

General Dental Practice Inspection (announced)

Betsi Cadwaladr University
Health Board, Castle
Square Clinic

09 December 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Castle Square Clinic at 35 Castle Square, Caernarfon, Gwynedd, LL55 2NN within the area served by Betsi Cadwaladr University Health Board on 9th December 2014.

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 medical 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 will be 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

Castle Square Clinic provides services to patients in the Caernarfon area of Gwynedd. The practice has been run by husband and wife Brian and Kath Humphreys, of Castle Square Clinic Limited, since 1984 and forms part of the dental services provided within the geographical area known as Betsi Cadwaladr University Health Board. The practice employs a staff team which includes 2 dentists (Mr & Mrs Humphreys), 1 hygienist, 1 dental therapist, 2 dental nurses, 2 trainee dental nurses, 1 receptionist and a practice manager.

A range of services are provided. These include:

- Dental health examinations and treatments
- Hygienist services including periodontal advice, scale and polish
- X-rays
- Fillings and root canal treatment
- Crown and bridge work
- Preventative advice, including diet and oral hygiene advice
- * Cosmetic dentistry
- * Non-surgical facial aesthetic treatments

* HIW's inspection focussed on the clinic's general dental services only.

5. Summary

HIW explored how Castle Square Clinic meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

All the patients who responded to HIW's questionnaire were satisfied with the service and said they were made to feel welcome by staff. We have recommended that the practice improves the way in which patient information is displayed and consider a range of methods and approaches for obtaining patient feedback. Four patients made additional comments in the questionnaire and have consented to these being included in this report, which were:

"Feel very relaxed coming here".

"Feel very lucky to have such a good dental practice".

"Helpful and efficient staff. Bright and clean surgery".

"No problems with service or treatment".

Overall we found that clinical records had been completed to a good standard. There were satisfactory processes for decontaminating equipment and the systems for maintaining radiographic (x-ray) equipment were good. We have recommended that the practice seeks further advice regarding emergency medication storage.

Most of the staff had worked in the practice for many years, including the two dentists who took over the business in 1984. All patients were satisfied with the service but we have recommended several improvements in relation to the general leadership and management of the service.

The premises is spread over five floors, three of which are accessible to patients, and generally it was not conducive to the provision of services for patients with disabilities or specialist needs. However the current dentists have been in the premises for 30 years and informed us that this grade II listed building had been used as a dental practice for long before that.

Patient Experience

All the patients were satisfied with the service and said they were made to feel welcome by staff. We have recommended that the practice improves the way in which patient information is displayed and consider a range of methods and approaches for obtaining patient feedback.

Prior to the inspection HIW issued patient questionnaires for the practice to distribute; 20 completed questionnaires were presented to us on the morning of the inspection, which confirmed that patients were satisfied with the staff and service received. None of the patients had experienced delays in being seen and during the inspection we observed that patients were called through on time for their appointment.

The practice could not provide the percentage ratio between NHS and private patients but confirmed that the majority of their work is provided to private patients. The practice currently has a waiting list for NHS dental services. Most of the practice information, including their leaflet and website, was geared towards private patients and we saw that the availability of information within the practice, especially for NHS patients, was generally limited or not easily visible.

There was no noticeboard in the waiting area and the few posters on display related to cosmetic services and seasonal offers. A notice containing NHS charges was pinned to the side of the reception counter, however, because there was a chair in front of it, patients would not be able to see the information. NHS 'Putting Things Right'² leaflets were located next to the practice information leaflet. These were laid flat on the reception desk and, as with the notice above, were not prominently displayed.

8 out of the 20 patients who responded to HIW's questionnaire said they did not know how to make a complaint. A notice regarding complaints was displayed behind the reception desk, again it would be very difficult for patients to see this. We viewed the complaints file and saw that there were good systems in place which were consistent with the NHS arrangements above. We looked at a complaint and the documentation demonstrated that the patient's issues were treated seriously, we could see that it had been appropriately investigated and that the patient was informed of the progress and outcome in writing.

² 'Putting Things Right' is the NHS arrangements for dealing with and responding to concerns within NHS services.

All the information we saw within the practice and on the practice website was written in English only. Apart from the posters advertising cosmetic services and seasonal offers, the writing on information leaflets and notices was in small font and, as indicated above, were not prominently displayed.

Recommendation

The practice must review how information is displayed; additional consideration should be given to patients' language preferences, communication needs and to patients receiving services under NHS.

We spoke with the practice manager and dental nurse regarding the methods for obtaining patient feedback. They explained that most patients have been registered with the practice for a long time and therefore they adopt an informal approach. However in preparation for HIW's inspection and during November 2014 the practice issued its own patient surveys; we looked at the 20 responses received which again indicated a high standard of satisfaction with the service.

There was no evidence that any other methods are used to obtain patient feedback, although we did see a comments, complaints and suggestions poster in one of the practice policy files. We did not see anything to demonstrate that patients' views are acted upon. No summary report or action plan had been completed following the patient survey above for example. A 'new patient' survey had been developed but at the time of our inspection only one of these had been completed, the patient was satisfied with the services.

Recommendations

The practice should use a range of methods and approaches for obtaining patient feedback. Patients' views should be considered when making changes to develop and/or improve the services.

Delivery of Standards for Health Services in Wales

Overall we found that clinical records had been completed to a good standard. There were satisfactory processes for decontaminating equipment and the systems for maintaining radiographic (x-ray) equipment were good. We have recommended that the practice seeks further advice regarding emergency medication storage.

We viewed 5 records for each dentist and overall found that these clinical notes were good and provided sufficient information regarding patients' appointments, treatments and consent. New patients' initial medical histories were not being countersigned by the dentist and these notes were not being scanned onto the computer system. Subsequent patient medical histories were not always being recorded or updated on the computer system.

Recommendation

Dentists must be able to evidence that they have read the patient initial medical histories; a copy of these should be retained or scanned onto the computer.

Subsequent patient medical histories should consistently be recorded and updated.

We saw that there were satisfactory systems in place for monitoring and maintaining radiographic (x-ray) equipment. Radiographs were processed digitally and we found that their quality was excellent; the dentist graded radiographs from 1 to 3 and kept a log book of these results in order to monitor the quality, which was an example of good practice.

The practice had the appropriate emergency resuscitation equipment available. When we viewed training records we found that the most recent cardio pulmonary resuscitation (CPR) training for practitioners was in April 2013. The next training had been booked in March 2015. Two trainee dental nurses had not received CPR training at the practice. The Resuscitation Council (UK) guidance states that all dental practitioners must receive CPR training and that this should be updated at least annually. As this could potentially pose an immediate risk to patient safety HIW issued an 'immediate action' letter to the practice. This matter has now been satisfactorily addressed as the training for all staff was brought forward to 5th January 2015.

A stock of emergency medication was stored in a container in the staff fridge, which was also used to store general food and drink. We found that all the

medication was within expiry date. The manufacturers' storage guidance for most of the medication did not require fridge storage.

Recommendation

Ensure that emergency medication is stored in accordance with the manufacturers' guidance. Seek advice regarding local policies for medication storage and best practice in dental practices

The practice decontamination process was demonstrated to us by three of the dental nurses in three different surgery rooms and we found that there was a clear system in place to separate and process dirty and clean instruments. Cleaning of instruments was manually undertaken by trained staff and each surgery room contained an autoclave for sterilising the equipment.

Generally we saw that the clinical facilities at the practice and surgery rooms were good. We discussed different types of needle re-sheathing devices that may be more advanced than the ones currently used at the practice; which the practice manager agreed to consider as part of their future improvement plan.

The practice had obtained plans to create a dedicated decontamination room a few years ago with a completion timescale of 2013. This work had not yet commenced and the practice manager and dental nurse did not know when this work was likely to proceed. Whereas a dedicated decontamination room would be ideal practice we suggested that the practice review their improvement plan to ensure that realistic and achievable dates are set against their actions.

Management and Leadership

Most of the staff had worked in the practice for many years, including the two dentists who took over the business in 1984. All patients were satisfied with the service but we have recommended several improvements to the general leadership and management of the service.

Training records for some of the clinical staff were not retained at the practice. We saw that training records for other staff were manually being monitored, which caused difficulty in tracking who had received training, the dates received and refresher due dates.

Recommendation

The system to monitor staff training for all staff, including evidence of the training received, training planned and refresher training due dates, must be improved.

Staff annual appraisals could not be inspected as these were kept elsewhere by one of the dentists. None of the staff we spoke with had received an annual appraisal during 2014.

Recommendation

Staff must receive an annual personal appraisal and be provided with a personal development plan, enabling them to develop their role. Copies should be retained in a secure location within the practice.

We queried the staff recruitment practice as disclosure and barring (DBS) checks had not been obtained for all staff working at the practice. The practice manager told us that she had sought advice about this from the local health board but as yet had not received a clear response as to whether they were required to obtain DBS checks for all staff. The Public Health Wales Safeguarding Children & Vulnerable Adults in General Dental Practice guidelines (2011) states that all staff with access to children and vulnerable adults, including staff with access to patient records, should have a Criminal Records Bureau (CRB) checks (note that CRB has since been replaced by DBS checks).

Recommendation

The practice recruitment process should include appropriate steps to ensure that staff working with adults and children are suitable to do so.

A decontamination and infection control audit had been undertaken in November 2014. There was no documentary evidence that the actions identified had been addressed or that an audit had been undertaken annually in accordance with the Wales Health Technical Memorandum 01-05.

Recommendation

Regular audits must be undertaken in accordance with WHTM 01-05 and documentary evidence made available of the subsequent actions taken.

We viewed staff team meeting minutes and saw that these had been held regularly during 2013 and 2014 and were backed up by sufficient details of what had been discussed and agreed.

The practice manager did not have a separate office space and, due to being busy on the reception desk, this impacted on her ability to effectively undertake managerial tasks and to develop and improve the service. We queried whether the administrative staffing levels at this busy practice were sufficient and, given HIW's findings and recommendations made during this inspection, suggested that this be reviewed.

Recommendation

Review administrative staffing levels in terms of the practice manager's role, to allow for sufficient time to effectively manage and improve the service.

Quality of Environment

The premises is spread over five floors, three of which are accessible to patients, and generally was not conducive to the provision of services for patients with disabilities or specialist needs. However the current dentists have been in the premises for 30 years and informed us that this grade II listed building had been used as a dental practice for long before that.

The combined reception and waiting room was located on the ground floor; one surgery room and patient/staff toilet was located in the basement and the other

two surgery rooms were located on the first floor. The waiting room was clean and bright.

Storage was not always well utilised at the practice. For example we noticed that cleaning materials and products were stored in various places within the practice and saw a stock of protective gloves on a window sill.

As previously mentioned the practice manager did not have a dedicated office space, information and correspondence was processed in the combined reception and waiting room, which was not ideal for confidentiality purposes.

We saw one patient coming downstairs slowly and tentatively. Another patient had to sit down for a long time after their treatment after becoming unwell. We discussed the environment with one of the dentists but they explained that they were unable to undertake significant improvements due to the building's grade II listing. Patients who are no longer able to manage the stairs can be referred to the community dental service or to another local dental practice, where there are ground floor surgery rooms. We did suggest however that the practice makes further enquiries in relation to what improvements may be permissible under the grade II listed restrictions and that would benefit people whose mobility is restricted.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of all the four areas inspected. 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 Castle Square Clinic 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: Castle Square Clinic

Date of Inspection: 09 December 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	<p>The practice must review how information is displayed; additional consideration should be given to patients' language preferences, communication needs and to patients receiving services under NHS.</p> <p>The practice should use a range of methods and approaches for obtaining patient feedback. Patients' views should be considered when making changes to develop and/or improve the services.</p>			
	Delivery of Standards for Health Services in Wales			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
8	<p>Dentists must be able to evidence that they have read the patient initial medical histories; a copy of these should be retained or scanned onto the computer.</p> <p>Patient subsequent medical histories should consistently be recorded and updated.</p>			
9	<p>Ensure that emergency medication is stored in accordance with the manufacturers' guidance. Seek advice regarding local policies for medication storage and best practice in dental practices</p>			
Management and Leadership				
10	<p>The system to monitor staff training for all staff, including evidence of the training received, training planned and refresher training due dates, must be improved.</p>			
10	<p>Staff must receive an annual personal appraisal and be provided with a personal development plan, enabling them to develop</p>			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	their role. Copies should be retained in a secure location within the practice.			
10	The practice recruitment process should include appropriate steps to ensure that staff working with adults and children are suitable to do so.			
11	Regular audits must be undertaken in accordance with WHTM 01-05 and documentary evidence made available of the subsequent actions taken.			
11	Review staffing levels in terms of the practice manager's role, to allow for sufficient time to effectively manage and improve the service.			
Quality of Environment				
	N/A			

Practice Representative:

Name (print):

Title:

Signature:

Date: