

General Dental Practice Inspection (Announced)

Powys teaching Health
Board, **Builth Wells**

**Dental Practice (IDH –
Integrated Dental
Holdings)**

5th February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Builth Wells Dental (IDH) practice at Glan Irfon Health and Social Care Centre, Pendre, Builth Wells, Powys, LD2 3DG within the area served by Powys Teaching Health Board on 5th 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 Wales¹.

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

Builth Wells Dental Practice (IDH) provides services to patients in the Builth Wells area of Powys. The practice forms part of dental services provided within the geographical area known as Powys Teaching Health Board. IDH is a large company which owns a significant number of dental practices across the United Kingdom. The practice employs a staff team which includes 3 dentists, 3 dental nurses, a receptionist and a practice manager who also manages (and therefore splits her time with) another two IDH practices in the Powys region .

A range of services are provided. These include:

- Check ups
- Emergency appointments in normal opening hours
- Dentures
- Crowns and Bridges
- Extractions and fillings
- Tooth Whitening
- White fillings

HIW understands that Builth Wells 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 IDH meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patient Experience

We used questionnaires (distributed before the inspection) to gain feedback from patients on their views of the service. Patients told us unanimously that they received a warm welcome from practice staff when attending for an appointment. Responses also indicated that the practice needs to improve the amount of information they give patients about how to make a complaint and how to access out of hours services. Systems for obtaining feedback from patients also need to be improved. **We have made three recommendations for improvement in this area.**

Delivery of Standards for Health Service in Wales

The sample of patient records we saw indicated that overall, there was a good standard of record keeping. However it also indicated that x-rays were not consistently being justified and recorded in sufficient detail.

We found evidence of mostly satisfactory decontamination processes being carried out but identified the need for some improvement in procedures and gaps in training.

We found that there were systems in place for managing the use of radiographic equipment but these were not entirely clear and there was no clear lead staff member with responsibility for this area. **We have made seven recommendations for improvement in this area.**

Management and Leadership

The practice had recently been taken over by Integrated Dental Holdings (IDH), a dental corporate company. There was a new practice manager in place who also managed two other IDH practices. We noted that there were a number of processes which the practice manager had already identified needed to be improved but we were concerned that the current time she had available at this practice would be insufficient to make this possible.

We noted that a significant amount of work had been undertaken in a short amount of time to update all documentation and records when the practice had been taken over by IDH. **We have made four recommendations in this area**

and corresponded separately through our immediate assurance process in relation to one additional urgent recommendation.

Quality of Environment

Located within a new build integrated health and social care centre in Builth Wells, the premises and surgery rooms were spacious, clean and tidy. There was ample parking outside and level access throughout. The dental practice occupies a shared space with other treatment rooms in the same area and the signage and information on display need to be improved so that the dental area can be clearly distinguished the from other areas. **We have made one recommendation for improvement in this area.**

5. Findings

Patient Experience

We used questionnaires (distributed before the inspection) to gain feedback from patients on their views of the service. Patients told us unanimously that they received a warm welcome from practice staff when attending for an appointment. Responses also indicated that the practice needs to improve the amount of information they give patients about how to make a complaint and how to access out of hours services. Systems for obtaining feedback from patients also need to be improved.

We asked the practice to distribute pre printed questionnaires before our inspection visit and twenty of these were completed and returned to us. We received some positive feedback in the responses to these. When asked whether the practice team made them feel welcome, all twenty patients responded unanimously that yes they did.

Seven out of twenty patients stated that they did not know how to access out of hours dental services. We also found when we telephoned the practice out of hours that the message gave insufficient information. We noted that within the reception area there was a notice on the wall providing patients with the NHS Direct telephone number but we felt that in general the signage and information displayed for patients was poor. This will be referred to again elsewhere within the report.

Recommendation

The answerphone message for out of hours must be improved so that patient's are provided with key information on opening hours and out of hours instructions.

Twelve out of twenty respondents told us that they did not know how to make a complaint about the dental services they receive. Again, we observed that within the reception area there was very little information on display and what was displayed was not easily visible. Whilst we could see that there was information on the complaints procedure displayed on the wall behind the reception desk, the sign would not have been visible to patients. The information was also inaccurate and referred to English complaints procedures rather than those which are in place in Wales.

Recommendation

The practice must ensure that they provide and clearly display key information for patients on out of hours dental service contacts and how to make a complaint.

Recommendation

The complaints procedure must be reviewed and amended so that it is in line with the principles of 'Putting Things Right' and Welsh guidelines.

We noted that there was a comments book held behind reception and on viewing this, could see that some patients had written in there. All messages we saw were positive and there was praise in particular for one dentist at the practice. Aside from this means of providing feedback, we did not see evidence of any other established means to encourage or regularly request feedback from patients. The practice manager told us that she was not aware of any recent patient feedback surveys that had been done, neither was she aware of any imminent plans to survey patient views.

Recommendation

IDH must ensure that there are established, regular systems for inviting patient feedback. IDH must also ensure their practice managers' are sufficiently empowered to initiate such feedback surveys for themselves if this is not company policy.

Delivery of Standards for Health Services in Wales

The sample of patient records we saw indicated that overall, there was a good standard of record keeping. However it also indicated that x-rays were not consistently being justified and recorded in sufficient detail.

We found that there were systems in place for managing the use of radiographic equipment but these were not entirely clear and there was no clear lead staff member with responsibility for this area.

We found evidence of mostly satisfactory decontamination processes being carried out but identified the need for improvement in some procedures and gaps in training.

We looked in detail at five sets of patient records for each of the three dentists at the practice. In general there was a good standard of recording in the sample we saw. We found a few occasions where there were no initial medical histories but in these instances there were recent medical histories available.

In instances where patients had been given an x-ray, the justification for x-raying, clinical findings and grading were generally not being recorded. There was also no overall quality assurance audit of x-rays.

Recommendation

The standard and detail of record keeping in relation to radiographs needs to be improved. There needs to be a system introduced for the overall quality assurance of all radiographs taken at the practice.

There was a dedicated decontamination room which appeared to be clean and tidy. There were two sinks for washing and cleaning instruments but it was not clear which was the 'clean' area and which was the 'dirty' area. Should new staff or agency staff work at the practice it would be difficult for them to identify which areas of the decontamination room should be used for processing clean and dirty instruments.

Recommendation

Clearly mark areas in the decontamination room according to whether they should be used to process and handle 'clean' or 'dirty' instruments.

We spoke to one staff member who told us the process for decontaminating instruments but there was no protocol displayed in the decontamination to remind staff, or instruct new staff of what to do. We also could not find any

records demonstrating that dental nurses had received any practice specific training in the decontamination of instruments.

Recommendation

Decontamination protocols to be obviously displayed in relevant areas. Records to be maintained of all in house training / reminders given to staff in relation to the decontamination procedures.

Staff told us that they did not wear disposable plastic aprons for any dental care provision or during decontamination procedures.

Recommendation

Where there are procedures which may result in splashes of liquid, full and appropriate personal protective equipment, including disposable plastic aprons should be worn.

The foot pedal to operate the clinical waste bin in the decontamination room had broken and the lid needed to be manually lifted, this practice increases the risks of transferring infection from waste to hands.

Recommendation

Replace the bin in the decontamination room with a working foot operated bin.

Once instruments had been cleaned and sterilised, they were stored for re-use. We discussed how long they were kept for before needing to be re-sterilised and have advised the practice manager to clarify their processes against the most up to date guidance.

There was no clear process in place for the cleaning and disinfection of dental impressions.

Recommendation

A clear protocol must be developed to ensure that dental impressions are properly and adequately cleaned and staff must be trained to follow this process.

Management and Leadership

The practice had recently been taken over by IDH and there was also a new practice manager in place who also managed two other IDH practices. We noted that there were a number of processes which the practice manager had already identified needed to be improved but we were concerned that the current time she had available at this practice would be insufficient to make this possible.

We noted that a significant amount of work had been undertaken in a short amount of time to update all documentation and records when the practice had been taken over by IDH.

We saw that the practice had all policies in place for the day to day running of the practice and to cover safe use of equipment and safe systems of work. These documents were not created locally by staff at the practice as all IDH practices are required to follow policies which are company wide. The Builtth Wells Dental Practice had been a fairly recent acquisition for IDH (during the previous 12 months), and the practice manager and dentists told us that they had spent significant time over the previous months updating documentation and shifting electronic records from the previous database to the new company's database. For the most part, we found that the policies available were IDH branded, although none appeared to have been locally created. Patient records were also well maintained and had not been visibly affected by moving from one database to another.

What was less clear was whether all practice staff had been able to familiarise themselves with the host of available policies. In some instances we found that staff had signed against policies to confirm that they had read and understood them. This was particularly noted for new staff as part of their induction process. The practice manager explained that she uses each team meeting to discuss policies and we saw one example of minutes recording a team meeting which showed a good level of detail and reference to the company policy which had been discussed.

We looked at staff training records and found these to be disorganised and it was not easy to find information. One of the dentists had no radiation protection training records and we queried this but were told that he had training booked in the week following our inspection.

Recommendation

Staff files to be tidied up and updated.

Recommendation

A copy of the certificate confirming that the dentist in question has now undertaken appropriate radiation protection training (IRMER) to be forwarded to HIW.

The practice manager was unable to show us up to date maintenance documentation for the autoclave (steriliser) and our conversations with her indicated that some things are held by 'head office' and some held within the practice. HIW has corresponded separately with Builth Wells Dental Practice through our immediate assurance process on this matter and after some delay, have now been provided with assurance that the autoclave has been maintained appropriately.

Recommendation

IDH must ensure that individual dental practices hold copies of, or information on the up to date test results of all relevant maintenance schedules.

We noted that there was a fridge behind the reception area which was being used to store both emergency medication and staff food and milk. Medication should be stored separately in a temperature controlled fridge. We also found one medication packet on which the expiry date was not clear.

Recommendation

Medication must be stored in a separate fridge which is temperature controlled and monitored. There must be a system developed for checking medication in the fridge to ensure it does not go past its' expiry date.

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

Located within a new build integrated health and social care centre in Builth Wells, the premises and surgery rooms were spacious, clean and tidy. There was ample parking outside and level access throughout. The dental practice occupies a shared space with other treatment rooms in the same area and the signage and information on display need to be improved so that the dental area can be clearly distinguished from other areas.

The practice is located within a new build integrated health and social care centre for Builth Wells. The dental practice itself occupies three rooms within a large, shared space which also has a number of other treatment rooms used for outpatient clinics, community nurse treatment, podiatry, dietetics and a variety of other clinics arranged by the local Health Board.

There is ample car parking outside the building and all surgery rooms are located on the ground floor with wide corridors and public areas, making for easy access throughout.

The reception and waiting area is large and airy with plenty of room. The reception desk itself occupies only a very small area and there was no obvious signage to distinguish where within the large shared area the dental area and dental rooms were located. The practice manager advised us that IDH were planning to put up company brand signs around the reception area and we acknowledge that this will be an improvement. However there is a large noticeboard on the wall outside the dental surgeries which the practice could have made better use of for displaying useful information for their patients.

Recommendation

The practice should make better use of the noticeboard outside dental surgeries and use it to display information which will be useful to patients such as relevant policies, procedures and other information.

All three surgery rooms appeared to be clean, particularly tidy and in good order. The waiting room and patient toilets also appeared to be maintained to a high standard of cleanliness.

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 Standards for Health Services in Wales, Management and Leadership and Quality of 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 Builth Wells Dental Practice (IDH) 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: Builth Wells Dental Practice (IDH)

Date of Inspection: 5th February 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Patient Experience			
	The answerphone message for out of hours must be improved so that patient's are provided with key information on opening hours and out of hours instructions.			
	The practice must ensure that they provide and clearly display key information for patients on out of hours dental service contacts and how to make a complaint.			
	The complaints procedure must be reviewed and amended so that it is in line with the principles of 'Putting Things Right' and Welsh guidelines.			

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	IDH must ensure that there are established, regular systems for inviting patient feedback. IDH must also ensure their practice managers' are sufficiently empowered to initiate such feedback surveys for themselves if this is not company policy.			
Delivery of Standards for Health Services in Wales				
	The standard and detail of record keeping in relation to radiographs needs to be improved. There needs to be a system introduced for the overall quality assurance of all radiographs taken at the practice.			
	Clearly mark areas in the decontamination room according to whether they should be used to process and handle 'clean' or 'dirty' instruments.			
	Decontamination protocols to be obviously displayed in relevant areas. Records to be maintained of all in house training / reminders given to staff in relation to the decontamination procedures.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Where there are procedures which may result in splashes of liquid, full and appropriate personal protective equipment, including disposable plastic aprons should be worn.			
	Replace the bin in the decontamination room with a working foot operated bin.			
	A clear protocol must be developed to ensure that dental impressions are properly and adequately cleaned and staff must be trained to follow this process.			
Management and Leadership				
	Staff files to be tidied up and updated.			
	A copy of the certificate confirming that the dentist in question has now undertaken appropriate radiation protection training (IRMER) to be forwarded to HIW.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	IDH must ensure that individual dental practices hold copies of, or information on the up to date test results of all relevant maintenance schedules.			
	Medication must be stored in a separate fridge which is temperature controlled and monitored. There must be a system developed for checking medication in the fridge to ensure it des not go past its' expiry date.			
Quality of Environment				
	The practice should make better use of the noticeboard outside dental surgeries and use it to display information which will be useful to patients such as relevant policies, procedures and other information.			

Practice Representative:

Name (print):

Title:

Signature: