

**General Dental Practice
Inspection [Announced]**
Cwm Taf University Health
Board, L Roberts & Associates,
Ferndale

29 September 2014

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

Chapter	Page Number
1. Introduction	2
2. Methodology	2
3. Context	4
3. Summary	5
4. Findings	7
5. Next Steps	18

Appendix A – Improvement Plan

1. Introduction

Healthcare Inspectorate Wales (HIW) completed a routine, announced inspection of Ferndale Dental Surgery (L Roberts and Associates) at 27 High Street, Ferndale, CF43 4RH on 29 September 2014. The dental practice forms part of Cwm Taf University Health Board.

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 the environment

2. Methodology

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

- Information held by Healthcare Inspectorate Wales (HIW)
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patients' dental care records
- Examination of practice policies and procedures; equipment and premises
- Information within the practice information leaflet and website (where available)
- HIW questionnaires completed by patients
- Conversations with patients

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 will be notified to the dental practice and to the Local 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.

Those who read these reports are requested to note that dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Ferndale Dental Surgery provides services to NHS and private patients. The surgery forms part of a range of dental services provided to patients within the geographical area known as Cwm Taf University Health Board. The practice employed a staff team which included one principal dentist and two associate dentists; one hygienist; two receptionists; four dental nurses and a practice manager.

A variety of services are provided. These include:

- Diagnostic and screening procedures
- Oral health check-ups
- Treatment of disease
- Emergency dentistry
- Children's dentistry

4. Summary

HIW explored how Ferndale Dental Surgery met the standards of care as set out in *Doing Well, Doing Better: Standards for Health Services in Wales*.

Overall, we found that the provision of dental care and treatment was supported by a range of management systems and processes to ensure that patients care and treatment was delivered safely and in a timely way.

We also found that the turnover of nursing and administrative staff was low; some members of the team having worked at the surgery for many years. However, conversations with dentists on the day of inspection revealed the challenges and difficulties they have experienced in the past twelve months in terms of recruiting and retaining an additional dental surgeon to assist with providing services to the local community.

The dental surgery team had worked through a significant period of change in the past twelve months; the previous dental partnership having been dissolved during October 2013.

In addition to the above, the following points relate to what people indicated within completed HIW questionnaires and what we found at this inspection:

- Patients indicated that they received sufficient information about their treatment. Completed questionnaires also revealed that patients were generally satisfied with the services received from this dental surgery
- Overall, we found that treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare
- Patients and staff can be assured that there is an emphasis on ensuring that the service was well run
- Overall, patients and staff can be assured the practice environment was safe and their privacy protected

We also found that there were several aspects of the service which needed to be improved. These were:

- The surgery needed to ensure that it provided clear and comprehensive records relating to informed consent and patient treatment planning. This was in accordance with best practice guidance
- The surgery was required to demonstrate how improvements were to be made to the arrangements in place regarding Infection Prevention

and Control (IPC) and decontamination. This was to ensure the ongoing safety of patients and staff

- The complaints procedure needed to be fully compatible with the National Health Service 'Putting Things Right' arrangements for the benefit of patients attending the surgery

5. Findings

Patient Experience

Patients indicated that they received sufficient information about their treatment. Completed questionnaires also revealed that patients were generally satisfied with the services received from this dental surgery.

Sixteen HIW patient questionnaires had been completed during the week prior to the announced inspection. Of these, 15 showed that the dental team always made them feel welcome when they visited the surgery. The remaining questionnaire contained a statement indicating that some telephone conversations with the surgery had not been conducted to their satisfaction, but the detail of such events had not been described.

Conversations with two patients on the day of the inspection led to positive comments about the care and treatment they had experienced at Ferndale over a period of many years. They also told us that they had not experienced any delay in being seen by the dentist on the day of their appointment. In addition, we directly observed the helpful, friendly and professional approach adopted by members of the staff team when speaking with patients on a face to face basis, or via the telephone.

Conversation with one of the administrative staff revealed that emergency appointments were provided in response to individual needs; patients being required to contact the surgery before 10.00a.m., Monday to Friday. We were also informed that the dentists worked as a team to ensure that 'emergency' patients were seen on the same day, if necessary.

One completed patient questionnaire indicated that they had waited for several weeks for a routine appointment on one occasion. The remaining 15 did not contain any such comments. Conversation with one patient on the day of the inspection revealed the efforts made by the surgery to provide her with an appointment at a convenient time. 50% of the patients who completed a HIW questionnaire stated that they were aware of how to access out of hours dental services.

A question regarding whether patients felt they were given sufficient information about their treatment options, led to positive comments/responses. A sample of those comments is shown below (as patients provided us with their agreement for their inclusion in this report):

'Yes, well explained by both dentist and hygienist'

'Very thorough treatment received all of the time'.

'The service I receive is exceptional; all of the staff are very kind'

And

'1st class professional service'

Seven questionnaire responses showed that patients were aware of how to raise a concern/complaint about any aspect of their dental care and treatment; one of the seven making specific reference to a complaint poster on display at the surgery. The remaining nine patients stated that they were not aware of how to make a complaint. We did however observe the display of laminated posters in both waiting areas which provided patients with some information as to how they could raise concerns with the practice manager.

Delivery of Standards for Health Services in Wales

Overall, we found that treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare

Discussions with dentists at the surgery revealed the emphasis they placed on planning and delivering patient care and treatment in a way that was intended to ensure people's safety and welfare. This was achieved in part, by checking patient's medical history at every visit to ensure that possible risks to their health were identified and recorded.

We scrutinised a sample of 15 dental records (i.e. five patient records for each dentist working at the practice). The records selected related to a combination of new and established patients and the first three patients who had been seen by each of the dentists on the day of inspection. As a result, we found that patient care entries generally contained insufficient detail about 'treatment planning'. This meant that we were unable to obtain a clear view as to why some patient treatments had been provided. The limited information found within the sample of records may also lead to difficulties within the surgery in terms of responding to any concerns raised by patients on completion of their treatment. Additionally we found that Basic Periodontal Examination (BPE¹) scores were not recorded in relation to completed consultations with children and the surgery employed a limited use of the National Institute for Health and Care Excellence (NICE)² guidelines in relation to dental recall visits. We did however find a small number of records which showed that patients had been enabled to make informed decisions about the use of x-rays as part of their treatment plan. We were also provided with comments from patients such as:

'The dentist is very helpful and talks through the treatment I receive, explaining as she goes along and I find this very helpful'

And

'Dentist always talks things through and explains things simply'.

¹ The BPE is a simple and rapid dental screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment.

² The NICE dental recall clinical guideline helps dentists to decide how often patients should be recalled between oral health reviews that are appropriate to the needs of individual patients. The recommendations apply to patients of all ages receiving primary care from NHS dental staff in England and Wales.

Recommendation

Ferndale Dental Surgery is advised of the need to ensure that it provides clear and comprehensive records relating to informed consent and patient treatment planning. This is in accordance with best practice guidance.

Records were kept at the practice on a computer database. The only information generated in paper form related to new, or updated medical histories which we were told were promptly scanned onto the surgery system. We were also assured that each member of staff had their own unique computer passwords and all information was 'backed up' on a regular basis to ensure that patient records were maintained on the system.

We found that the arrangements in place in relation to the use of x-ray equipment were in-keeping with existing standards and regulations. This included training updates for appropriate staff and regular audit (checking) activity associated with the quality of patients' dental x-rays. However, scrutiny of a small sample of patient dental records showed that the number/frequency of x-rays which had been taken was low in relation to the on-going care and treatment they required. It was evident though, that dentists had recorded enough information within the sample seen, to justify why certain dental x-ray views had been taken. In addition, the quality of the x-ray images was found to be satisfactory within the small number of records checked.

The practice had adequate procedures in place to deal with emergencies; resuscitation equipment being available for use. We also saw that a number of staff had received medical emergency training in July 2014; further sessions being arranged for October 2014.

Emergency drugs kept at the practice were found to be securely stored. We also found that there were suitable arrangements in place to ensure that expired drugs were promptly replaced and that there was always a member of staff working at the practice trained in the use of first aid.

Scrutiny of the procedures in place regarding cleaning and sterilisation of instruments (otherwise known as decontamination) revealed that some improvement was needed to the process in place within the ground floor surgery. Specifically, it was unclear as to whether the two sinks designated for cleaning and rinsing instruments, were being used exclusively for that purpose. We were however assured that decontamination of instruments (using equipment/machinery kept in that surgery area) was only ever undertaken when patients had left the room following active treatment. That assisted with reducing the risk of cross contamination.

We discovered that the air conditioning unit in a first floor surgery (to the front of the building) blew cold air from the 'in-surgery' dirty area towards the 'clean' clinical area which increased the risk of contact between unclean air particles and clean instruments.

The above matters were discussed with the designated person for infection prevention and control at the surgery. As a result, we were able to establish that a number of measures had already been taken in the past twelve months to bring about compliance with WHTM 01-05.³ For example, we were provided with a copy of the audit (check) undertaken in recent months associated with decontamination arrangements and processes at the surgery, as a result of which, a list of improvements had been identified. We were informed however that full compliance with current decontamination guidance was unlikely within three years. This was due to the cost of re-locating, purchasing and replacing cleaning and disinfection equipment within the existing premises.

We observed that used instruments were at least soaked and segregated (to various degrees in each of the three surgeries). We also saw that instruments were cleaned, sterilised and bagged for storage in preparation for re-use, immediately after they had been sterilised.

Recommendation

Ferndale Dental Surgery is required to demonstrate how improvements are to be made to the arrangements in place regarding Infection Prevention and Control (IPC) and decontamination. This is to ensure the on-going safety of patients and staff.

There were suitable hand-washing facilities at the surgery. We did find that there was no sink in one of the toilet facilities on the ground floor; however a dedicated hand-wash basin had been fitted to a wall near the area to encourage people to wash their hands immediately on leaving the toilet.

Scrutiny of maintenance records enabled us to confirm that the surgery had an on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous waste.

During the inspection visit, we considered whether the clinical facilities available at the surgery conformed to current standards for health services in Wales-as

³ The WHTM 01-05 document provides professionals with guidance on decontamination in primary care practices and community dental practices.

outlined in the document entitled Doing Well, Doing Better⁴. Our observations served to confirm that the facilities were adequate; the first floor surgeries being light, spacious, well equipped and well stocked.

⁴ <http://www.wales.nhs.uk/governance-emanual/standards-for-health-services-in-wales-s>. The Standards for Health Services in Wales is underpinned by supporting guidance. Specific guidance on each individual standard (1 – 26) can be found within this document.

Management and Leadership

Patients and staff can be assured that there is an emphasis on ensuring that the service is well run.

There was a person employed in the role of practice manager. However, since the previous dental partnership was dissolved in October 2013, the day to day management of Ferndale Dental Surgery had essentially become the responsibility of one of the associate dentists. This was in addition to the associate's vital role in caring for, and treating, patients. Whilst the dentist concerned indicated that she had embraced this extended role (and had clearly been successful in developing a number of management systems and processes to underpin the day to day running of the practice), we found that there was an over reliance on that one individual. We therefore advised the surgery of the need to consider alternative ways of achieving successful service delivery and good governance across the wider dental team (e.g. through shared roles and responsibilities).

Overall, we found that the surgery was well run as the daily operation of the service was underpinned by a range of management systems and quality assurance processes to ensure that patients care and treatment was delivered safely and in a timely way. Discussions with one of the associate dentists also served to confirm that regular audits and checks were undertaken, This included health and safety issues and infection prevention and control (every six months), as required.

The nursing and administrative element of the staff team was well established; some members having worked at the surgery for many years. However, conversations with dentists on the day of inspection revealed the challenges and difficulties they have experienced in the past twelve months in terms of recruiting and retaining an additional dental surgeon to assist with providing services to the local community.

Administrative and dental nursing staff we spoke to told us they felt well supported in their work. They also told us they, along with dentists attended regular staff meetings (every 4-6 weeks) where they had opportunities to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information to the dental team. We were able to confirm these arrangements by looking at the notes held at the surgery which highlighted the relevant topics/issues discussed by the team in the past six months. The surgery had also undertaken a staff survey earlier in 2014 as a means of obtaining their views on services provided.

Examination of three staff files demonstrated that they had been provided with an annual appraisal earlier in 2014 focussing on their performance for the past year and identifying training needs for the coming year. Scrutiny of staff files also enabled us to verify that they had recently attended a training session about adult and child protection. As a result, contact details were readily available at the surgery in relation to local safeguarding teams. We further found that the surgery adopted a pro-active approach to staff training in general. It was evident that this had resulted in ensuring that staff were both confident and competent when providing care and support to patients.

We found that staff had contracts of employment in place which had been signed and dated. The surgery had also developed an induction programme to ensure that any new members of the dental team are provided with a means of becoming familiar with established processes and procedures in relation to patient services.

Scrutiny of a range of written policies in place (which had been obtained through the British Dental Association (BDA) Expert) demonstrated that staff had easy access to current guidance with regard to safe working practises.

We found evidence that individual staff health and safety assessments had been completed (e.g. those relating to staff using computer equipment).

Examination of staff records and conversation with dentists revealed that the surgery did not have current evidence of Hepatitis B vaccination for all relevant members of staff. We therefore held discussions with members of the dental team and were told that the staff concerned had already made appointments with their own GP to seek advice. We were however also made aware that the surgery had been unable to obtain suitable occupational health advice and support regarding the above matter.

We found that Ferndale Dental Surgery had a complaints (concerns) policy; however, the arrangements in place to inform patients of their rights were not absolutely consistent with 'Putting Things Right'. As the surgery treated NHS patients (as well as private patients) the policy needed to be compatible with established NHS arrangements.

Examination of complaint records did however demonstrate that the approach to dealing with complaints to date was closely related to 'Putting Things Right'.

Recommendation

The complaints procedure needs to be fully compatible with the National Health Service 'Putting Things Right' arrangements for the benefit of patients attending the surgery.

A sample of accident records was examined. The accident book in use was compliant with the Data Protection Act. Such records also showed that accidents had been 'investigated' to prevent similar incidents occurring.

Examination of a variety of maintenance certificates held at the surgery revealed that there were suitable systems and processes in place to ensure that all equipment was inspected in a timely way and in accordance with mandatory requirements.

Quality of Environment

Overall, patients and staff can be assured the practice environment is safe and their privacy is protected.

Dental services have been provided in the building occupied by Ferndale Dental Surgery for many years. Car parking spaces were available along the main road near to where the surgery was situated. Patients with mobility difficulties or who use a wheelchair were able to access the building. There was also one patient treatment room/surgery situated on the ground floor in acknowledgement that some patients were unable to use stairs.

The surgery had a reception area on the ground floor, three surgeries and two waiting areas arranged over two floors. Observations made during the inspection confirmed the size of the waiting areas was appropriate for the number of surgeries.

Patients and staff were provided with toilet facilities on the ground floor, both of which were clearly signposted. The toilet facilities had been fitted with grab rails to assist patients and wide doors to allow wheelchair access.

A tour of the premises confirmed that a security alarm was in place and the surgery was adequately maintained internally and externally. The public liability insurance certificate on display was found to be valid. We further found that patients and staff were guided as to what to do and how to leave the building in the event of a fire, through the display of laminated notices and fire exit signs on both floors. Conversation with one of the administrative staff also served to confirm that the surgery tests the fire alarm on a regular basis.

Waiting areas, surgeries and circulation areas were clean, fresh and tidy. All areas were ventilated and had suitable lighting. We were also informed that the emergency lighting was tested on a regular basis.

Appropriate arrangements were found to be in place for the safe storage and security of electronic records.

The name of the owner/principal dentist was clearly displayed on the front of the building. The names and qualifications of the associate dentists were not displayed there. The information was however found to be readily available to patients on a notice board in the ground floor waiting room and in the form of a supply of leaflets at the reception desk. The 'out of hours' dental service contact number and opening hours was displayed on the front window of the building.

A range of posters were displayed within the ground floor waiting area. These included information for patients about what they should expect (as set out by the General Dental Council), a guide about private and NHS treatment charges and the names and roles of the staff working at the surgery. Information was also available regarding the impact of failed and cancelled appointments and advice about cleaning teeth.

We did however find that the surgery had not displayed the HIW registration certificate associated with one of the dental surgeons who currently provided private dentistry. They were advised that this was a legal requirement, following which arrangements were being made to display the certificate in a prominent area.

6. Next Steps

This inspection resulted in the need for the dental practice to complete an improvement plan. This can be seen at Appendix A (page 19).

Appendix A

General Dental Practice

Improvement Plan

Health Board:

Cwm Taf University Health Board

Practice:

Ferndale Dental Surgery (L. Roberts and Associates)

Date of inspection:

29 September 2014

Ref	Finding	Action to be taken	Action completed	Responsible Officer	Timescale
Patient Experience					
	None				
Delivery of Standards for Health Services in Wales					
Page 10	<i>Ferndale Dental Surgery is advised of the need to ensure that it provides clear and comprehensive records relating to informed consent and patient treatment planning. This is in accordance with best practice guidance.</i>	Plan to provide dentists with further information which will allow them to improve knowledge in this area	1. Provision of posters in surgery based on proforma for clinical notes provided by HIW, and appropriate intervals for taking radiographs. 2. An information pack for dentists with further information including the oral health review pathway, NICE recall guidance, a NICE oral health review proforma, and advice on taking	Rebecca James	completed

Ref	Finding	Action to be taken	Action completed	Responsible Officer	Timescale
			<p>radiographs.</p> <p>3. Posters in reception for patients regarding NICE recalls, to improve public knowledge regarding how their recall date is determined.</p> <p>This will allow each dentist to work towards best practice in this area.</p>		
Page 11	<p><i>Ferndale Dental Surgery is required to demonstrate how improvements are to be made to the arrangements in place regarding Infection Prevention and Control (IPC) and decontamination. This is to ensure the on-going safety of patients and staff.</i></p>		<p>1. Provide improved, easier to read instructions in the surgeries regarding when and how duties should be carried out</p> <p>2. ensure all surgeries have the same record keeping books regarding validation of manual cleaning processes – with further training on their use</p> <p>3. continue regular training to maintain high standards of cross infection control</p> <p>4. Assess kinds of washer disinfectors available, assess whether these can be</p>	Rebecca James	1-6 months

Ref	Finding	Action to be taken	Action completed	Responsible Officer	Timescale
			<p>accommodated in the space available in the building, any plumbing/carpentry/ electrical work required to install them.</p> <p>Assess the impact of the installation on provision of regular patient care, and the effect on loss of work on the staff.</p> <p>The potential increase in time needed for processing instruments and whether more instruments will be required in each surgery to remedy this.</p> <p>Consider budget restraints of the investment for all of the above.</p> <p>Focus on the NHS document 'doing well, doing better' when planning any changes in the practice.</p>		
Management and Leadership					
Page 14	<i>The complaints procedure needs to be fully compatible with the National Health Service 'Putting Things Right' arrangements for the benefit of</i>		Focus on the NHS document 'putting things right' when altering practice policies and procedures regarding dealing with complaints	Rebecca James	1 month

Ref	Finding	Action to be taken	Action completed	Responsible Officer	Timescale
	<i>patients attending the surgery.</i>		and concerns.		
Environment					
	None				

Signature: R M James

(Signature relates to the person taking responsibility for ensuring that action is taken in response to the above matters)

Date: 15/10/04