



Dental Follow-up Inspection (Announced)

Hickman House Dental Clinic /
Cardiff & Vale University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced follow-up inspection of Hickman House Dental Clinic within Cardiff and Vale University Health Board on the 4 April 2017.

Our team, for the inspection comprised of one HIW assistant inspection manager and one clinical peer reviewer. The inspection was led by the HIW assistant inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found evidence that the practice had addressed the recommendations identified in 2015.

A system had been devised to ensure materials held in each surgery were listed and checked regularly to guarantee out of date stock was replaced/discarded.

The recommendations made to improve the decontamination process had been met, with bowls purchased for manual cleaning and dental instruments being stored and dated in accordance with WHTM 01-05 guidance.

We identified additional improvements that the practice needs to review in relation to their decontamination processes which included the recording and monitoring of water temperatures. A process for logging manual cleaning tasks and activities and a review of how the practice visually checks instruments needs to be implemented in line with WHTM 01-05 guidelines.

Further improvements are needed in relation to patient records, including alcohol intake, diagnosis on which the treatment has been based and treatment options. We recommended that, if templates are used to complete patient notes, they are tailored specifically for that patient and contain relevant information.

This is what we found the service did well:

- The website had been updated in line with General Dental Council (GDC) guidelines and is regularly reviewed and updated to ensure content is accurate
- Systems had been put in place to ensure patient feedback is captured, monitored and reviewed. Results from patient feedback

are analysed and published on their website and in the patient information folder located in the waiting areas

- A stock checklist had been developed and situated in each surgery to ensure all stock is checked monthly and that items are in date and suitable for use
- Staff had received training in ionising radiation
- Mouth cancer screening and reason for attendance were evident on the patient records we reviewed
- Bowls were evident in each surgery for the manual cleaning of instruments and instruments were being stored and dated in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05¹ guidelines
- A system to record verbal and informal comments/concerns was in place which was reviewed regularly
- A TV system had been installed which advertised and promoted oral health care and treatments, alongside posters and leaflets displayed in the waiting areas

This is what we recommend service could improve:

- Water temperatures need to be monitored and recorded for manual cleaning in line with WHTM 01-05 guidance
- There were no magnifying devices to assist with the visual checking of instruments and a review of their processes is required to ensure they adhere to WHTM 01-05 guidance for visually checking instruments
- A process for logging manual cleaning tasks and activities is required

¹ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

- The stock checklist for dental materials needs updating to include all items stocked in the surgery so comprehensive monthly checks can be carried out
- We observed that, in all but one surgery, endodontic irrigation syringes were unpacked from their wrappings, therefore had no visible expiry dates

3. What we found

Context

HIW last inspected Hickman House Dental Clinic on 18 February 2015.

The key areas for improvement we identified included the following:

- The website required updating to comply with GDC guidelines
- A system of gaining regular patient feedback and views, including improvements to capturing verbal and informal comments
- Improvements regarding decontamination were identified including bowls for manual cleaning and appropriate storage of instruments to reduce the risk of contamination
- A system to review the materials kept in each surgery to ensure they do not pass their expiry date and are replaced
- All appropriate staff required training in ionising radiation
- A number of patient record improvements were highlighted, specifically the recording of mouth cancer screening, reason for attendance, treatment options, justification and clinical evaluation of X-rays.
- Improved patient health promotion information

The purpose of this inspection was to follow-up on the above areas for improvement identified at the last inspection.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

The improvements identified in 2015, under patient experience, had been completed. The website includes information that meets GDC guidelines and provides patients with specific information about the service and treatments available, which staff regularly review and update accordingly.

Systems were in place to enable patients to provide their views and feedback regarding the service. This information is reviewed regularly and is available for patients to read on the website or in the patient information folder situated in the waiting area.

The practise had developed treatment specific questionnaires which we regard as noteworthy practise due to the information gathered and the potential to improve treatment and services for patients.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Patient Experience - Website

- The practice should ensure the information on its website is accurate and complies with the GDC guidelines for advertising

Patient Experience - Patient feedback/views

- The practice should develop a method of regularly gaining patient views and feedback to assess the quality of service provided and ensure it meets the needs of the patient population

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Patient Experience - Website

- The website has been updated with the correct GDC number. The GDC guidelines have been read and the link to the GDC website is now on the website. We have new staff joining the team in June 2015 so photos will be arranged of all staff members shortly after and will be updated on the website.

Patient Experience - Patient feedback/views

- Feedback forms have been developed and will be handed out at reception at different stages throughout the year. These will be assessed and the feedback will be put onto the website and in reception folders for patients to read.

What we found on follow-up

Patient Experience - Website

Our review of the dental practice's website confirmed that the actions stated in their improvement plan had been completed. A link to the GDC website is available and complies with the GDC guidelines. In addition, the GDC address is listed under the complaints section.

The website provides biographies of the dental team and includes, where applicable, professional registration numbers. Discussions with staff confirmed that the website is reviewed as part of their audit processes so information is regularly updated and/or amended.

Additional information has been added to the website since the visit in 2015 and includes some of the dental practices policies and procedures as well as a feedback facility. These updates and additions to the website provide further ways for patients to access the information they may need regarding the service and treatments.

Patient Experience - Patient feedback/views

Systems were in place to capture patient views and feedback. We observed that a feedback box, with comment cards, was available in the reception area for patients to submit their views. The website also provided a feedback facility which offers patients an alternative method of submitting their views.

Discussions with staff highlighted that they had developed different methods of gaining patient views/feedback. A general feedback form was provided to patients one week after their appointment. In addition, the practice had

developed treatment specific questionnaires, which we regard as noteworthy practise. At the follow up visit, we viewed the current specific feedback regarding emergency treatment. The samples were being collated and statistics were providing the practice with information on what was working well and what could be improved. Staff told us that they will change the treatment specific questionnaires regularly to provide information that will enable the practice to change service provision, where applicable, based on the feedback.

Staff told us of their processes for assessing all feedback, which resulted in reports that patients could access on the website, or in the patient information book based in the waiting area.

The actions taken by the practice since 2015, reassured us that systems were in place to capture the views and feedback of patients.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We identified that recommendations made in 2015 had been addressed. However, there were areas that require further improvement.

The practice had developed a checklist involving monthly checks to ensure materials held within each surgery were in date and replaced as and when required.

Decontamination processes had improved, with bowls in every surgery for manual cleaning and rinsing of dental instruments. Dental instruments were being stored appropriately to reduce the risk of contamination. Packaging used for clean, sterilised dental instruments were sealed and dated in line with WHTM 01-05 requirements.

The majority of the recommendations made regarding patient records had been actioned, including mouth cancer screening and reason for attendance. Further improvements are needed in relation to patient records, including recording alcohol intake and treatment options. We recommended that if templates are being used then they need to be tailored for that individual and checked to ensure that they contain relevant information.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Clinical Facilities

- The practice should make suitable arrangements to review the system of checking materials held in each of the surgeries. Changes

should be made as necessary to ensure materials that are nearing their expiry date are identified and replaced before they expire.

Decontamination

- The practice should ensure that bowls are provided in each surgery for manual cleaning and rinsing of dental instruments.
- The practice should ensure that instruments are stored appropriately to reduce the risk of contamination. All bags must be sealed. All stored instruments must be marked with the date they were processed and wrapped.

Radiographic Equipment

- The practice must ensure that all appropriate staff have ionising radiation training and that this is updated every five years.

Patient Records

- Dentists at the practice must ensure the following are recorded in individual patients' notes:
 - Mouth cancer screening
 - Social history including smoking and alcohol intake
 - Reason for attendance
 - Patient's past dental experience
 - Diagnosis on which the treatment has been based
 - Justification and clinical evaluation of x-rays
 - Treatment options discussed
 - Patient consent
 - recalls

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Clinical Facilities

- This issue was addressed the day after the inspection. The couple of items that were out of date were discarded of immediately. The practice has developed a checklist for each surgery that the nurses check monthly.

Decontamination

- These were bought the day after the inspection and are now in use
- This was discussed at the practice meeting following the inspection. All nurses are ensuring bags are sealed correctly. During the inspection it was brought to our attention some nurses were dating bags with the date of processing and others with the date reprocessing is due. Now all nurses are stamping them with the date they were processed not the date they are due to be reprocessed.

Radiographic Equipment

- All dental nurses will be placed onto a course as soon as possible, however the next course to be run in Wales with Cardiff Postgrad Department is in January 2016.

Patient Records

- We have had a meeting with all the dentists and are in the process of developing amalgamated precise notes which covers all the points listed.

What we found on follow-up

Clinical Facilities

A checklist had been devised and there was one in each surgery. We noted that checks were being carried out on a monthly basis to ensure materials are in stock and in date. One surgery did not have checks completed for March 2017 and this was communicated to staff at the time of our visit.

Decontamination

All surgeries had bowls which were being used for manual cleaning and rinsing of dental instruments, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.

We observed that all dental instruments were being stored, bagged and dated correctly to reduce the risk of contamination. The bags were dated with the processing date in-line with WHTM 01-05 guidance.

Whilst reviewing the progress of decontamination recommendations made in 2015, we identified additional areas that need attention. There was no evidence that water temperatures were being monitored and recorded when staff are undertake manual cleaning. A system needs to be put in place to record the water temperature to ensure adherence with WHTM 01-05 guidance.

We noted that there were no magnifying devices in any of the surgeries to help with the process of visually checking instruments. We recommended that the practice review their process in-line with the WHTM 01-05 guidance to ensure cleaning standards are achieved.

A process for logging manual cleaning tasks and activities is required and this was discussed with staff during our visit.

Whilst reviewing instrument storage, we identified some inconsistencies across the surgeries. This was discussed with staff during our visit. We observed that, in all but one surgery, syringes were unpacked from their wrappings. This meant that expiry dates could not be checked. In addition, not all of the stock checklist evident in each surgery listed the same products. These lists need to be reviewed and amended to ensure consistency is achieved.

During the visit staff told us of their future plans to have a separate decontamination area. This development will be a welcomed addition to the practice facilities and will meet WHTM 01-05 best practise requirements.

Radiographic Equipment

There were up-to-date training certificates available to confirm staff had completed ionising radiation training. Within the radiation folder, there was a training record listing staff name, date the course had been completed and review dates. This record provided a system to keep track of staff training to ensure there was no lapse in their training.

Patient Records

We reviewed a sample of 18 patient notes to determine the progress made against the recommendations made in 2015. Our findings included:

- Mouth cancer screening

- We noted that mouth cancer screening was being documented in patients' notes.
- Social history, including smoking and alcohol intake
 - The notes we reviewed highlighted that alcohol intake was not listed on the medical history form. This was discussed with staff at the time of our visit who confirmed this information would be added to the medical history form and therefore captured. The tick box function on the electronic patient notes was not being used by the dentists to confirm alcohol intake was being discussed with patients. These areas need to be reviewed and captured.
 - The patient records we reviewed highlighted that generic statements were being used to capture smoking cessation advice. One patient record highlighted an increase in their smoking habit and the entry stated "smoking cessation given if applicable". Entries need to be tailored in-line with the patients' medical history to ensure accurate information is recorded.
- Reason for attendance
 - The notes we reviewed contained documented reasons for their attendance.
- Patient's past dental experience
 - There were infrequent entries regarding a patient's past dental experience on the records we observed.
- Diagnosis on which the treatment has been based
 - We were unable to evidence, from the notes we reviewed, that the diagnosis on which the treatment has been based had been recorded. Clinical notes could be further improved by including this information.
- Justification and clinical evaluation of x-rays
 - We noted improvements regarding the justification and evaluation of x-rays. However, specific tailoring is required because we found evidence of cut and paste entries.
- Treatment options discussed

- Treatment options need to be documented in the clinical records. Seven out of the 18 records we observed had little to no information recorded regarding a discussion or shared decision making process taking place prior to embarking on treatment.
- Patient consent
 - Our review of patient records confirmed that consent was being documented, including for examinations and specific treatment.
- Recalls
 - Recall information was documented in the notes we reviewed. However, it is recommended that the notes reference the National Institute for Health and Care Excellence (NICE)² recall interval guidelines

Our review of patient notes highlighted that templates and/or cut and paste options were being regularly used. If this practise is to continue, staff need to ensure entries are tailored specifically for the patient so the note is an accurate record of that patient's treatment.

Safe care

Safe and clinically effective care

Improvement needed

A system to record water temperatures needs to be put in place when staff undertake manual cleaning to ensure adherence with the WHTM 01-05 guidelines.

The practice needs to review and consider using a magnifying device to ensure the process of visibly checking instruments is in line with WHTM 01-05 guidance.

² NICE provides national guidance and advice to improve health and social care.

A process needs to be developed for logging manual cleaning tasks and activities.

A review of the stock checklist is required to ensure all stock items are listed and therefore checked on a monthly basis.

The practice needs to review what measures will be put in place to record and monitor stock that has no/removed wrappings and therefore no visible expiry dates.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Private Dentistry Regulations.

The improvements identified in 2015 had been completed by the practice. A system had been developed to capture verbal and informal comments which were regularly reviewed alongside other patient feedback facilities.

The complaints procedure had been updated to reflect timescales in-line with the NHS 'Putting Things Right' arrangements.

Health promotion information was visible in the waiting areas and reception. A TV system had been installed providing oral health and treatment options.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Management and Leadership

- A written examination scheme is required for the compressor in surgery 5

Management and Leadership

- The practice concerns (complaints) procedure should be amended so that it fully reflects the current arrangements set out under 'Putting Things Right'.

Management and Leadership

- The practice should devise a system to record verbal and informal complaints

Quality of Environment

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

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Management and Leadership

- This was available and shown on the day but is in a different format from the other written examination schemes for the other compressors

Management and Leadership

- The complaints procedure has been amended and updated

Management and Leadership

- We now have a verbal log book at reception. Any verbal complaints are discussed and addressed in our monthly staff meetings

Quality of Environment

- We have looked into having more posters and health promotion around the practice

What we found on follow-up

Management and Leadership - Compressor

We viewed all the written examination sheets required for the compressor in surgery 5, therefore meeting the recommendation.

Management and Leadership - Complaints Procedure

We reviewed the updated complaints procedure and confirmed the timescales had been amended to reflect the current arrangements set out under 'Putting Things Right'³.

Management and Leadership - Verbal and informal complaints

The practice had a system in place to capture verbal and informal comments made by patients and other visitors. A book kept on the reception desk is used to record any information provided and if necessary is logged onto the patients' notes section of the computer system. Any verbal/informal comments recorded are regularly reviewed and where appropriate discussed within staff meetings.

Quality of Environment - Health promotion information

We observed various patient information and health promotion leaflets and posters displayed in the reception and waiting areas. Such information included oral health and cosmetic procedures.

Following the 2015 visit, TV's had been installed in the waiting areas which displayed and advertised oral health and treatment options. The TV system provided current information that can be changed according to needs of the service and their patient group.

Staff told us they were considering an additional system, whereby patients could be emailed specific information/advice following the treatment they had received. This system would benefit patients by providing an additional source of information specific to their care and treatment.

³ 'Putting Things Right' is the NHS process of dealing with concerns. <http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright>

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any immediate concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the relevant [Health and Care Standards 2015](#) to these areas.

During our follow-up inspections we will always consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of immediate concerns

The table below summarizes the immediate concerns HIW identified and escalated during our inspection. Because of the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, on the day of inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Hospital: **Insert name**

Ward/department: **Insert name**

Date of inspection: **Insert date**

Include any immediate assurance issues (from letter) in table below – Do NOT include these in the main improvement plan. If there are NO immediate assurance issues, state this in the table below

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Hickman House Dental Clinic

Ward/department: n/a

Date of inspection: 4 April 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
n/a				
Delivery of safe and effective care				
A system to record water temperatures needs to be put in place when staff undertake manual cleaning to ensure adherence with the WHTM 01-05 guidelines.	2.4 Infection Prevention and Control (IPC) and Decontamination WHTM 01-05 Chapter 16 The Private Dentistry (Wales)	We have introduced new surgery record sheets which allow the recording of temperatures whilst undertaking manual cleaning. These were obtained from Isophram and are in line with the WHTM 01-05 regulations for IPC and Decontamination. We also purchased a thermometer for each surgery to use during decontamination procedures. These were purchased the afternoon following the inspection and discussed in our recent staff meeting to ensure all	Kirsty White, Practice Manager	Completed 04/04/17

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Regulations 2008 14 (4) & (5)	the team is aware of the procedure in using them correctly.		
The practice needs to review and consider using a magnifying device to ensure the process of visibly checking instruments is in line with WHTM 01-05 guidance.	2.4 Infection Prevention and Control (IPC) and Decontamination WHTM 01-05 2.4h & 3.37	These were ordered on the day on the inspection and arrived within a couple of days after the inspection. These are now in use in each surgery for all decontamination procedures.	Kirsty White, Practice Manager	Completed 10/04/17
A process needs to be developed for logging manual cleaning tasks and activities.	2.4 Infection Prevention and Control (IPC) and Decontamination WHTM 01-05 3.19 & chapter 16	We have introduced new surgery record sheets which allow the recording of manual cleaning tasks and activities. These were obtained from Isophram and redesigned with the practice logo on. The new sheets are in line with the WHTM 01-05 regulations for IPC and Decontamination. These were implemented replaced our existing record sheets from 24/04/2017.	Kirsty White, Practice Manager	Completed 24/04/17
A review of the stock checklist is required to	3.5 Record	The staff had been checking the stock	Kirsty White,	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
ensure all stock items are listed and therefore checked on a monthly basis.	Keeping	sheets on a monthly basis but some nurses utilised the sheets in a different method to others. The day following the inspection the manager designed a new stock control sheet and implemented it with immediate effect to ensure all staff follow the same procedure.	Practice Manager	06/04/17
The practice needs to review what measures will be put in place to record and monitor stock that has no/removed wrappings and therefore no visible expiry dates.	2.1 Managing Risk & Promoting Health and Safety	The Practice manager discussed with the nursing team the importance of not removing any wrapping that removes the visible expiry dates on products. All nursing staff are now aware and surgery spot checks will be undertaken to ensure that this level of care with our stock expiry dates is maintained.	Kirsty White, Practice Manager	Completed 05/04/17 but will be monitored on an ongoing basis..
Quality of management and leadership				
n/a				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): **Kirsty White**

Job role: **Practice Manager**

Date: **24/04/2017**