

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,
My Smile Centre

23 September 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care	7
	Quality of Management and Leadership.....	11
5.	Methodology.....	12
6.	Next Steps	14
	Appendix A	15

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 My Smile Centre at 118, Charles Street, Milford Haven SA73 2HW on 23 September 2015.

HIW explored how My Smile Centre 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 5 of this report.

2. Context

My Smile Centre provides services to approximately 9,300 patients in the Milford Haven area of Pembrokeshire. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

My Smile Centre is a mixed practice providing predominantly NHS dental services with a very small number of private services.

The practice staff team includes two dentists, three nurses, three reception staff and a practice manager.

A range of NHS and private dental services are provided.

3. Summary

Patients told us they were satisfied with the service they received from the dental practice and that they had been given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

Although we were assured that the clinical facilities and the care and treatment was planned and delivered in line with relevant standards; we found that there were some improvements needed with emergency drugs and the safeguarding procedures of vulnerable patients. There was a dedicated decontamination room which met the standards of WHTM 01-05¹. This ensured instruments were sterilised appropriately for patient use.

We found a committed staff team who told us they felt supported in their roles. Systems could be more robust to ensure clear guidance for staff and the training schedule could be more organised.

¹ The Welsh Technical Memorandum (WHTM) 01-05 is intended to raise the quality of decontamination work in primary care dental services.

4. Findings

Quality of the Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and that they had been given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

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:

“Very best practice I’ve been to. Recommended here to friends and family”.

“very happy with service and dentist”.

“Since I’ve been at the practice I’ve been made to feel very comfortable-as an anxious patient I now have every confidence in my treatment”.

Dignified care

Patient feedback was consistently positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. We were satisfied that patients were treated with dignity and respect by the practice team.

Timely care

The practice makes an effort to ensure that patients receive their dental treatment in a timely manner. Most patients told us they had not experienced any delay in being seen by the dentists.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required. More than three quarters of patients who completed the HIW questionnaire said they knew how to access out of hours dental services. The practice ensured patients were aware of the emergency contact number through a patient information leaflet which gave the emergency contact number, a sign outside the practice and we confirmed there was a contact number provided on the practice’s answer phone message. We were therefore

satisfied that patients had a number of ways to access emergency contact information.

Staying Healthy

The practice had a range of health promotion information leaflets available in the waiting areas, including smoking cessation and mouth cancer awareness. All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes. We also saw discussions regarding smoking cessation written in patient records

Individual Care

The practice had a system for regularly gaining patient views and we saw the results of recent patient satisfaction questionnaires, which had been audited and the suggested improvements noted.

We saw that there was a lowered section of the reception desk which ensured patients using wheelchairs could receive dignified care appropriate to their individual needs.

When asked about making complaints, almost half of the patients who completed the questionnaire told us they did not know how to make a complaint. There was a complaint poster available for patients to read and there was information in the patient leaflet on how to raise a concern/complaint. However this needs to include the Community Health Council local contact details.

Improvement needed

The practice needs to display the NHS and private complaint / concern process in a prominent position within the practice.

There was a central log for any formal complaints but this did not capture any informal concerns/complaints. When we looked at the complaint process it was in line with the private dentistry guidance but did not meet the requirements of the NHS "Putting Things Right" guidance.

Improvement needed

The practice needs to ensure the complaints procedure is in line with current NHS guidance.

Delivery of Safe and Effective Care

Although we were assured that the clinical facilities and the care and treatment was planned and delivered in line with relevant standards; we found that there were some improvements needed with emergency drugs and the safeguarding of vulnerable patients. There was a dedicated decontamination room which met the standards of WHTM 01-05. This ensured instruments were sterilised appropriately for patient use.

Safe Care

Relevant documentation, including safety checks, maintenance and testing records were available. All staff, who were required to, had undertaken on-line ionising radiation training. Although this meets the required training hours, it would be beneficial if staff attended the face to face training provided by the Wales Postgraduate Deanery. The practice had carried out quality assurance audits on radiographic equipment. This meant they had systems in place to ensure the safe use and ongoing monitoring of X-ray equipment.

We saw certificates which showed that staff had received training about what to do in the event of a medical emergency. However there was no current resuscitation policy in place to clearly outline each staff member's role and responsibility. We also discussed storing the individual emergency guidelines and the drug together. This would enable a safe and timely response to an emergency situation.

Improvement needed

The practice needs to develop a resuscitation policy in line with the Resuscitation Council (UK) guidelines.

There was no appointed first aider on site who had completed the relevant training. The principal dentist told us in future she would be the first aider and would attend the relevant training. Staff had access to appropriate resuscitation equipment in the event of medical emergencies (collapse). However this was not well organised with staff having to look through boxes to find appropriate equipment. This was discussed with the principal dentist at the time. It was agreed that the equipment would be made more easily available. At the time of the inspection almost all staff (with the exception of one member of staff who had been on leave) had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff had been offered the opportunity to learn how to manage medical emergencies.

Emergency medication was stored securely in a well positioned and safe location, however it would be beneficial if the drugs and the algorithms

(guidance on administration) were stored together. This would enable a safe and timely response in the event of an emergency. There was a robust system in place for monitoring the expiry dates of drugs. However, we saw that there was no system in place to check that the oxygen cylinders were full or that the defibrillator was fully charged. This was highlighted to the principal dentist and the practice manager.

Improvement needed

The practice should ensure that there are appropriate measures taken to check the oxygen cylinders and the defibrillator.

The practice manager was not aware of the system for responding to, and reporting, adverse reactions to drugs. We discussed this with the principal dentist and the relevant document was made available while we were at the practice.

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was a policy and procedure in place for the safe handling of mercury.

The practice had two dedicated adjoining rooms for the cleaning and sterilisation of dental instruments (used instruments in one room and clean in the other) which met with the standards set in the WHTM 01-05 (revision 1) guidance. We saw the use of sealed boxes to carry used instruments into the room and all clean instruments were placed in sealed, dated packages before leaving the decontamination room. All instruments checked were within date and an in-house system was in place for checking that instruments were used within specified timeframes. This meant suitable processes were in place to protect patients from cross infection in this regard. We saw that logbooks for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day. We found that staff conducting decontamination procedures had received training on that topic.

We looked at the clinical facilities in each of the surgeries and found them to be clean, very well equipped and well organised including relevant equipment for the safety of patients and staff. There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment for patients and staff to wear during treatment sessions.

We saw documentation that showed that the compressors (device to supply clean air to power dental hand pieces and various other dental tools) were maintained and inspected in line with requirements. We also saw evidence that

portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

All staff had completed training in child protection. A child protection policy was in place but was not in line with the All Wales guidance. The principal dentist had attended training on the protection of vulnerable adults (POVA) however no other staff had attended training and there was no policy or procedure to guide staff on how to deal with any safeguarding of adult issues.

Improvement needed

The practice needs to ensure child protection policies are in line with local guidance.

The practice should ensure all staff receive training and have policies and procedures to deal with adult safeguarding issues.

Effective Care

Overall we felt that there was a need to improve the practices' programme of auditing to ensure that the care provided was effective. The practice had not conducted a relevant audit of infection control in the last two years. The principal dentist told us the practice would undertake the Welsh Deanery Infection Control audit to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use.

Improvement needed

The practice needs to undertake the Welsh Deanery Infection Control audit in line with the WHTM 01-05 guidance.

The practice had undertaken peer audit with another dental practice within Milford Haven. This is an example of noteworthy practice whereby another dental team audits records and dental examinations to identify areas for improvement.

The practice was not currently undertaking an audit of patients' radiographic records. Monitoring of the documentation is essential to ensure the reasons for taking and the findings of all x-rays are recorded. The x-rays must also be graded and the grades audited to ensure the quality of the image is satisfactory. This quality assurance was last undertaken in 2013, current guidance suggests it should be undertaken twice yearly.

We looked in detail at a sample of patient records. The standard of record keeping was good and only required improvement in one area; the medical histories need to have signatures of both the dentist and the patient to evidence that any changes have been discussed.

Quality of Management and Leadership

We found a committed staff team who told us they felt supported in their roles. Systems could be more robust to ensure clear guidance for staff and the training schedule could be more organised.

There was a practice manager who oversaw the day to day running of the practice. Individuals had dedicated roles and worked seamlessly as a team. The staff we spoke with were committed and told us they felt supported in their work.

The dentists and dental nurses were registered with the General Dental Council (GDC) and had contracts of employment. One dentist did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years, in line with the regulations for private dentistry. We discussed this with the principal dentist and the practice manager and were satisfied that this would be undertaken immediately.

We saw that the dentists' certificates were on display at the practice, confirming registration with HIW, as required through the Private Dentistry (Wales) Regulations 2008.

We saw Hepatitis B immunity records for all clinical staff. The principal dentist told us that the practice was aware of the occupational health service offered by the health board..

We found evidence of continued professional development completed by clinical staff. Although the organisation of the training programme was not robust and the record book had not been completed for some time. We saw an induction file which contained the relevant information for staff new in post.

Improvement needed

The practice needs to have a schedule of training outlining the planned programme.

There were formal recorded staff meetings which showed us examples of lessons learned and also had relevant educational components.

There was a system in place for formal appraisals, and we saw the last one was in 2014. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development needs.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS 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



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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. 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

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <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.

6. 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 My Smile Centre 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: My Smile Centre

Date of Inspection: 23 September 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
Page 6	The practice needs to display the NHS and private complaint / concern process in a prominent position within the practice.	Health and Care Standards 2.1.			
Page 6	The practice needs to ensure the complaints procedure is in line with current NHS guidance.	Health and Care Standards 6.3, "Putting Things Right" NHS			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		guidance 2011.			
Delivery of Safe and Effective Care					
Page 7	The practice needs to develop a resuscitation policy in line with the Resuscitation Council (UK) guidelines.	Health and Care Standards 2.9. Health and Safety (First Aid) Regulations 1981.			
Page 8	The practice should ensure that there are appropriate measures taken to check the oxygen cylinders and the defibrillator.	Health and Care Standards 2.9. Health and Safety (First Aid) Regulations 1981.			
Page 9	The practice needs to ensure child protection policies are in line with local guidance.				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Page 9	The practice should ensure staff receive training and have policies and procedures to guide on dealing with adult safeguarding issues.	Health and Care Standards 2.7. GDC 4.3.3, 8.5.			
Page 10	The practice needs to undertake the Welsh Deanery Infection Control audit in line with the WHTM 01-05 guidance.	Health and Care Standards 3.1. WHTM 01-05 Audit.			
Quality of Management and Leadership					
Page 11	The practice needs to have a schedule of training outlining the planned programme.	Health and Care Standards 7.1.			

Practice Representative:

Name (print):

Title:

Date: