

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,

**North Parade Dental
Practice**

9 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to North Parade Dental Practice, part of the IDH Dental Group at 61, North Parade, Aberystwyth SY23 2JN within the area served by Hywel Dda University Health Board on 9 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.

HIW understands that North Parade 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.

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

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

- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website
- 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

North Parade Dental Practice provides services to 26,339 mainly NHS patients in the Aberystwyth area of Ceredigion. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board. The practice employs a staff team which includes: six dentists, eight nurses, one practice manager and three receptionist.

A range of services are provided. These include:

- General dentistry
- Teeth Whitening
- Crowns and bridges
- Dentures.

4. Summary

HIW explored how North Parade Dental practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Overall, patients told us that they were satisfied with the standard of care at the practice and received sufficient information about their treatment. Patients we spoke with and patient questionnaires were positive about most areas of care.

We were assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patients safety and welfare.

On the day of the inspection we were assured that the practice was being effectively and efficiently run; with robust systems in place to ensure patients safety.

Patients using the practice and staff can be assured that the building is safe, appears well maintained, and provides a comfortable environment for patients to receive treatment.

5. Findings

Patient Experience

Overall, patients told us that they were satisfied with the standard of care at the practice and received sufficient information about their treatment. Patients we spoke with and patient questionnaires were positive about most areas of care.

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In addition, we spoke with a small number of patients who were receiving treatment on the day of the inspection (two people).

Twenty questionnaires were returned. The patients who completed the questionnaires and those spoken with had been using the service for between three weeks and 40 years. Some had remained with the practice through the change of ownership from Denticare to IDH group. All 22 people indicated that the practice team made them feel welcome with comments such as;

‘Yes very welcome. Positive attitudes and great manner.’

All patients felt that they were given enough information regarding their treatment. Examination of a sample of patient records and conversations with the dentists confirmed that treatment options were discussed with patients; with treatment plans, options for treatment or their preference being recorded in the patients’ notes.

The practice was not involved in the out of hours service as this was led by the Health Board. There was an automated message connected to the practice’s telephone line, which gave information on the out of hours contact details. There was also a sign with the contact number in the front window. Despite this almost 75% of patients told us they would not know how to access care when the practice was closed.

Improvement needed:

The practice should consider ways of highlighting the out of hours contact details to the patients.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This meant that patients could be confident that there was a system in place to try to ensure they were seen quickly when required. All patients stated that they were

satisfied with this system although more than half had experienced a delay in their appointment time. Patient comments included;

'Occasionally.'

'Yes – usually a delay of up to 10 -20 minutes or more.'

'Yes – but full explanation given.'

'Yes – up to 40 minutes.'

'Yes – due to unforeseen circumstances and I was placed on a cancellation list, which I was happy with.'

'Slightly longer appointments and reduced waiting times would improve the experience.'

Improvement needed:

The practice is advised to audit patient waiting times to see if there are areas which can be improved.

There was no practice information leaflet available because the IDH group are currently undergoing a branding change to “My Dentist”, so all posters, leaflets and signage (including staff name badges) are in the process of being updated.

Improvement needed:

The practice needs to ensure that the new documentation is available as soon as possible or that there are adequate amounts of the previous documents available until the new branded information is delivered.

There was clear signage at the front of the premises indicating the opening times for the practice for patient information.

Staff told us that the practice had systems to regularly assess patients' views and act upon them such as; feedback forms and the annual NHS patient questionnaire. This meant that the practice took into account the views of patients when planning delivery of service.

We looked at the patients' notes and found that there were recordings of oral health promotion, cancer screening and smoking cessation advice recorded. We also saw oral health promotion posters in the reception and waiting areas.

A complaints policy was available and visible to the public in the reception area. It was not fully compliant with the “Putting Things Right”² document and should therefore be revised. We also noted that neither the HIW nor the Community Health Council (CHC) addresses were on the policy for patients to contact should the need arise. When we asked patients if they would know how to make a complaint or raise a concern only five said they would know. It is advisable therefore that the practice makes the signage for the complaints process more visible to patients.

Improvement needed:

The complaints process should be compliant with the “Putting Things Right” document and should include CHC contact details (for all patients) and HIW’s contact details (for private patients) to ensure patients are aware of their right to recourse should they require it.

When questioned regarding their views on the overall service they received, patients said they were satisfied; with comments such as;

“Very much so. I always leave feeling better about everything.”

“Extremely.”

“Generally yes.”

In addition to the questions asked, some patient made positive comments and suggestions about their experiences which included;

“As a patient here for many years, I have always felt welcome and able to understand all aspects of treatment and follow ups....”

“My dentist is extremely friendly, professional and has made coming to the dentist an enjoyable experience – the best dentist I have ever had.”

² Putting things Right is the integrated processes for the raising, investigation of and learning from concerns (complaints). Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales

“Always been completely satisfied with the information and treatment received.”

“I think the staff in the practice are wonderful, I have a daughter with Autism and they have always been brilliant with her and my young son.”

Delivery of Standards for Health Services in Wales

We were assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patients safety and welfare.

Patient Records

Records were kept at the practice on a computer database, though some information is held in paper records. Scrutiny of a sample of 18 dental records (i.e. three patient records for each dentist working at the practice) indicated that patients' needs were assessed, and care and treatment was planned and recorded robustly. There were updates to medical conditions within all patient records. All had previous dental and social histories recorded. With regard to treatment plans, we saw consistency between the dentists with everyone evidencing planning, decision making and consent to treatment. All patients had been seen again within the National Institute for Health and Care Excellence (NICE)³ guidelines.

Where patients had received radiographs (x-rays), we saw evidence with five of the six dentists, of clinical evaluation of the x-ray to ensure that the quality of the image was adequate. When questioned, the dentist who was not recording stated, that she was unaware that it was expected. We did not see evidence of regular audits to ensure safe and effective practice.

Improvement needed:

The practice should develop a system of auditing x-rays to ensure safe and effective practice.

We discussed the quality of recording with the dentists and found overall that satisfactory systems were in place. We saw that dentists were writing their clinical reports rather than relying on templates. Any minor shortcomings in recordings were attributed to the recent change of electronic systems within the practice. We were told that there had been a lack of support and training during

³ The NICE dental recall clinical guideline helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients.

the change of clinical software but this had now been addressed by the clinicians. Further discussion with the dentists revealed that they did not have regular clinical audits and reviews. In the past there had been regular visits by the Clinical Director which had been supportive especially for new dentists; however in recent years these visits had become less frequent.

Improvement needed:

The company needs to ensure appropriate clinical support is available to dentists and that peer audits and reviews are undertaken to ensure safe and up to date practice.

Drug storage and emergency equipment

Exploration of how emergency drugs were kept at the practice revealed that they were securely stored. We also found that there were suitable arrangements in place to ensure that expired drugs were promptly replaced.

There was a dedicated first aider and the first aid kit was stored within easy reach. Equipment required in the case of an emergency was available with certain items stored in each surgery as well as within the first aid kit.

Decontamination

We looked at procedures in place concerning decontamination of instruments and found that there were appropriate measures in place, including a dedicated decontamination room. There were clear processes and we saw evidence of record keeping; clear demarcation zones; a validation record for each wash cycle; the use of ultrasonic baths for cleaning and five autoclaves for sterilising equipment.

The practice manager confirmed that there were routine, quarterly audits (checks) in relation to infection control requirements. However these were not in accordance with the Welsh Health Technical Memorandum (WHTM 01-05) ⁴.

⁴ <http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/cdo-letters/decontamination2/?lang=en>. The WHTM 01-5 document provides professionals with guidance on decontamination in primary care practices and community dental practices in Wales.

Improvement needed:

The practice should undertake quarterly infection control audits in line with WHTM 01-05 guidance.

Radiographic equipment

There were no concerns regarding the radiation protection file. There was a named radiation protection adviser; identification and demarcation of controlled areas; a record of dose investigation levels and a quality assurance system regarding the image quality. We also saw the radiation equipment check certification.

Management and Leadership

On the day of the inspection we were assured that the practice was being effectively and efficiently run; with robust systems in place to ensure patients safety.

The practice provided mainly NHS dental care and treatment with some private patients. At the time of our inspection, an experienced practice manager was responsible for the day-to-day running of the practice. The practice manager worked three days a week, was responsible for two practices and had two part time support managers (one in each practice) who worked the remaining two days of the week. This ensured that there was a manager available throughout the working week.

The practice had been acquired by IDH group in August 2014. As part of this acquisition new policies had been introduced and existing staff had been transferred onto new contracts. The practice manager told us that the transition had been seamless and well supported. We found that the practice was well run with the service underpinned by relevant written policies and procedures to ensure patient care and treatment was delivered safely. Staff were able to access these policies within the practice to check their understanding and ensure they were taking correct action. Policies had review dates to ensure that the information was current. We identified that there was no policy on Patient Dignity and Privacy and this was discussed with the practice manager on the day.

Improvement needed:

The company needs to develop a policy on Patient Dignity and Privacy.

Staff told us they felt well supported in their roles by the practice manager and would be comfortable raising any work related concerns they may have. There was evidence of cohesive and effective team working.

We looked at a sample of staff training records. These confirmed staff had access to a range of training opportunities relevant to their role.

At the time of our inspection, all staff had valid Disclosure and Barring Service certificates, required by the regulations for private dentistry⁵ and proof of satisfactory Immunisations. We discussed Occupational Health support for staff with the practice manager, who stated that there was a contract with Hywel Dda University Health Board. However this had not been formalised. It was agreed that this would be undertaken.

The practice had a system to regularly assess patient's views and act upon them. This ensures that the practice is offering a service which meets the needs of its population and improves the service in line with patients' views.

We saw that there was a well established staff team; some having worked at the practice for many years. This meant that patients received care from staff who were familiar to them.

The practice manager told us that all staff attended regular monthly staff meetings and this was confirmed by staff meeting minutes. This was an opportunity to raise any issues of concern about the services being provided; convey new/relevant information to the dental team, and discuss outcomes from patient questionnaires and audits. This was evidence of a progressive practice that was accepting of criticism and was improving from lessons learned.

We looked at a variety of maintenance certificates held at the practice which showed there were suitable systems and management process in place to ensure that all equipment was inspected in a timely way and in accordance with mandatory requirements. The Gas maintenance certificate was out of date however the contractor visited the following day and the certificate was forwarded to HIW immediately.

Staff told us there was an identified person for first aid; fire martial; health and safety and decontamination. We saw that the indemnity insurance was on a wall in the office; this needs to be visible in a public place.

Improvement Needed

The indemnity insurance Certificate need to be visible to the public.

⁵ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

We noted that most of the dentists' HIW Certificate for Private Dentistry were visible to the public with the exception of one. This needs to be addressed.

Given the recommendations identified during this inspection, The dental service provider is reminded of the importance of ensuring that the practice can effectively and proactively 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 improvement in this respect at the time of the next inspection.

Quality of Environment

Patients using the practice and staff can be assured that the building is safe, appears well maintained, and provides a comfortable environment for patients to receive treatment.

North Parade Dental Practice is an established practice situated in Aberystwyth town centre. There is no dedicated car parking, and parking spaces along the side roads near to where the practice is situated, is also limited..

Patients with mobility difficulties are able to access the practice building because there are no steps and the doorway is of sufficient width to allow a wheelchair user access. In addition, the patient treatment rooms/surgeries are situated on the ground floor.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. There was a toilet facility with ease of access for patients using wheelchairs. Fire extinguishers were placed in strategic places and had been serviced regularly.

The waiting areas, surgeries and circulation areas were clean, tidy and satisfactorily lit and ventilated.

Appropriate arrangements were seen to be in place for the safe storage and security of paper and electronic records with a corporate centrally located back-up system for electronic records. Security precautions were also in place to prevent unauthorised access to areas of the building not used by patients.

The names and qualifications of all dentists working at the practice were displayed. However there was no staff identification board available for patients to recognise the staff who were delivering the treatment. We discussed this with the practice manager who confirmed that this again was part of the “My Dentist” rebranding and would therefore be available in the next month or two.

Recommendation

The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable.

There were contracts in place for the removal of clinical and non-hazardous waste and the bags and bins were stored securely. This ensures a safe environment for patients to access and for staff to work.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of all four areas. 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 North Parade 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: North Parade Dental Practice

Date of Inspection: 9 February 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 6	The practice should consider ways of highlighting the out of hours contact details to the patients.			
Page 7	The practice is advised to audit patient waiting times to see if there are areas which can be improved.			
Page 7	The practice needs to ensure that the new documentation is available as soon as possible or that there are adequate amounts of the previous documents available until the new branded information is delivered.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 8	The complaints process should be compliant with the “Putting Things Right” document and should include CHC contact details (for all patients) and HIW’s contact details (for private patients) to ensure patients are aware of their right to recourse should they require it.			
Delivery of Standards for Health Services in Wales				
Page 10	The practice should develop a system of auditing x-rays to ensure safe and effective practice.			
Page 11	The company needs to ensure appropriate clinical support is available to dentists and that peer audits and reviews are undertaken to ensure safe and up to date practice.			
Page 11	The practice should undertake quarterly infection control audits in line with WHTM 01-05 guidance.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Management and Leadership				
Page 13	The company needs to develop a policy on Patient Dignity and Privacy.			
Page 14	The Indemnity Insurance Certificate need to be visible to the public.			
Quality of Environment				
Page 16	The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable.			

Practice Representative:

Name (print):

Title:

Signature:

Date: