

**General Dental Practice
Inspection (Announced)**
Powys Teaching Health
Board, **Clifton Dental
Practice**

3 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Clifton Dental Practice at 67 Clifton Terrace, Newtown, Powys, SY16 1BG within the area served by Powys Teaching Health Board on 3 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 <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 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

Clifton Dental provides services to patients in the Newtown area of Powys. The practice forms part of dental services provided within the geographical area known as Powys Teaching Health Board.

Clifton Dental is predominantly a private practice, although NHS dental services are provided to children.

The practice employs a staff team which includes two dentists, one practice manager, one senior receptionist, three dental nurses (who also cover some reception duties at times) and a cleaner who works out of hours.

A range of services are provided. These include:

- Preventative dental care
- Routine dental check ups
- Restorative work
- NHS dental services for children.

4. Summary

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

Patient Experience

We received overwhelmingly positive feedback from patients who responded to our questionnaire.

We found that there were mature and organised systems for regularly obtaining patient feedback and we were pleased to see that these results were also being rigorously analysed and constructively acted upon.

Delivery of Health and Care Standards

We found further evidence that this is a well organised practice committed to monitoring their own standards in order to achieve consistency and quality in service provision. We reached this conclusion because key audits were being regularly completed and robustly analysed.

We found that there were clear procedures in place for the decontamination and storage of instruments, but some of the procedures required amending and updating to ensure they are line with current evidence based guidelines. The decontamination room also required some reconsideration to ensure that the flow from clean to dirty was being managed as effectively as possible.

We considered that the practices system for storing emergency drugs to be an example of noteworthy practice.

Overall, the processes and systems for managing the daily safe use of radiographic equipment were satisfactory. We corresponded separately with the practice, through our immediate assurance process, as the practice had no written confirmation that they had notified the Health and Safety Executive of their use of radiographic equipment at the premises. This was dealt with and resolved promptly requiring no further action.

Management and Leadership.

HIW found a small, established and cohesive team at the practice. We saw evidence of strong leadership from the principal dentist / practice manager and a learning and self improvement ethos, borne out by the numerous awards won by the practice team amongst other examples of this.

Quality of Environment

Clifton Dental occupies a converted town house in the centre of Newtown, Powys. Overall, the standard of upkeep, cleanliness and maintenance at the practice was very good. The practice had taken steps to make the premises as accessible as possible from the outside and a removable ramp was installed for any patients who may need it.

5. Findings

Patient Experience

We received overwhelmingly positive feedback from patients who responded to our questionnaire and some examples of responses can be found below.

We found that there were mature and organised systems for regularly obtaining patient feedback and were pleased to see that these results were also being rigorously analysed and constructively acted upon.

Our main method for gathering patient views as part of this inspection was by distributing pre-printed questionnaires to patients ahead of our inspection visit. Sixteen of these were completed and returned to us.

Without exception, the feedback we received was very positive. We were given permission by our questionnaire respondents to use the information they gave us and below we have included a sample of the positive comments received:

“It is a pleasure coming to this practice. All the staff are friendly and everywhere is spotless.”

“Dwi yn hapus iawn a fyswn nid dim yn mynd at neb arall. Mae lot of ffrindiau a teulu fi yn dod yma, oherwydd dwi wedu hysbysebu mor dda mae nhw.” (I am very happy and would not go to anyone else. A lot of my friends and family come here on my recommendation.)

“Very clean surgery and lovely staff. Would highly recommend this dentist.”

Overall, patients also told us that they did not experience any delays waiting for their appointment time. Three respondents told us that over the years there had occasionally been delays but none were concerned about this.

Five patients told us that they did not know how to make a complaint. However, neither did they give any negative responses to any of our questions. The practice should still consider whether their current method of signposting patients to how they can make a complaint is adequate considering this finding.

The waiting room was light, bright and airy, with an appropriate amount of seating considering the number of surgeries. There were some magazines for patients to read whilst waiting and a few books for children. The practice had

made the decision to remove toys from the waiting room due to health and safety considerations and we saw evidence of where they had documented their decision making around this.

We also noted that there were many examples of team training sessions, whereby the whole practice team had discussed providing high levels of customer service and we consider this focus to be noteworthy practice.

Delivery of Health and Care Standards

We found further evidence that this is a well organised practice committed to monitoring their own standards in order to achieve consistency and quality in service provision. We reached this conclusion because key audits were being regularly completed and robustly analysed.

We found that there were clear procedures in place for the decontamination and storage of instruments, but some of the procedures required amending and updating to ensure they are line with current evidence based guidelines. The decontamination room also required some attention to ensure that the flow from clean to dirty was being managed as effectively as possible.

We considered that the practices system for storing emergency drugs to be an example of noteworthy practice.

Overall, the processes and systems for managing the daily safe use of radiographic equipment were satisfactory. We corresponded separately with the practice, through our immediate assurance process, as the practice had no written confirmation that they had notified the Health and Safety Executive of their use of radiographic equipment at the premises. This was dealt with and resolved promptly requiring no further action.

We found that the practice conducted regular audits in all of the following areas: infection control practices and procedures, quality of radiographs, record keeping and also patient medical history recording. We found that these were being analysed and acted upon, also that they were discussed by the whole practice team at team meetings. To further enhance the infection control audit, we recommended that the practice obtain a copy of the Welsh Health Technical Memorandum (WHTM) 01-05⁴ which sets out latest standards to be followed.

⁴ WHTM 01-05 is the Welsh Health Technical Memorandum, a guidance document setting out the standards to be followed by primary care dental practices in decontamination and infection control.

The practice has a separate decontamination room on the first floor and whilst this was mostly satisfactory, we found that the flow from dirty to clean instruments needed to be reconsidered so that the layout of the room could enable this process to be more closely and easily followed. A better work flow will help provide further protection against contamination of clean instruments.

Improvement needed

Reconfigure appliances and areas within the decontamination room to ensure that the dirty to clean workflow is clear and adheres to WHTM 01-05 guidance.

In accordance with the WHTM 01-05, there should also be a spilt sink or two sinks so that instruments can be washed in one and rinsed in another. However at present the practice does not have this. We have asked them to investigate how they can make this possible and to also let us know the timescale within which they plan to alter the room and move towards meeting the guidance.

Improvement needed

There should be a spilt sink or two sinks within the decontamination area for the purposes of washing and rinsing instruments separately.

We found that once instruments had been through the decontamination process, the practice were not routinely wrapping them in sealed bags but were putting them into metal trays that were also sterilised, however these were not necessarily being used that day. Whilst the trays did have lids, they were not completely airtight, posing a potential risk in terms of airborne bacteria. We advised the practice to start bagging all instruments after sterilisation, ensuring that both the date of sterilisation and date of expiry are clearly marked on each bag. We advised the practice to refer to the guidance in WHTM 01-05 to guide them in implementing this new process.

Improvement needed

All instruments are to be wrapped after sterilisation and the date of processing and expiry clearly marked on each pack.

Within the surgeries themselves, we noted that the sinks were not clearly marked to show whether they were for hand washing or cleaning purposes. We advised the practice to put signs up clearly showing what each sink was for.

There was a contract in place to ensure the safe disposal of all waste streams generated at the practice. We were shown the area outside and the area inside (downstairs away from patient areas) where clinical waste awaiting collection was securely stored prior to collection. We also noted throughout the practice

that many of the bins used for clinical waste were not foot operated. We recommended that foot pedal bins be obtained as soon as possible to minimise the risk of cross infection.

Improvement needed

Ensure that all clinical bins are foot or sensor operated to minimise the need to touch and potentially carry infection from one item to another, in accordance with WHTM 01-05 guidance.

A daily checklist for keeping the surgery stocked and clean was clearly displayed; however we suggested that a signature sheet be introduced as evidence that the tasks are completed on a daily basis.

We were also told that the compressor was checked on a daily basis, but there was no form to sign and show that this had been done. We therefore recommended that a signature sheet be introduced to capture this evidence.

There was documentation to support the safe use of radiographic equipment on a daily basis. We saw that there were local rules⁵ displayed in both surgeries for staff use, but there were no signs outside or on the door of the surgeries to warn patients that radiographic equipment is in use inside and we advised that this be rectified.

Improvement needed

Signs clearly identifying controlled areas must be erected in accordance with The Ionising Radiation Regulations (1999).

We noted that the practice did not use personal dose meters to monitor individual radiographic exposure levels. We discussed this with them and found that they had a clear rationale for not needing to wear these. However, to strengthen this further we advised that a written risk assessment indicating this decision making be created.

We looked at a sample of five patient records per dentist working at the practice, therefore 10 records in total. These predominantly related to private

⁵ Local Rules are a written set of key working instructions which are mandatory and must be followed to ensure that exposure to staff from radiographic equipment is minimised.

patients, but we also looked at the records relating to a small number of NHS patients. Overall, we found that the records were of a satisfactory standard, but we felt that some of the records we saw could be improved by ensuring that cancer screening, patient consent and a discussion of the treatment options offered had been documented. We also noted that the frequency for taking radiographs was not always aligned to current guidance and as there was not always a written justification for why a radiograph was needed, we could not be sure of the reasons why current guidance was not being followed. We advised the practice to review their note keeping practices to ensure they consistently capture all of the above and also that guidelines and selection criteria for taking radiographs are reviewed and all subsequent practice is brought in line with these.

Improvement needed

Ensure that a written justification for taking each radiograph is clearly documented within the notes.

Management and Leadership

HIW found a small, established and cohesive team at the practice. We saw evidence of strong leadership from the principal dentist / practice manager and a learning and self improvement ethos, borne out by the numerous awards won by the practice team amongst other examples of this.

The principle dentist and practice manager are a husband and wife team who took over the practice in 1996. They were supported by a staff team of one associate dentist, three dental nurses and a senior receptionist, all of whom had also worked there for a number of years. There was extremely low staff turnover. We saw a content and cohesive team with well established systems and clearly defined roles and responsibilities.

Although the staff team was small and there was daily discussion between them, they also had regular formal staff meetings. There was a large, bright, airy room at the practice which was dedicated to staff training and also used for team meetings. In this room we saw evidence of training materials used by the team at a recent meeting. We also saw examples of minutes from previous team meetings, these contained detail and content which made it easy to identify what had been discussed and what decisions the team had chosen to make.

Training files were well maintained and showed evidence of continuing professional development and certificates of evidence to support this. A full training day was planned for the Friday following our inspection visit, where all staff would be receiving update training in cardiopulmonary resuscitation and emergency procedures. There was also time planned for a team meeting and we saw the agenda which had been prepared in advance for this.

Completing annual appraisals were an embedded part of the practice of this team and we saw some of the preparation documents they were using in readiness for this year's appraisals to be completed. Some of the team had already completed the process for this year.

At the time of our inspection, the principle dentist did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years (in line with the regulations for private dentistry). We discussed this with the practice who agreed to ensure that all relevant staff at the practice update their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We

discussed this with the practice, highlighting what would be needed in any future recruitment exercises.

Quality of Environment

Clifton Dental occupies a converted town house in the centre of Newtown, Powys. Overall, the standard of upkeep, cleanliness and maintenance at the practice was very good. The practice had taken steps to make the premises as accessible as possible from the outside and a removable ramp was installed for any patients who may need it.

The practice occupies a converted town house premises and has been used as a dental practice for a number of years, even before the current owners who have owned and run the practice since 1996.

There is no parking available at the practice for patients; however there are public car parks near by and some restricted parking in neighbouring streets.

There are two steps into the practice, a removable ramp is available for wheelchair users and could also be used by others who find access by means of ramp easier than stairs. The ramp is not left in place at all times and therefore the practice staff are reliant on knowing their patient population to ensure they are prepared in advance, but they told us they had always found this system worked well.

Within the practice, all patient areas are on the ground floor level and there is easy access throughout this level. Staff areas, including changing and lockers, toilet and bathroom, training room and decontamination room are all accessed via stairs, either in the basement or on the first floor of the building. All areas appeared to be well maintained, clean and extremely tidy. The waiting room in particular was a pleasant, light and comfortable space for patients to wait in.

We noted that there were some small items of furniture in the dental surgeries which would benefit from being replaced or upgraded and we brought this to the attention of the practice manager and principle dentist. Other than this, we had only positive comments to make about the upkeep of the environment at the practice.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Delivery of Health and Care Standards. 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 Clifton 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: Clifton Dental

Date of Inspection: 3 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Delivery of Health and Care Standards			
10.	Reconfigure appliances and areas within the decontamination room to ensure that the dirty to clean workflow is clear and adheres to WHTM 01-05 guidance.			
10.	There should a split sink or two sinks within the decontamination area for the purposes of washing and rinsing instruments separately.			
10.	All instruments are to be wrapped after sterilisation and the date of processing and expiry clearly marked on each pack.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
11.	Ensure that all clinical bins are foot or sensor operated to minimise the need to touch and potentially carry infection from one item to another, in accordance with WHTM 01-05 guidance.			
11.	Signs clearly identifying controlled areas must be erected in accordance with The Ionising Radiation Regulations (1999).			

Practice Representative:

Name (print):

Title:

Date: