

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,

Eastgate Dental Practice.

7 May 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Patient Experience	6
	Delivery of Health and Care Standards	9
	Management and Leadership.....	11
	Quality of Environment	14
6.	Next Steps	16
	Appendix A.....	17

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Eastgate Dental Practice at 29 Eastgate, Aberystwyth, Ceredigion, SY23 2AR within the area served by Hywel Dda University Health Board on 7 May 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- 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

Eastgate Dental Practice provides services to 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.

Eastgate Dental Practice is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes three dentists (one is a trainee), one hygienist, four nurses (one is a trainee), one practice manager and one receptionist.

A range of services are provided. These include:

- Diagnosis and prevention
- Restorative
- Crown and Bridge
- Cosmetic Treatment
- A range of private treatment.

4. Summary

HIW explored how Eastgate Dental Practice meets the standards of care set out in the Health and Care Standards April 2015.

Overall, patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

We found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We saw evidence that indicated that the care provided was of a high standard.

The practice had a range of relevant policies and procedures in place which aimed to ensure the provision of safe care to patients. We saw that the practice was being efficiently run and staff worked effectively together. There was a professional and cohesive team.

We found the practice was clean and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. 15 patient questionnaires were completed prior to the date of inspection. We also spoke to two patients on the day of inspection. Patient feedback was consistently positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. Most patients told us they had not experience any delay in being seen by the dentists, although three stated a delay of between 10 and 20 minutes.

Patient comments included the following:

“An excellent service.”

“I am a very nervous patient and suffer great anxiety before and during any treatment or consultations... I have had past experiences which have been very negative...This dental practice have not made me feel bad or uncomfortable and have been very helpful and respectful towards me.”

“Tooth extraction today very gentle compared with previous experience in other surgery...”

“Since I have been a patient I have always been met by different receptionists in a very friendly and kind manner. Every dentist I have seen over the years has been helpful and explained the treatment(s) to me, although it would be nice to have the same (NHS) dentist for years. I understand it is a training dental practice but nice to get to know the same one...”

“Dentist, dental nurses and receptionists excellent all efficient and courteous.”

“A wonderful caring dental team. This team is the best out of 4 different dental practices.”

The majority of patients said they knew how to access out of hours dental services. We saw a sign in the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice's answer phone message.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required.

There were practice information leaflets available in the reception area. There was a website which included relevant information for patients and was clear and easy to navigate. However it did not entirely meet with the General Dental Council (GDC) 'Principles of Ethical Advertising' (March 2012) and needed to be reviewed. The practice manager advised us that the website was already being re-developed.

Improvement needed

The practice should ensure the website complies with GDC 'Principles of Ethical Advertising' guidelines.

The practice had a range of health promotion information available in the waiting areas, including smoking cessation and mouth cancer awareness.

The practice did not have a system for regularly gaining patient views. We discussed this with the practice manager and the principal dentist who informed us that they had been undertaking annual audits and had a suggestion box but had not utilised them for the last few years.

Improvement needed

The practice should develop a system for regularly gaining patients views and acting on them.

When asked about making complaints, most patients told us they did not know how to make a complaint. We saw that the complaints process was displayed in behind the reception desk, however it was in small print format and was not easily visible. There was no information on the website to advise on making a complaint or raising a concern. HIW's address also needs to be included for private patients.

There was a system in place for patients to self refer to the hygienist which was an area of noteworthy practice.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. We saw evidence that indicated that the care provided was of a high standard.

Clinical facilities

We looked at the clinical facilities of all three surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised. All surfaces were free from clutter to enable effective cleaning. We saw evidence of the daily cleaning regimes carried out by the nurses which were clearly recorded. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

Decontamination of instruments

The practice had dedicated rooms for the cleaning and sterilisation of dental instruments. We found there were suitable processes in place to prevent patients from cross infection. The rooms were suitably laid out to allow instruments to be cleaned effectively.

There was an infection control policy in place. We saw that there were suitable log books completed for the daily testing and maintenance of cleaning equipment. All logbooks had been completed to a high standard. This meant the practice had a good system for ensuring cleaning equipment was working correctly.

We saw evidence that staff had completed training on decontamination and infection control. The practice had conducted an infection control audit and had used the audit tool developed by Cardiff University, as recommended by the Wales specific WHTM 01-05 guidelines.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

Radiographic (x-ray) equipment

We found that suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation including safety

checks, maintenance and testing were available. We saw evidence that all qualified clinical staff had conducted appropriate training on ionising radiation. We looked at the radiation protection file, which included details about the x-ray equipment and procedures for staff to follow and it contained all relevant information.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We saw certified evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies and there were appointed first aiders. This meant that in the event of a medical incident, staff had the necessary skills and access to life saving equipment and drugs to respond promptly. We did however discuss with the principal dentist, the benefits of a children's pre measured auto-injector (for use in the case of a severe allergic reaction).

Patient records

We looked in detail at a sample of eleven patient records. Overall, we found the record keeping was of a very high standard.

Treatment procedures and options were explained to patients verbally and recorded in the patients notes. All patients received treatment plans and all aspects of the individualised electronic records were fully completed.

Management and Leadership

The practice had a range of relevant policies and procedures in place which aimed to ensure the provision of safe care to patients. We saw that the practice was being efficiently run and staff worked effectively together. There was a professional and cohesive team.

Eastgate Dental Practice is independently owned by one principal dentist. The day-to-day management was the responsibility of the practice manager, who had only been in post for a short time and was making significant changes to ways of working. We saw the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles, had a clear understanding of their responsibilities and felt supported by the principal dentist and practice manager. In our discussions with the dentists, it was clear they had a high level of care and compassion for their patients and were keen to work in their best interests at all times.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place and there was a suitable system to ensure these certificates were regularly reviewed. However policies and procedures needed to be individual to the practice and review dates recorded. This would ensure agreed ways of working were localised and the practice could demonstrate they were regularly reviewed.

The practice manager told us that staff meetings had been re-commenced and going forward would be conducted monthly. We saw examples of recent meetings notes which detailed discussions and actions from the meetings. Staff told us they were encouraged to raise any concerns during these meetings, but would also feel comfortable in raising concerns with the principal dentists or the practice manager at any time.

There were currently no annual staff appraisals, to ensure the competency of staff and identify any training or development needs. Discussion with the practice manager indicated that this was an area for development.

Improvement needed

The practice must develop a system for annual staff appraisals to ensure the competency of staff and ensure they have formalised support.

The practice is an established training practice for dentists and currently had one dentist undertaking a foundation year of dental training.

We looked at the clinical governance arrangements in place at the practice. We saw evidence of a range of audits. This meant that the practice had suitable systems in place to monitor the quality and safety of the care provided.

We looked at staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We also saw evidence that all staff had employment contracts in place. We discussed with the practice manager the need to update these to reflect the change of name of the practice.

We saw examples of personal continued professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. This meant patients could be assured they were treated by staff who had appropriate skills and up-to-date training and who were confident and acquainted with their place of work.

At the time of our inspection, not all dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. An immediate assurance letter was sent on 8 May 2015 requesting confirmation that these had been requested. HIW received confirmation on 13 May 2015.

The practice had suitable arrangements for the recording of accidents and incidents. Suitable arrangements for occupational health support were also in place through the local health board. We saw records to show that all clinical staff had received appropriate vaccinations to protect them against blood-borne viruses.

We found there were suitable arrangements for recording and responding to formal concerns (complaints) although verbal and informal concerns were not currently being recorded. We saw that all concern correspondence was kept together centrally in a paper file, separate to patient records. The policy did not comply with The Private Dentistry (Wales) Regulations 2008, whereby the HIW address must also be made available for private patients.

Improvement needed

The practice must record verbal and informal concerns in line with the 'Putting Things Right' 2011 guidance⁴.

⁴'Putting Things Right' are Regulations aimed at streamlining the handling of NHS concerns.

The practice must ensure that the HIW address is available on the complaints policy.

Quality of Environment

We found the practice was clean and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

The practice is located in the town centre of Aberystwyth. The practice has three surgeries, one on the ground floor and two on the first floor. The practice does not have dedicated patient car parking, but on road parking is available close to the practice.

Access to the practice is suitable for wheelchair users and door frames throughout the ground floor of the practice were suitably wide to allow access for wheelchairs. There is no lift to the first floor, but wheelchair users would be seen in the ground floor surgeries.

A tour of the building confirmed the practice was well maintained internally and externally. The practice was clean, tidy and satisfactorily lit throughout. It provided a very pleasant environment for patients to receive treatment. The reception and waiting areas were suitable sizes for the number of surgeries.

The practice had two toilets; both were visibly clean and had suitable hand washing facilities for infection control.

There was a sign outside the practice with the opening hours and emergency contact number. The names, qualifications and the General Dental Council (GDC) registration numbers of dentists were displayed outside. However a list of all staff, their designation and GDC registration needs to be visible inside the premises. Price lists were also displayed in the reception area.

Improvement needed

A list of all staff, their designation and GDC number must be visible inside the practice.

In accordance with the Private Dentistry (Wales) Regulations 2008, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice.

The fire exits were signposted and fire extinguishers had been appropriately inspected. We saw evidence that there were measures and systems in place to protect staff and patients in the event of a fire. We also found there were suitable arrangements to prevent unauthorised access to the building.

Patient records and information were stored securely and electronic records were backed-up daily onto an external device. This meant the practice has taken measures to ensure the safety and security of patients and their information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the identified 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 Eastgate 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: Eastgate Dental Practice

Date of Inspection: 7 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
Page 7	The practice should ensure the website complies with GDC 'Principles of Ethical Advertising' guidelines (2012).	A new website for our practice is currently being constructed which will include a 'feedback' section for our patients to complete and also contain our complaints policy/procedure.	Elizabeth Dykes	Estimate 31 st July 2015 latest.
Page 7	The practice should develop a system for regularly gaining patients views and acting on them. [The Health and Care Standards (6.3) and General Dental Council guidance (2.1)]	Suggestion/feedback boxes are back in use in both waiting rooms and 'Patient Views' annual audits to resume. There is currently a patient 'feedback' section on our current website and it shall be available to patients on our new website when it is launched along with our practice complaint policy.	Elizabeth Dykes	Done New website completion estimate by 31 st July, latest.

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Delivery of Health and Care Standards				
	No improvement needed.			
Management and Leadership				
Page 11	<p>The practice must develop a system for annual staff appraisals to ensure the competency of staff and ensure they have formalised support.</p> <p>[The Health and Care Standards (7.1) and the General Dental Council guidance (6.1.1)].</p>	The last staff appraisals were carried out on 29 th April 2015 and from now on they shall be carried out annually.	Elizabeth Dykes James Trigg	Done
Page 12	The practice must record verbal and informal concerns in line with the 'Putting Things Right' 2011 guidance.	The practice will now record verbal and informal concerns in line with 'Putting Things Right'.	Elizabeth Dykes	Done
Page 12	<p>The practice must ensure that the HIW address is available on the complaints policy.</p> <p>[The Private Dentistry (Wales) Regulations 2008].</p>	Our complaints policy has now been made larger and clearer to read. It has now been moved nearer to the front desk and is now more accessible to patients. It is written in both Welsh and English and the full name, address, telephone number and link of HIW has been added.	Elizabeth Dykes	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Quality of Environment			
Page 13	A list of all staff, their designation and GDC number must be visible inside the practice. [General Dental Council Standards (6.6.10)].	This document has been created and is now displayed at the front desk of the practice and is easy to read and accessible to all patients	Elizabeth Dykes	Done

Practice Representative:

Name (print): James Trigg

Title: Principal Dentist

Date: 8th June 2015