

General Dental Practice Inspection (Announced)

**Abertawe Bro Morgannwg
University Health Board,
Woodlands Dental
Practice**

23 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Woodlands dental practice at 18, Victoria Gardens, Neath, SA11 3BE within the area served by Abertawe Bro Morgannwg University Health Board on 23 February 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*¹.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Information within the practice information leaflet and website
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Woodlands dental practice provides services to patients in the area of Neath. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board.

The practice employs a staff team which includes two dentists, two hygienists, four nurses and a practice manager. A range of services are provided.

Woodlands dental practice is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

4. Summary

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

Patients who provided comments within our questionnaires told us they were satisfied with the service provided by the practice team.

No formal system was in place to gather patients' views on a regular basis. We have recommended the practice owners implement a suitable system to seek patient feedback so service improvements can be identified and acted upon as necessary.

The clinical facilities within the practice contained relevant equipment for the safety of patients and staff. Procedures were in place to respond to patient emergencies.

Some key documentation relating to the safe operation of X-ray equipment was not available for inspection. We identified regular infection control audits had not been conducted. Following our inspection, we sought immediate written assurance from the practice that action had been taken to address this. The response has provided us with assurance that appropriate action has been taken.

We also identified some improvements were needed in relation to the process of decontamination of dental instruments. These were mainly around demonstrating that checks had been conducted.

Whilst patient dental records had been maintained, we identified some areas for improvement around records management.

The practice had a manager who worked closely with the practice owners. There were a range of policies and procedures in place with the intention of providing safe care. We have recommended that the contact details of local teams be included within the practice's safeguarding policies.

Staff told us they felt well supported in their roles and communication within the team was good. At the time of our inspection there was no formal system of staff appraisal in place. We have recommended a suitable system be implemented so that staff training and development needs can be identified together with how the practice may support them to meet these needs.

We have also recommended the practice review the complaints procedure so it is consistent with *Putting Things Right* arrangements and the private dentistry regulations.

The practice premises were satisfactorily maintained both internally and externally. However, we found the clinical rooms were in need of some upgrading work to facilitate thorough cleaning. The practice owners had already identified improvement work is needed in this regard.

Whilst fire safety precautions were in place, the procedure to follow in the event of a fire was not prominently displayed. We have asked the practice owners to take suitable action to address this.

5. Findings

Patient Experience

Patients who provided comments within our questionnaires told us they were satisfied with the service provided by the practice team.

No formal system was in place to gather patients' views on a regular basis. We have recommended the practice owners implement a suitable system to seek patient feedback so service improvements can be identified and acted upon as necessary.

The practice team presented as friendly and welcoming and we saw examples of staff being kind and helpful to patients attending the practice.

We invited patients who were attending the practice on the day of our inspection to complete HIW questionnaires. In total we received six completed questionnaires. All patients who provided comments told us they were satisfied with the service they had received from the practice, were made to feel welcome by staff at the practice and had been given enough information about their treatment. Comments included:

'...every member of staff are very friendly, they make you feel at ease.'

'Yes, [the service from the dental practice] it's excellent.'

'...the practice is very clean and well kept and the staff are very pleasant.'

Copies of the practice leaflet were available for patients to take away with them. This contained information about the practice team and the services provided at the practice. Whilst the leaflet indicated that the practice welcomed comments from patients about the service, there was no formal, regular system in place to obtain patient feedback. Therefore, we have recommended the practice owners introduce a more formal system of seeking patient feedback with the aim of making service improvements as necessary.

Improvement needed

The practice owners should implement a suitable formal system to seek feedback from patients with the aim of making service improvements as necessary.

There was a flexible appointment system in place and we found patients could book appointments both in advance and on an emergency basis. This meant people could be confident, where they experienced dental pain, there was a system in place to try to ensure they were seen quickly.

Overall, patients told us they had not experienced any delays when waiting to be seen. Staff described that a process was in place for informing patients should their dentist be running late or unexpectedly absent.

We saw health promotion material clearly displayed in the waiting room. This meant patients had access to relevant information to help them care for their own oral hygiene and health.

Not all patients were aware of how to raise concerns (complaints) about their treatment. Whilst information for patients was displayed, the practice owners may wish to explore ways for increasing patients' awareness of the procedure.

Delivery of Standards for Health Services in Wales

The clinical facilities within the practice contained relevant equipment for the safety of patients and staff. Procedures were in place to respond to patient emergencies.

Some key documentation relating to the safe operation of X- ray equipment was not available for inspection. We identified regular infection control audits had not been conducted. Following our inspection, we sought immediate written assurance from the practice that action had been taken to address this. The response has provided us with assurance that appropriate action has been taken.

We also identified some improvements were needed in relation to the process of decontamination of dental instruments. These were mainly around demonstrating that checks had been conducted.

Whilst patient dental records had been maintained, we identified some areas for improvement around records management.

Radiographic Equipment/Documentation

We considered the arrangements in place for the safe use of radiation equipment. Whilst documentation was available, we could not be assured that equipment safety checks had been completed for all equipment used in the practice. In addition a notification letter to the Health and Safety Executive (HSE) was not available as required by the Ionising Radiation Regulations 1999 (IRR99)². Records for relevant staff were not available to demonstrate they had completed ionising radiation training within the last five years as required.

Therefore we requested immediate assurance from the practice that safe systems were in place for the use of radiation equipment.

Immediate Assurance Requirement

The practice must take suitable action to demonstrate it operates safe systems with regard to the use of radiation equipment.

² <http://www.hse.gov.uk/radiation/ionising/notification.htm>

The practice provided us with written assurance that suitable action has been taken in relation to the safe use of radiation equipment

Resuscitation and First Aid / Emergency Drugs

The practice had procedures in place to respond and deal with patient emergencies. The manager confirmed all staff were up to date with training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. However, the practice did not have an automatic external defibrillator³ (AED) available to use should a patient suffer a cardiac arrest. The provision of an AED within primary dental practices forms part of the minimum equipment required for cardiopulmonary resuscitation recommended by the Resuscitation Council (UK)⁴. Therefore, we have recommended the practice owners make suitable arrangements so staff can access and use this equipment safely when required in an emergency.

Improvement needed

The practice owners should make suitable arrangements so staff can access and safely use an automatic external defibrillator when required in an emergency.

Emergency drugs at the practice were securely stored and a system was in place to replace drugs that had expired.

Handling, storage and disposal of hazardous and non-hazardous waste

Contracts were in place for the safe transfer and disposal of waste produced by the practice. We saw waste was stored securely whilst waiting to be collected. Written procedures and equipment were in place to deal with mercury spillages safely.

³ Automatic External Defibrillator – this is a device that can be used to provide an electric shock to the heart of a person in cardiac arrest to restore the heart's normal rhythm.

⁴ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

Decontamination of instruments and compliance with Welsh Health Technical Memorandum 01-05

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

The practice did not have a separate decontamination room. A separate room, together with the use of appropriate control procedures could further reduce the risk of cross contamination of instruments. Overall, the procedure for decontaminating dental instruments was satisfactory. However we did identify areas where improvement was needed to comply with Welsh Health Technical Memorandum 01-05⁵, specifically around equipment checks and audits.

We saw short handled wire brushes were being used, WHTM 01-05 recommends the use of long handles and plastic bristles to prevent damage to instruments. Thermometers were not being used to monitor the temperature of the water to facilitate effective cleaning.

Improvement needed

The practice owners should review the use of wire brushes and implement the use of thermometers in accordance with the guidance set out within WHTM 01-05.

We saw instruments had been bagged and dated with the date of processing. A system was in place to prevent instruments being used when they had reached their expiry date. However, WHTM 01-05 recommends that expiry dates are also included.

Whilst records demonstrated daily checks had recently been conducted for the autoclave, print outs of daily results were not being recorded. We could not find any records to support checks were being conducted on the ultrasonic baths⁶.

⁵ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

⁶ An ultrasonic bath cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

Improvement needed

Printouts from the autoclave to be retained or printed out in accordance with guidance set out within WHTM 01-05.

The practice owners should make suitable arrangements to demonstrate suitable checks are being conducted on the ultrasonic baths.

We found no evidence that routine infection control audits had been completed in line with the policy and guidance set out within WHTM 01-05. Regular checks may have identified the improvements needed above. Therefore, we sought immediate assurance from the practice that such audits would be completed. This allows dental teams to self assess their practice against the policy and guidance set out within it and make improvements where necessary to promote safe systems of work.

Immediate Assurance Requirement

The practice must take suitable action to ensure it can demonstrate regular infection control audits are being completed. Appropriate corrective action to then be taken as necessary as a result of audit findings.

The practice provided us with details of the action taken and we are assured that suitable arrangements have been implemented to conduct regular infection control audits.

Clinical facilities

We looked at the clinical facilities of each of the surgeries and the treatment room. We found these contained relevant equipment to ensure the safety of patients and staff. However, as described later in this report, these would benefit from upgrading. Arrangements were in place to protect patients' privacy when receiving treatment.

Hand washing facilities and disposable protective equipment were available to reduce the risk of cross infection. However, refillable hand wash containers were being used. These can be a potential source of contamination and should be replaced with wall mounted liquid hand-wash dispensers with disposable cartridges as recommended within WHTM 01-05.

Improvement needed

The practice owners should make suitable arrangements to replace refillable hand wash containers in accordance with WHTM 01-05.

Patient Dental Records

We looked at a sample of ten patient dental records. This sample considered records maintained by both dentists working at the practice. Paper records were in use. Overall records had been maintained to include the reason why patients were attending, the care and treatment provided and the advice given by the dentist. However, we identified some improvement was required around recording of smoking and alcohol use (to identify whether health promotion advice was indicated and offered) and oral cancer screening. Confirmation of patients' consent to treatment had also not been routinely recorded. In addition patients' written medical histories did not always demonstrate they had been updated and signed/countersigned by the patient/dentist prior at each course of treatment.

Improvement needed

The practice owners must make suitable arrangements to ensure details of smoking and alcohol use (and whether health promotion advice was indicated and offered) and oral cancer screening is appropriately recorded within patient dental records. Patients' ongoing consent to treatment should also be recorded.

Improvement needed

The practice owners must make suitable arrangements to ensure medical histories are countersigned by the dentist.

Management and Leadership

The practice had a manager who worked closely with the practice owners. There were a range of policies and procedures in place with the intention of providing safe care. We have recommended that the contact details of local teams be included within the practice's safeguarding policies.

Staff told us they felt well supported in their roles and communication within the team was good. At the time of our inspection there was no formal system of staff appraisal in place. We have recommended a suitable system be implemented so that staff training and development needs can be identified together with how the practice may support them to meet these needs.

We have also recommended the practice review the complaints procedure so it is consistent with *Putting Things Right* arrangements and the private dentistry regulations.

The practice had a manager who worked closely with the practice owners (dentists). The staff team appeared to work well together.

The practice confirmed all clinical staff were registered with the General Dental Council and had indemnity cover in place. Both dentists provided private dental care and were registered with Healthcare Inspectorate Wales in accordance with the requirements of the Private Dentistry (Wales) Regulations 2008⁷. Their HIW certificates were displayed in accordance with the regulations.

The practice had a range of relevant policies and procedures with the intention of providing safe care and treatment to patients. These included policies in respect of safeguarding vulnerable children and adults. Whilst policies were in place these would benefit from having contact details of local safeguarding teams added. This would provide staff with information on who to contact for advice on such matters. Staff confirmed they had attended training, although training records were not available to support this. We have recommended that the practice owners arrange for these policies to be updated to include contact details of local safeguarding teams and to assure themselves staff have attended appropriate safeguarding.

⁷ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009.

Improvement needed

The practice owners should make suitable arrangements to update the practice's safeguarding policies to include the contact details of local safeguarding teams.

The practice owners should also assure themselves that practice staff are suitably trained and able to respond to potential safeguarding issues.

Records were available confirming relevant staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patient safety in this regard.

Staff told us they felt well supported in their roles and would be comfortable raising any work related concerns they may have with the practice manager or dentists. Staff told us communication within the practice was good. Whilst staff confirmed practice meetings were held, these appeared to be on an infrequent basis. The practice owners may wish to review the arrangements for practice team meetings to strengthen existing communication mechanisms. The practice manager told us there was no formal system for staff appraisal in place. We were told relevant information had been obtained with a view to introducing a system and we have recommended a system be implemented as a matter of priority.

Improvement needed

The practice owners should make suitable arrangements to ensure staff working at the practice have an annual appraisal of their work. This system should identify staff learning and development needs and how these needs may be supported by the practice.

Staff told us they had been able to access training relevant to their role and for their continuing professional development (CPD). However, on the day of our inspection, documentation to support the training attended was not readily available.

We found contract documentation was in place for the maintenance of fire equipment. Whilst correspondence was available that suggested a contract was in place for mains gas appliances, we could not confirm this was up to date. We informed the practice manager of our findings and she agreed to check that a suitable contract was in place.

The practice provided both NHS and private dental care. Information for patients on how to raise a concern (complaint) was displayed within the waiting room.

We looked at the written complaints procedure. This was not in accordance with *Putting Things Right*, the arrangements for handling concerns about NHS care and treatment in Wales. In addition, the procedure did not contain the contact details of Healthcare Inspectorate Wales as required by the regulations in respect of private dental services. We have therefore recommended the practice review the procedure and ensure it is consistent with both the *Putting Things Right* arrangements and the requirements of the regulations regarding private dental care.

Improvement needed

The practice needs to review the current complaints procedure and ensure it is consistent with 'Putting Things Right' and the requirements of the Private Dentistry (Wales) Regulations 2008.

The practice manager explained that wherever possible the practice would try and resolve concerns (complaints) 'on the spot'. The practice manager was able to describe an example of an improvement action that was taken as a result of informal/verbal complaints received. This involved changing the answerphone message so the information being provided was clearer to patients. Whilst the practice manager described an example she told us there was no system in place to capture verbal/informal complaints.

Improvement needed

The practice should consider implementing a suitable system to capture verbal/informal complaints to identify themes and trends. Action identified to improve the service to be taken as appropriate.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

The practice premises were satisfactorily maintained both internally and externally. However, we found the clinical rooms were in need of some upgrading work to facilitate thorough cleaning. The practice owners had already identified improvement work is needed in this regard.

Whilst fire safety precautions were in place, the procedure to follow in the event of a fire was not prominently displayed. We have asked the practice owners to take suitable action to address this.

Woodlands dental practice provides services from premises located near the town of Neath.

There was a small car park immediately in front of the practice that patients could use. Additional parking was available in car parks in the town close by. Whilst the name of the practice was displayed, the practice owners may wish to consider having additional signage to make the practice easier to find from the main road. The names and qualifications of the dentists were displayed. Whilst details of the practice's opening hours and the out of hours emergency number were available within the practice leaflet, arrangements should be made to display these details so they can be seen from outside. This would mean, patients attending the practice when it was closed, would be directed to a number to call for advice when needing emergency dental treatment.

The main entrance to the practice was not suitable for wheelchair users due to a step and the size of the hallway. We were told wheelchair users could access the practice via the rear entrance with the prior arrangement and assistance from staff.

The practice was arranged on the ground floor of the building and consisted of a reception area incorporated into the waiting room, two surgeries and a hygienist's treatment room. There was also a staff room that was undergoing some refurbishment to improve the facilities for staff. During a tour of the practice we saw these areas were clean and generally tidy and were suitably lit and ventilated. Our observations indicated the size of the waiting area was appropriate given the number of surgeries and patients attending on the day.

The waiting room provided a comfortable area for patients to wait whilst waiting to be seen by the dentist or hygienist.

We found both surgeries and the treatment room were in need of some upgrading work. The surgeries were partially carpeted making these areas difficult to clean thoroughly. We also found the cabinetry in the treatment room

would benefit from being replaced. In addition the edges of the cabinets and the flooring in the treatment room were not effectively sealed between the wall and floor. This could lead to water, dust and debris accumulating in corners and crevices, therefore posing a potential infection hazard. The practice owners had already identified the clinical facilities needed improving and were considering the upgrading work required as part of the future development plans for the practice. Otherwise, the practice building appeared satisfactorily maintained both internally and externally.

The practice had toilet facilities for staff and patients to use. These were visibly clean and contained suitable hand washing equipment to prevent cross infection.

Security precautions were in place to prevent unauthorised access to the building. Fire exits were clearly signposted for patients and staff. We advised the practice manager that suitable fire instructions also needed to be displayed to advise staff and patients of the correct procedure to follow in the event of a fire. The practice manager agreed to ensure these were displayed.

Improvement needed

The practice owners should make suitable arrangements to ensure fire safety instructions are prominently displayed within the practice.

Maintenance labels indicated fire extinguishers had been checked within the last 12 months.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of patient experience, delivery of the *Standards for Healthcare Services*, management and leadership and the quality of the environment. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Woodlands dental practice will be addressed, including timescales.

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: Woodlands Dental Practice

Date of Inspection: 23 February 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	The practice owners should implement a suitable formal system to seek feedback from patients with the aim of making service improvements as necessary.			
Delivery of Standards for Health Services in Wales				
9	<u>Immediate Assurance Requirement</u> The practice must take suitable action to demonstrate it operates safe systems with regard to the use of radiation equipment.	[Within the immediate assurance plan dated 5 March 2015 the practice owners confirmed: A request has been made to the HSE regarding a notification letter regarding radiological protection. Equipment check has been booked for March 6 th and March 25 th . One surgery requires a critical	C. Davies C. Davies	Immediate 6 th March 25 th March

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		examination and they both require an annual service. Both practitioners have up to date IRMER training within the last 5 years.]	C. Davies E. Webster	N/A
10	The practice owners should make suitable arrangements so staff can access and safely use an automatic external defibrillator when required in an emergency.			
11	The practice owners should review the use of wire brushes and implement the use of thermometers in accordance with the guidance set out within WHTM 01-05.			
12	Printouts from the autoclave to be retained or printed out in accordance with guidance set out within WHTM 01-05. The practice owners should make suitable arrangements to demonstrate suitable checks are being conducted on the ultrasonic baths.			
12	<u>Immediate Assurance Requirement</u> The practice must take suitable action to ensure it can demonstrate regular infection control audits are being completed.	[Within the immediate assurance plan dated 5 March 2015 the practice owners confirmed: An audit tool has been downloaded for regular use within the practice.]	C. Davies E. Webster	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Appropriate corrective action to then be taken as necessary as a result of audit findings.			
12	The practice owners should make suitable arrangements to replace refillable hand wash containers in accordance with WHTM 01-05.			
13	The practice owners must make suitable arrangements to ensure details of smoking and alcohol use (and whether health promotion advice was indicated and offered) and oral cancer screening is appropriately recorded within patient dental records. Patients' ongoing consent to treatment should also be recorded.			
13	The practice owners must make suitable arrangements to ensure medical histories are countersigned by the dentist.			
Management and Leadership				
15	<p>The practice owners should make suitable arrangements to update the practice's safeguarding policies to include the contact details of local safeguarding teams.</p> <p>The practice owners should also assure themselves that practice staff are suitably trained and able to respond to potential</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	safeguarding issues.			
15	The practice owners should make suitable arrangements to ensure staff working at the practice have an annual appraisal of their work. This system should identify staff learning and development needs and how these needs may be supported by the practice.			
16	The practice needs to review the current complaints procedure and ensure it is consistent with 'Putting Things Right' and the requirements of the Private Dentistry (Wales) Regulations 2008.			
16	The practice should consider implementing a suitable system to capture verbal/informal complaints to identify themes and trends. Action identified to improve the service to be taken as appropriate.			
Quality of Environment				
18	The practice owners should make suitable arrangements to ensure fire safety instructions are prominently displayed within the practice.			

Practice Representative:

Name (print):

Title:

Date: