

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW



2 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at The Courtyard Dental Care, 4 Rachel Close, Danescourt, CF5 2SH within the area served by Cardiff and Vale University Health Board on 2 June 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 the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

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

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

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

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

- 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 (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

The Courtyard Dental Care provides services to patients in the Danescourt area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

The Courtyard Dental Care is a mixed practice providing both private and NHS dental services.

The Courtyard Dental Care is also a training practice that supports newly qualified (Foundation) dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

The practice employs a staff team which includes two principal dentists, two associate dentists, a (Foundation) dentist, six dental nurses (two of whom are trainees), a practice manager, a hygienist and a receptionist.

The Courtyard Dental Care is an established independent surgery. The principal dentists are actively involved in the day-to-day running and management of the dental practice and work closely with the practice manager with regard to aspects of the day to day running of the service.

A full range of dental services are provided. These include:

- Examinations and advice
- Preventative and Periodontal (gum) treatment
- Fillings
- Extractions
- Dentures and repairs
- Crowns and Bridge work

4. Summary

HIW explored how The Courtyard Dental Care met the standards of care set out in the Health and Care Standards (April 2015).

Without exception, patients who completed a HIW questionnaire indicated that they were highly satisfied with the service received at The Courtyard Dental Care.

We observed the warm, friendly and professional approach adopted toward patients by each member of the dental team.

We were able to confirm that the dental team made every effort to ensure that they obtained valid consent from patients before starting treatment. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

The Courtyard Dental Care was established and well run by two principal dentists, a practice manager and a team of motivated staff. The practice had a range of appropriate clinical procedures and quality assurance processes in place to ensure the safety of patients and staff.

Staff told us they were happy and very well supported in their roles and had access to a variety of relevant training opportunities.

The dental practice premises were considered to provide a clean, welcoming and safe environment for patients to receive care and treatment.

Access to the practice is suitable for wheelchair users and other patients with mobility difficulties.

As there were no areas for improvement identified during this inspection, the practice is not required to complete an improvement plan.

5. Findings

Patient Experience

Without exception, patients who completed a HIW questionnaire indicated that they were highly satisfied with the service received at The Courtyard Dental Care.

We observed the warm, friendly and professional approach adopted toward patients by each member of the dental team.

HIW provided the practice with questionnaires to be completed by patients prior to the inspection. Sixteen of those were returned. Without exception, patients indicated that they were highly satisfied with the service received at the practice.

All patients confirmed that they were made to feel welcome by the staff team and were given enough information about their care and treatment.

A number of patients provided us with additional positive comments, a sample of which is shown below:

'Have watched the practice grow and develop into the centre of excellence it is now. The staff are welcoming and caringthe dentistry is top class. Very pleased with all my treatment'

'I have always been satisfied with my treatment here'

'Friendly, efficient professional care'

'Lovely and friendly. Great service'

'So pleased I was accepted as a patient here!'

Two patients suggested they had experienced some delay in being seen by the dentist on the day of their appointment, although this tended to be no more than ten minutes.

Two patients who completed one of our questionnaires indicated that they did not know how to access 'out of hours' dental services. However, we saw a sign at the entrance of the practice premises which contained the emergency contact number and we confirmed there was a contact number provided within the surgery's answer phone message. In addition, the practice information leaflet provided patients with advice as to how to access emergency treatment outside of normal working hours. All patients said they received enough information about their treatment. Staff also told us that 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. Conversation with a member of the dental team confirmed that emergency appointments were available every day, enabling patients to be seen quickly if required.

The practice had a detailed website and patient information leaflet. Basic information about the service was also provided through the Cardiff and Vale University Health Board website.

Patients indicated they were very happy with the care provided at the practice. We were also provided with the outcome of the practice's monthly patient satisfaction surveys which had been undertaken since August 2014. All responses to date had been very positive. The practice also had a suggestion box at reception in order to encourage patients to offer their views on an ongoing basis. Responses received were regularly considered by the practice manager.

When asked about making complaints about their care or treatment, the majority of patients told us they either knew how to raise any concerns they may have with the staff at the surgery, or did not have a reason to complain. Three patients indicated that they did now know how to raise concerns or make a complaint. We saw a complaints poster displayed within the patient waiting area which (positively) contained shorter timescales for the acknowledgment and resolution of complaints than those cited within NHS guidance. However, the wording on the poster was small. We therefore spoke with the practice manager who subsequently produced the poster in larger print as well as adding contact details for the local Community Health Council and the Public Services Ombudsman (Wales) to the poster. This was in order to ensure that patients were made fully aware of their rights. A separate complaint procedure was also produced to assist patients in receipt of private dentistry as required by the Private Dentistry Regulations 2008.

Delivery of Health and Care Standards

We were able to confirm that the dental team made every effort to ensure that they obtained valid consent from patients before starting treatment. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

Discussions with the dental team revealed the emphasis they placed on planning and delivering patient care and treatment in a way that was intended to ensure patients' safety and welfare. This was achieved in part by checking each patient's medical history at every visit, ensuring that changes and possible risks to their health were identified and recorded.

Radiographic Equipment/Documentation

We found that the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. This included training updates for relevant staff members. We observed that the radiation protection file contained detailed and explicit information with regard to the use of X-ray equipment. It was also evident that dentists had generally recorded sufficient information to justify why certain dental X-ray views had been taken. In addition, the practice had a suitable quality assurance system in place to ensure that the image quality of patient X- rays were graded and recorded. We saw that signs regarding the presence of a radiation hazard were present at the entrance to each of the three dental surgeries at the premises.

Resuscitation/Emergency Drugs/First Aid

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. There were also suitable checks in place to ensure that all emergency equipment was ready for use. We were able to confirm that staff had received recent and relevant training in cardiopulmonary resuscitation (CPR) /emergency resuscitation. In addition, three staff had received training in the use of first aid to ensure that there was always someone working at the practice with such skills.

We found that emergency drugs were securely stored and there were records present to confirm that checks were in place to ensure that drugs were replaced ahead of their expiry dates.

Handling, storage and disposal of hazardous and non-hazardous waste

We saw that there was an on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous and non-hazardous waste. We were also able to confirm that hazardous waste was stored securely whilst awaiting collection.

Decontamination of dental instruments

The health, safety and well-being of patients and staff was promoted and protected. This is because we considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the practice had a well established and thorough approach to this aspect of service provision. Conversations with two dental nurses also led to a full and satisfactory description of the decontamination process in place.

There was a dedicated decontamination room at the practice (which is considered to be good practice). This assisted staff to effectively segregate clean and dirty instruments to minimise the risk of cross contamination. We also found that there were suitable arrangements in place to transport dental instruments from each of the dental surgeries to the decontamination room at regular intervals during the working day.

We found that there was a daily maintenance programme in place with regard to the equipment used to clean dental instruments. The maintenance programme included start and end of day equipment checks. For example, the dental team used test strips to ensure that the ultrasonic bath⁴ remained effective, the results of which were recorded. Daily checks were also undertaken to ensure the effective operation of the two autoclaves⁵.

We observed that staff wore disposable gloves and aprons and eye protection at relevant times during the course of their work. In addition, eye protection and disposable items were available to protect patients and their clothing. We found that there was adequate storage for dental instruments and dedicated hand washing facilities in each surgery.

⁴ An **ultrasonic bath** cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

⁵ An **autoclave** is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

We saw that instruments which were packaged and stored in preparation for reuse contained appropriate 'use by' dates.

Clinical Facilities

All equipment at the practice premises appeared to be in good condition. We also looked at the equipment service and maintenance records held at the practice. All such records were found to be current and valid.

We were able to confirm that portable appliance testing was carried out as required to ensure their safe use.

Patient Records

Patients' dental care and treatment requirements were individually assessed and recorded before treatment was provided. We reviewed a sample of 15 dental records and found that patient care entries within each of the records contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. Additionally we found that Basic Periodontal Examination (BPE⁶) scores had been recorded in relation to completed consultations with adults, as required by clinical guidelines.

We found that the dental team made good use of computer templates to record planned patient care and treatment; unique information being added during consultations. This meant that patients' records were clear and individualised in accordance with good practice guidelines.

Patients' records were kept and stored securely at the practice in paper and electronic form.

⁶ The BPE is a dental screening tool which is used to spot gum disease early on. Dentists can then give you advice on how best to brush your teeth and the best way to floss. http://www.bdasmile.org/adults/adults.cfm?contentid=1097&contentparentid=1034

Management and Leadership

The Courtyard Dental Care was established and well run by two principal dentists, a practice manager and a team of motivated staff. The practice had a range of appropriate clinical procedures and quality assurance processes in place to ensure the safety of patients and staff.

Staff told us they were happy and very well supported in their roles and had access to a variety of relevant training opportunities.

The Courtyard Dental Care is an established independent dental practice. The principal dentists were actively involved in the day-to-day running and management of the dental surgery; working closely with the practice manager and a professional, motivated staff team.

Staff issues

The Courtyard Dental Care is a training practice that supports newly qualified (Foundation) dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

The nursing and administrative element of the staff team was well established. We were also told that the practice did not use agency dental staff and staff sickness/absence levels were low. This meant that patients received care and treatment from staff who were familiar to them.

The dental team had the skills, confidence and competence required to meet the care and treatment needs of patients. For example, we found that the dental centre had developed an induction programme to ensure that any new members of the dental team were provided with a means of becoming familiar with established processes and procedures in relation to patient services.

Dental nursing staff we spoke to also told us they felt very well supported in their work. They also told us that they, along with the dentists, attended monthly staff meetings where they took opportunities to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information to the dental team. We were able to confirm those arrangements by looking at the notes held at the dental centre which highlighted the relevant topics and issues discussed by the team.

Examination of training certificates associated with three staff demonstrated that they had completed appropriate training during 2014 and 2015 which included sessions about cardiopulmonary resuscitation (CPR), child and adult

protection (safeguarding) arrangements and disinfection/decontamination of dental instruments. We further found that the practice placed a considerable emphasis on training and development in general; staff being supported to attend relevant training sessions of their own choosing to support them in their work.

Conversation with the practice manager confirmed that staff received an annual appraisal which assisted in determining whether training received in the previous twelve month period had been effective and what training was required in the future.

We saw that the practice had current evidence of Hepatitis B vaccination and immunity levels for all members of staff. Conversation with the practice manager also confirmed that there were suitable arrangements in place with Cardiff and Vale University Health Board so that immunisations, support and advice could be obtained from the occupational health department as and when required. This means that the dental centre had taken appropriate steps to protect staff and patients from blood borne viruses.

Discussion with dental nurses and reception staff demonstrated that they felt confident to raise any concerns they may have about services provided at the dental centre. A whistleblowing procedure was also found to be in place which contained details of the Health Board and other external agencies in the event that staff may feel the need to raise any issues of concern about service delivery 'outside' of the dental team.

Clinical Governance/Quality assurance arrangements

Patients' rights, dental health and best interests were safeguarded by robust policies and procedures which were understood, implemented and monitored by the dental team. This is because we were able to confirm that the practice was well run as the daily operation of the service was underpinned by a range of policies, clinical procedures and quality assurance processes to ensure that patients care and treatment was delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team.

We were provided with a copy of an infection control audit which had been completed during December 2014 using a recognised tool specifically aligned to the WHTM 01-05 guidance. This had assisted 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. Conversation with the dental team also revealed an emphasis on promoting a safe, good quality service through daily and weekly checks with regard to the use of dental equipment. We were provided with copies of completed audits in relation to patient non attendance rates (July 2014), the result of which confirmed that the practice policy was working effectively. In addition, the practice had completed a waiting times and X-ray audit respectively during 2014. We were able to confirm that action plans had been developed and acted on following each audit; improvements to service provision having been made as far as possible.

HIW certificates were prominently displayed in the reception area in respect of the private dentistry provided at the practice, as required by the regulations for private dentistry.

Examination of a variety of maintenance certificates held at the practice revealed that there were suitable systems and processes in place to ensure that equipment was inspected in a timely way and in accordance with mandatory requirements.

Quality of Environment

The dental practice premises were considered to provide a clean, welcoming and safe environment for patients to receive care and treatment.

Access to the practice is suitable for wheelchair users and other patients with mobility difficulties.

The Courtyard Dental Care is located in the established residential area of Danescourt; a suburb of Cardiff city centre. The practice building was single storey and had three dental surgeries. There was no dedicated car parking, but ample parking was available in free car parks nearby.

Access to the practice was suitable for wheelchair users and door frames were suitably wide to allow access for patients who use wheelchairs. The waiting room/reception area and surgeries were also accessible in this regard.

The practice had one unisex toilet for use by patients and staff. The facility was clean, a suitable size and had suitable hand washing facilities in relation to infection control. The toilet had been adapted with handrails to assist patients to transfer safely. There was also an emergency call bell in place.

The reception/waiting area was comfortable, welcoming and of an acceptable size for the number of surgeries and staff working at the reception.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. The practice was clean and tidy throughout.

There was a sign outside the practice with the opening hours, the emergency out of hours contact number, and names/qualifications of the dentists.

Fire exits and action to be taken in the event of fire were clearly displayed at the premises.

6. Next Steps

As there were no areas for improvement identified during this inspection, the practice is not required to complete an improvement plan.