providing high quality care for patients.

We saw a staff team at work who appeared happy and competent in carrying out their roles. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures. We made suggestions in regard to developing the induction documents and records. We were told that staff meetings were held on a regular basis and these were recorded. Annual staff appraisals were being undertaken.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. The storage of patient files was appropriate, to ensure the safety and security of personal data.

Policies were being reviewed periodically and we suggested that these are signed and dated and a next review date added. There are good clinical quality assurance processes in place as was seen from the quality of patient record keeping. The Wales Deanery Maturity Matrix Dentistry approach was in use. However, the practice manager should further develop the practice quality assurance policy, to implement an ongoing process of audit and review, as a way of ensuring the quality of the care provided.

Improvement needed

The practice should further develop their quality assurance policy, to implement an ongoing process of audit and review.

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 Belgrave Dental Practice 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 2008⁷ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁸. 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

⁷ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁸ <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: Belgrave Dental Practice

Date of Inspection: 9 March 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
6	Information regarding complaints procedures must be updated and be displayed and visible in accordance with guidance and standards.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Guidance 5.1</i>	To separate the NHS and Private complaints policies to stand alone policies. To display in upstairs waiting rooms in addition to our ground floor waiting room. To add HIW details to our existing complaints policy. To update practice website to include HIW details.	Vanessa Williams	26 th April 2017
Delivery of safe and effective care					
9	The practice must ensure there is a	Health and Care	Staff training and improved	Vanessa	Completed.

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	process in place for checking that all out of date dental materials are disposed of appropriately and instrument drawers are well organised.	Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (3) (a)	communication channels. Stock Inventory done. Discuss in next meeting on 2 nd May 2017 and document also an action owner for further checks with completion of records.	Williams	
9	The practice needs to provide documentary evidence of electrical wiring certification to HIW.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d) <i>The Electricity at Work Regulations 1989 (HSE)</i>	MJE Electrical Services booked. Practice to close for this on the afternoon of 2 nd May, 18 th May, 1 st June and 9 th June 2017	Vanessa Williams	31 st August 2017 on MJE Electrics completing the work
9	COSHH items must be stored safely or securely.	Health and Care Standards 2.1	New lock to be added to storage cupboard on top floor. Staff training and	Vanessa Williams	Completed.

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		Private Dentistry (Wales) Regulations 2008 14 (1) (d) <i>Management of Health and Safety at Work Regulations 1999</i>	communication via staff meeting		
9	Clinical waste bins need to have lids attached and a feminine waste bin needs to be added to the waste contract for the patient toilet.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d) <i>Management of Health and Safety at Work Regulations 1999</i>	Practice to replace existing bins with adequate replacements. 5 bins on order with Initial Medical. Feminine Waste Bin added to patient toilet and added to our existing contract with current provider.	Vanessa Williams	19 th April 2017 Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
10	The practice must review and update environmental risk assessments and ensure that all risks within the environment are identified and managed appropriately.	Health and Care Standard 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Management of Health and safety at Work Regulations 1999</i>	Existing Risk Assessment sheets amended as per guidance given by HIW inspector. Additional Risk assessment document added. Regular Risk Assessments to take place and action owner identified.	Vanessa Williams	Completed and ongoing
10	Access to the decontamination rooms needs to be made secure.	Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d) <i>Management of Health and Safety at Work</i>	Practice to arrange for a carpenter to attend re replacement of existing doors.	Vanessa Williams	31st May 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Regulations 1999</i>			
11	The practice must ensure daily checks are completed on the compressor in accordance with the manufacture's instructions and records maintained.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (3) (b) <i>Pressure Systems Safety Regulations 2000</i>	To visibly check the 2 compressors on a daily basis and records kept accordingly.	Kelly Mitcham	Completed
11	The practice must review the storage and systems of periodic checks for emergency drugs and CPR equipment.	Health and Care Standards 2.6 & 2.9 Private Dentistry (Wales) Regulations 2008 14 (2)	Practice to seal emergency drugs box and domiciliary storage bag. This seal to be checked weekly and records kept accordingly. The emergency drugs, defibrillator and oxygen stored together in a secure accessible area.	Vanessa Williams	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>GDC Standards for the Dental Team - Standard 6.2.6, 6.6.6</i>			
12	DBS clearance checks need to be arranged for dental nursing staff and other relevant staff.	Health and Care Standards 7.1 Private Dentistry (Wales) Regulations 2008 13 (2)	To carry out DBS checks on all senior staff who have currently been employed for 10 years plus. All new/newer members of staff currently have DBS clearance checks.	Vanessa Williams	12 th May 2017
12	The isolation/control switch positioning in the 2 nd floor surgery needs to be reviewed.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Ionising Radiation Regulations 1999</i> <i>Ionising Radiation (Medical</i>	To reposition isolation switch.	Vanessa Williams	12 th May 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Exposure) regulations 2000</i>			
Quality of management and leadership					
14	The practice should further develop their quality assurance policy, to implement an ongoing process of audit and review.	Health and Care Standards 3.3 Private Dentistry (Wales) (Amendment) Regulations 2008 section 16A (1)	The practice has put in place an audit training, carry out and completion program for all staff. The practice will close an afternoon every 6 weeks for audit and peer review sessions. Practice to comprise a matrix to record all relevant dates and details as a visual aid to identify need.	Vanessa Williams	2 nd May 2017 and 6 weekly thereafter

Name (print): Vanessa Williams

Title: Practice Manager

Date: 12th April 2017