

General Dental Practice Inspection (Announced)

Cwm Taf University Health
Board, United Dental
Merthyr

4 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at United Dental, Merthyr Tydfil within the area served by Cwm Taf University Health Board on 4 March 2015.

During the inspection we considered and reviewed the following areas:

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

2. Methodology

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

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

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

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

- 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

United Dental Merthyr provides services to patients in the town of Merthyr Tydfil. The practice forms part of dental services provided within the wider geographical area known as Cwm Taf University Health Board. The practice employs a staff team which includes four dentists, one hygienist, one therapist and six dental nurses (one of whom was a trainee dental nurse/receptionist and another being a trainee dental nurse). The practice also had a general manager who divides her time each week between this practice and other United Dental services in West Glamorgan.

A range of dental services are provided.

HIW understands that United Dental Merthyr 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 United Dental Merthyr met the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients we spoke to and those who completed our questionnaires indicated they were very satisfied with the service provided by the dental team. Patients also told us they had not experienced any significant delays in being seen by a dentist.

We found the clinical facilities at the practice were of a high standard. Suitable arrangements were in place for the safe use of X-rays and to prevent cross infection.

Overall, we saw that the sample of 15 patient records was detailed and demonstrated that care had been planned and delivered in a manner to ensure their safety. However, we found there was a need to improve the content and consistency of recording aspects of patient consultations.

The dental practice was established and well run by an experienced general manager, supported by a clinical director and an enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety.

The dental practice was well maintained and provided a safe environment for patients to receive treatment. We also saw that the premises were clean and hygienic throughout.

5. Findings

Patient Experience

Patients we spoke to and those who completed our questionnaires indicated they were very satisfied with the service provided by the dental team. Patients also told us they had not experienced any significant delays in being seen by a dentist.

The dental team presented as professional, friendly and welcoming and we saw them being courteous and polite to patients throughout our inspection.

We were able to speak to a number of patients attending the practice on the day of our visit. Without exception all told us they were happy with the services provided.

Prior to our inspection visit, we provided the practice with HIW questionnaires to distribute to patients as a means of obtaining their views and experiences of the services provided. Nineteen completed questionnaires were returned. One patient indicated that they had experienced some confusion about the payment system for NHS dentistry; another patient suggesting that it would be helpful to have a drinks machine or water cooler at the dental practice.

All other patients who provided comments (via conversations on the day of inspection and through completed questionnaires) indicated they were very satisfied with the service they had received from the practice and were made to feel welcome by staff.

Patients were also asked (verbally and within questionnaires) to comment on whether they were given enough information about their treatment.

Comments included:

'I am never sure if scale and polish is included in a check-up or whether this is a treatment and if so, if it is provided by the dentist or the hygienist'

'The treatment is very good as well as the information'

Conversations with the general manager and clinical director demonstrated that patients were encouraged to raise any particular issues with the dental team during their visits so that staff could try and address any concerns they may have on the spot.

Staff told us there was no formal way that patients could provide feedback to the practice through systems such as a suggestions box, comments book or patient surveys.

Improvement Needed

The practice should consider how to capture and use patients' feedback as a means of identifying the need for, and improving the quality of, services.

When asked about making complaints, most patients told us they either knew how to raise any complaints they may have, or did not have a reason to complain. Five patients who completed a questionnaire indicated that they did not know how to make a complaint about the dental services they received. However, each of the five patients had only recently begun to attend the practice for care and treatment. We saw that complaints posters were clearly displayed within the reception/waiting room area. However the NHS poster did not contain details of the correct timescales for the acknowledgment of patients' complaints. The wording on the poster was also small which meant that some patients may find it difficult to read.

Improvement Needed

The practice is required to demonstrate how it will ensure NHS patients are provided with accurate information on how to make a complaint in an easy to read format.

We looked at the complaints (concerns) policy in detail. As a result, we found that the policy did not specify the correct timescales for NHS complaints handling. We did however see that the policy informed patients of their right to receive support with their complaints or concerns from the local Community Health Council and their right to escalate complaints to the Public Services Ombudsman for Wales.

Improvement Needed

The practice is required to ensure that complaints information complies with the NHS 'Putting Things Right' requirements.

We were able to confirm that patients, who received care and treatment at the practice in accordance with the Private Dentistry (Wales) Regulations 2008, were provided with complaints information which contained contact details for Healthcare Inspectorate Wales as required. The timescales for acknowledging and resolving such complaints were also correct.

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

Overall, patients we spoke to and those who had completed HIW questionnaires indicated they had not experienced any delays when waiting to be seen. Staff described that a process was in place for informing patients of any delay on the infrequent occasions when their dentist may be running late.

Other comments provided within completed questionnaires included:

'Always satisfied (with the service)'

'Very satisfied. Good work'

We saw that the practice had a prominent display of posters and leaflets which offered patients advice about dental appointments as well as details of the NHS telephone interpreting service if needed.

Delivery of Standards for Health Services in Wales

We found the clinical facilities at the practice were of a high standard. Suitable arrangements were in place for the safe use of X-rays and to prevent cross infection.

Overall, we saw that the sample of 15 patient records was detailed and demonstrated that care had been planned and delivered in a manner to ensure their safety. However, we found there was a need to improve the content and consistency of recording aspects of patient consultations.

We found arrangements were in place for the safe use of X-ray equipment. The radiation protection file was comprehensive and contained all the required information. Certificates were available in respect of maintenance checks for the majority of the X-ray equipment; with the exception of one machine having been serviced just before our inspection. A copy of the maintenance certificate was however made available to HIW following our visit. Staff training records were present in relation to the use of X-ray equipment. The quality of X-rays had also been subject to regular and thorough audit as part of the on-going quality assurance process.

The practice had procedures in place to deal with a range of patient emergencies. Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. These were stored securely. However, on checking the content of the emergency drug kit, we found that a number of items had passed their expiry date and there were no replacements at the premises. In addition, we saw that the dates applied to the outer packaging of airways² had also expired.

The above matters were brought to the immediate attention of the clinical director and general manager as the above meant that the practice did not have had access to appropriate drugs and equipment in the event of an emergency situation. The expired drugs and airways were replaced during the course of our visit. The practice was also receptive to our comments to improve the system in place for checking emergency equipment and drugs. Prior to the end of our visit, we were provided with a revised, more suitable format for checking all emergency drugs and equipment on a weekly basis in accordance with current UK Resuscitation Council guidelines. The revised checklist would also

² An airway is a medical device that can be used to help patients breathe during periods of unconsciousness.

benefit from the addition of the servicing, test date and expiry dates applied to the oxygen cylinder. We saw certificates in staff files that indicated they had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We were also able to confirm that the practice always had a member of staff working at the practice trained in the use of first aid.

Contract documentation was in place for the disposal of hazardous waste. Such waste produced by the practice was being securely stored whilst waiting to be collected. We also looked at the policy that supported the handling and Control of Substances Hazardous to Health (COSHH) and found that they referred to a health service in England. This was discussed with the general manager who agreed to ensure that the policy was reviewed and amended following the inspection to reflect the required local arrangements within the practice.

We considered the process for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05 (WHTM 01-05)³.

The practice had a separate decontamination room as recommended within WHTM 01-05. The practice also had a rota for the purpose of selecting a member of staff to work in the decontamination room on a daily basis. Conversation with the dental nurse working in that area on the day of inspection clearly demonstrated that the practice had well established processes in place for the cleaning and sterilisation of instruments. This was supported by records which confirmed that daily equipment checks had been conducted. The equipment being used for the cleaning and sterilisation of instruments was visibly in good condition.

We saw that instruments were appropriately packaged following sterilisation. However, not all packages contained a 'use by' expiry date to guide staff, prior to instruments being stored. This meant there was a potential that instruments could be used outside of the one year period recommended WHTM 01-05 timescale. Discussion with the dental team did demonstrate that the majority of instruments at the practice were used within a four week period. The team did though agree to ensure that the correct expiry date was applied to all sterilised instruments in the future.

³ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

We were provided with a copy of an infection control audit which had been completed during February 2015 using a recognised tool specifically aligned to the WHTM 01-05 guidance. This allowed the dental team to self assess their practice against the guidance and to develop an improvement plan as part of the continuous improvement process required.

Sufficient hand washing facilities and disposable protective equipment were available within the practice to reduce the risk of cross infection. We did advise that it may be helpful to place a sign above each designated hand washing sink in the dental surgeries so that all staff were clear about its purpose.

We looked at the clinical facilities of each of the surgeries within the practice. We found these were of a high standard and contained relevant equipment to ensure the safety of patients and staff. However, we saw that some dental materials stored in two of the three first floor surgeries, were out of date. This was brought to the attention of senior staff who agreed to consider the introduction of a list of dental materials (including local anaesthetics and needles). Such a system would assist staff to check stock within the dental surgeries and the decontamination room on a monthly basis.

The practice used an electronic patient records system. Overall, we saw that the sample of 15 patient records was detailed and demonstrated care had been planned and delivered in a manner to ensure their safety. We found that the outcome of patient consultations was being recorded through the use of 'electronic templates'. Whilst such templates were acceptable and provided dental practitioners with appropriate prompts for recording patients' care and treatment, written notes needed to be tailored to patients' individual needs for future reference. We also found that the consistency of recording aspects of patient consultations could be improved. Specifically, the practice was advised to ensure that discussions about smoking cessation and updated medical histories were always fully documented. In addition, the practice was also advised of the need to improve the recording of discussions around patients' consent to treatment.

Improvement Needed

The practice is advised of the need to ensure that all patients' records contain complete information in accordance with professional standards and guidance.

Management and Leadership

The dental practice was established and well run by an experienced general manager who was supported by a clinical director and an enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety.

United Dental Merthyr is an established dental practice. The practice was 'taken over' from the previous owner in 2011 and purchased during January 2013 by United Dental which is registered with the General Dental Council as a corporate entity. United Dental operates five dental practices in Wales, four of which are situated within the geographical area covered by Abertawe Bro Morgannwg University Health Board. The company's head office is based in Neath.

United Dental Merthyr was managed by an experienced general manager who was supported by an enthusiastic and motivated team and a clinical director. The general manager and clinical director told us that they divided their time between the Merthyr practice and the head office. Staff who spoke with us told us that they felt very well supported in their work; being able to obtain advice and additional site visits as and when required, from the management team.

Conversations with dentists and other members of the dental team demonstrated that they were actively involved in the day-to-day running and management of the practice. There was a range of management systems and processes in place to ensure that treatment was delivered safely to patients. For example, we saw evidence of a recently completed quality assurance (self assessment) audit which covered all aspects of service provision to patients. We also saw evidence of two other audits relating to the quality of patient records and the prescribing of antibiotics to patients. This meant that patients could be confident that they were safe because the business was well run with due care and attention to health care standards and regulations.

Discussion with the general manager revealed that staff turnover and sickness/absence levels were low. In addition, the practice never used agency nurses, because they had their own 'in-house' bank nurse arrangements. This meant that patients received care and treatment from a dental team who were familiar to them.

We found there was an appropriate training programme in place to ensure the effective induction of new staff. This meant that patients were treated by staff who were properly trained.

Staff we spoke to stated they were happy in their roles at the dental practice, and told us the entire team worked well together. We were told staff meetings were held every three months and were provided with notes that had been recorded in recent meetings. The notes demonstrated that a range of relevant topics had been discussed. These included the management of clinical waste generated by the practice and the use of personal protective equipment. Conversation with staff also confirmed that any issues of concern about the delivery of care and treatment to patients were discussed informally on a weekly basis and improvements made to service delivery accordingly.

We looked at four continuing professional development files and found that each member of staff concerned had received an annual appraisal of their work which assisted with identifying future objectives and training needs. Discussions with staff also revealed that training was encouraged at the practice. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

We were told that all staff would complete adult and child protection training during the course of 2015; dates having been booked for this purpose. No adult or child safeguarding concerns had been identified by the dental team in the past twelve months.

We saw evidence of Hepatitis B vaccinations and immunity records within staff files. This meant that the practice had taken appropriate steps to protect staff and patients. We were also told that the dental team were able to obtain support and advice from the occupational health department at Cwm Taf University Health Board to get vaccinations they needed to work at the practice.

The dental practice recorded any incidents and injuries to staff and patients in an accident book, the format and content of which was consistent with the Data Protection Act 1998. We also saw that appropriate action had been taken in each case.

We saw a variety of maintenance certificates at the practice. We were, therefore, able to confirm that suitable arrangements were in place to ensure that equipment was inspected according to regulatory requirements, so that patients could be treated safely.

HIW certificates were displayed in each of the four dental surgeries in respect of the private dentistry provided at the practice. The information was correct in each case.

We saw that the Health and Safety poster displayed contained details of appropriate contacts as required.

Quality of Environment

The dental practice was well maintained and provided a safe environment for patients to receive treatment. We also saw that the premises were clean and hygienic throughout.

United Dental Merthyr provides services from converted commercial premises located on the main street in the town of Merthyr Tydfil. The names and qualifications of two of the four dentists working at the practice were displayed on a sign outside the building. The reception area was situated on the ground floor.

We saw that the main entrance and the doorway to one of the two ground floor surgeries would enable patients who use wheelchairs to access the building and receive treatment in a safe manner.

There were no dedicated car parking spaces at the practice premises, but parking was available either in a designated disabled car park or a pay and display car park nearby.

A tour of the building confirmed the dental surgery was clean and very well maintained with suitable lighting, heating and ventilation. The building contained six patient surgeries, two of which were situated on the ground floor.

The waiting room on the first floor was open, comfortably furnished and a suitable size for the number of surgeries in that area. The waiting area on the ground floor was situated in a corridor close to the two surgeries in that part of the premises.

Conversation with the general manager confirmed that the practice meeting room would be used to hold confidential conversations with patients as and when required.

The employer liability insurance certificate displayed at the dental practice was found to be current and valid.

The practice had three well signposted toilets on the ground floor, one of which had been specifically adapted for patients with mobility difficulties. A further toilet was available to staff on the ground floor. All such facilities were clean and hygienic, with suitable hand washing equipment to prevent cross infection. Some patients may however experience some difficulty obtaining disposable hand towels from the dispenser due to the metal edges present at its base.

We saw that staff had access to a changing area/rest room and a kitchen facility.

Fire exits were clearly signposted and fire extinguishers located on both floors were recently inspected. We also found that the practice had a valid fire equipment contract and emergency lighting was present.

The premises were fitted with a security alarm as a means of preventing unauthorised access.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the Patient Experience and The Delivery of Standards for Health Services in Wales. 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 United Dental Merthyr 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: United Dental Merthyr

Date of Inspection: 4 March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	The practice should consider how to capture and use patients' feedback as a means of identifying the need for, and improving the quality of, services. NHS Standard 5a-5c.			
Page 7	The practice is required to demonstrate how it will ensure NHS patients are provided with accurate information on how to make a complaint in an easy to read format. NHS Standard 18b.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 7	The practice is required to ensure that complaints information complies with the NHS 'Putting Things Right' requirements and NHS Standard 23.			
Delivery of Standards for Health Services in Wales				
Page 11	The practice is advised of the need to ensure that all patients' records contain complete information in accordance with professional standards and guidance. NHS Standards 7a, 8a, 9a and 9b.			
Management and Leadership				
	There were no areas identified for improvement in relation to this theme.			
Quality of Environment				
	There were no areas identified for improvement in relation to this theme.			

Practice Representative:

Name (print):

Title:

Signature:

Date: