

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board.

Whitland Dental Practice.

16 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Whitland Dental Practice at 6 King Edward Street, Whitland, Carmarthenshire SA34 0AA within the area served by Hywel Dda University Health Board on 16 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 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

Whitland Dental Practice provides services to patients in the Whitland area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

Whitland Dental Practice is a mixed practice providing predominantly private dental services with some NHS dental services.

The practice employs a staff team which includes two dentists (one principal and one associate) and four dental nurses / reception staff. The principal dentist has overall responsibility for the management of the practice.

A range of services are provided. These include:

- General dentistry
- Crowns and Bridges
- Dentures
- Cosmetic treatments
- Sport gum shields

4. Summary

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

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected. This was with the intention of delivering a safe, good quality service to patients. We found that the standard of clinical facilities was acceptable and record keeping was good. Appropriate arrangements were in place for the use of radiographic equipment, the availability of emergency drugs and equipment and waste disposal. The practice's decontamination process required some improvement and there were some minor areas of improvement required in relation to record keeping.

We found that the practice had a committed staff team who told us they felt well supported in their roles. Generally there were systems in place to ensure the ongoing monitoring of staff training, complaints handling and policies and procedures. However there were some improvements needed in relation to staff appraisals, staff meetings and some policies.

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment. We sent an immediate assurance letter on 17 June 2015 regarding specific training for the dentists; hand washing facilities and equipment in the case of an emergency. We received confirmation on 22 June 2015 that all areas had been satisfactorily addressed.

5. Findings

Patient Experience

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

We sent patient questionnaires to the practice and 10 patients had completed these prior to our inspection. We also spoke with three patients whilst we were at the practice. All patients had been receiving care and treatment at the practice in excess of 15 years.

All patients who completed questionnaires and those who spoke with us stated that they were satisfied with the treatment they received at the practice and that they were made to feel welcome by staff. Only one patient told us they experienced a delay in being seen by the dentist but it had not been a problem. A sample of patient comments included the following:

“The dental practice is totally reliable. Always manage to see you if you need an emergency. Staff are very helpful and polite. No complaints”

“A very welcoming dental practice. Polite and helpful staff”.

When we asked patients about treatment information, all said that the dental team explained the treatment they needed in enough detail.

Seven patients knew how to access out of hours services. We checked the practice’s answerphone message and found that out of hours information was recorded for patients’ information. It was also visible on the front door of the practice.

The practice was open Monday to Wednesday from 9:00am to 5:00pm, Thursday 9:00am to 4:00pm and Friday 9:00am to 5:00pm every week. The practice offered both routine and emergency appointments. One patient commented:

“ Due to work commitments earlier or later appointments would be good”.

Half of the patients who completed questionnaires stated that they did not know how to make a complaint, should the need arise. Although, we saw the complaints procedure displayed in the waiting area, it was not present in patient information leaflets and it did not have the required HIW details in line with The

Private Dentistry (Wales) Regulations 2008. Neither did the complaints information make reference to patients' rights to seek support from the local Community Health Council (CHC) in line with Putting Things Right NHS guidance 2011. This meant that patients could not find contact details easily if the need arose. No one discussed any concerns with us whilst we were at the practice.

Improvement needed

The practice needs to update the concerns policy to provide contact details for HIW (private patients) and CHC (for NHS patients).

Staff told us that the practice distributed satisfaction questionnaires to patients in order to seek their views on services provided at the practice. The most recent survey of patient views had been completed last year (2014). Staff confirmed that they recorded all informal and verbal feedback from patients.

Patient records and our questionnaires confirmed patients were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment. All patients were also provided with a written treatment plan.

There was a small range of health promotional material available in the reception/waiting area. Practice information leaflets were available to patients and gave a summary of useful information about the practice.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected. This was with the intention of delivering a safe, good quality service to patients. We found that the standard of clinical facilities was acceptable and record keeping was good. Appropriate arrangements were in place for the use of radiographic equipment, the availability of emergency drugs and equipment and waste disposal. The practice's decontamination process required some improvement and there were some minor areas of improvement required in relation to record keeping.

Radiographic Equipment/Documentation

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were seen. However not all staff had attended ionising radiation training. This was discussed with the dentist and an immediate assurance letter was sent to the practice on 17 June 2015. HIW subsequently received confirmation that the dentist had undertaken accredited online training within the set timescale.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment and had carried out quality assurance audits for radiographic equipment. This meant there were systems in place to ensure the safe use and ongoing monitoring of radiographic equipment.

Resuscitation and First Aid

We found there were flow charts in place outlining how to deal with different medical emergencies. Staff were knowledgeable about what to do in the event of a medical emergency and a resuscitation policy was in place to clearly outline each staff member's roles and responsibilities.

One member of staff was appointed as first aider on site and had completed relevant training. Staff had access to appropriate, organised resuscitation equipment in the event of medical emergencies (collapse). However we found that the laryngeal airways had exceeded their use by date. We sent an immediate assurance letter to the practice following our inspection to ask for confirmation that new airways had been purchased. We have since received such confirmation within the timescale set by HIW. We also discussed the need for the practice to develop a system to monitor the expiry dates for all medical equipment held at the practice.

Improvement needed

The practice should develop a system to monitor use by dates associated with emergency equipment.

At the time of our inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff were trained and equipped to manage medical emergencies.

Emergency drugs

Emergency drugs were well organised and stored securely in a well positioned and safe location. There was a robust system in place for monitoring the expiry dates of drugs. Prescription pads were also stored securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs.

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

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was a policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM 01-05 (revision 1)

The practice did not have a dedicated room for the cleaning and sterilisation of dental instruments as set out in the WHTM 01-05 (revision 1) guidance, although we saw plans for turning the first floor kitchen into a dedicated decontamination room. The practice had suggested a six month time scale for implementation. At the time of this inspection used instruments were cleaned and sterilised in the two dental surgeries. There were two sinks available, one for hand washing and one for washing and rinsing instruments. The practice was however advised of the need to introduce a separate means of rinsing instruments in each of the dental surgeries.

Improvement needed

The practice must have separate sinks for hand washing, washing instruments and rinsing instruments respectively.

The equipment used for sterilisation was also located in the dental surgeries. We discussed the importance of not opening the doors to the sterilising equipment whilst patients were in the surgery, to prevent cross infection. Staff used appropriate personal protective equipment such as aprons, gloves and

eye protection. All instruments were bagged following sterilisation and dated with a processing date. All instruments checked were within date and an in-house system was in place for checking this, within suitable specified timeframes. This meant that timely processes were in place to protect patients from cross infection.

We found that all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties.

We saw that logbooks for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day.

We saw that the practice had conducted audits of its infection control arrangements, albeit that the documentation used was not in line with WHTM 01 05 guidelines. We therefore discussed this matter with the team and recommended use of the Welsh Deanery Audit tool in line with current guidance. This meant that although the practice had systems in place to monitor ongoing compliance with infection control requirements (to ensure equipment was clean and safe for patient use), these needed to be changed to reflect current guidance.

Clinical facilities

We looked at the clinical facilities in each of the dental surgeries and found them to be clean, well equipped and well organised with all relevant equipment for the safety of patients and staff.

There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We also found sufficient supplies of disposable items and protective equipment.

We saw documentation that showed that the compressor (device to supply clean air to power dental hand pieces and various other dental tools) was maintained and inspected in line with requirements. 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.

Patient records

We looked in detail at a sample of patient records. Overall, the standard of patient records at the practice was good, with thorough and detailed recording of most areas of patient care and treatment.

We found that patient's medical histories were consistently updated at every visit to ensure any changes were recorded and responded to. There was a

combined paper and electronic system in use. Specifically, paper copies of completed new/revised medical histories were checked and signed by dentists and patients. They were then scanned into patients' electronic records.

We also found dentists recorded treatment planning and treatment options consistently.

We found however, some minor inconsistencies;

- Patients' social histories were not recorded or updated and there was no record of any smoking cessation advice offered
- Patients' consent to treatment was not always recorded
- Recall dates were not always recorded
- Radiograph grades, although recorded in an audit book, should also be recorded in patients' records
- Soft tissue examinations were not always recorded

Nevertheless, overall we were assured that the quality of periodontal and radiographic record keeping and x-rays was of a very good standard.

Improvement needed

The practice needs to audit patients' records to improve record keeping in the highlighted areas.

Management and Leadership

We found that the practice had a committed staff team who told us they felt well supported in their roles. Generally there were systems in place to ensure the ongoing monitoring of staff training, complaints handling and policies and procedures. However there were some improvements needed in relation to staff appraisals, staff meetings and some policies.

Staff

The practice was owned by the principal dentist who also had the responsibility for the day to day running of the service. There was also one associate dentist working at the practice. The practice provided predominantly private dentistry with some NHS services. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

Both dentists were registered with the General Dental Council (GDC) and had contracts of employment. All staff had Disclosure and Barring Service (DBS) certificates dated within the last three years as required

We saw that certificates for each of the dentists, (confirming their HIW registration), were on display at the practice, as required by the Private Dentistry (Wales) Regulations 2008.

We saw Hepatitis B immunity records for all clinical staff and all clinical staff held indemnity insurance cover associated with their clinical practice.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role. We saw an induction file with relevant information which was used to support new staff into their roles.

We were told that although staff meetings were informal and held infrequently, a range of relevant topics were discussed. Team members were also encouraged to raise concerns and suggest topics for discussion. Staff meetings were not recorded.

Improvement needed

The practice should arrange regular formal staff meetings to share information and changes in practice.

There was a system in place for formal staff appraisals, although these had not occurred for some time. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development

needs. The practice manager told us they were planned to commence in the near future.

Improvement needed

The practice should ensure staff have access to regular appraisals.

Child and Adult Protection

We found that all staff had completed training in child protection with updates booked for July 2015. A child protection policy was in place although this did not include local contact details to make referrals.

Staff had also completed protection of vulnerable adults training (POVA). There was a policy in place and we suggested adding local contact details, should staff need to make a referral.

Complaints

We looked at the complaints procedure in detail and found it was not fully compliant with 'Putting Things Right'⁴ NHS requirements. The practice was also advised on the need for a separate complaints procedure covering the arrangements for private patients which complies with the Private Dentistry (Wales) Regulations 2008.

Improvement needed

The practice must develop the current complaints policy to meet with current legislation and guidance.

There were no current complaints for us to look at. We were told that complaints were held centrally, separately to patient records. Verbal comments and concerns were also recorded although these were recorded in patients' records. We suggested a central log for verbal/informal concerns to enable trends to be highlighted at an early stage. We suggested the practice could formalise the way in which they reviewed complaints as a whole over time, for trends and patterns as an additional way to improve the service.

⁴ **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

Staff told us they were confident and comfortable in raising concerns with the principal dentist. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

Policies and Procedures

Overall, we found the practice had a range of relevant policies and procedures which were localised and applied directly to the practice environment.

Equipment maintenance certificates and records were also in place. Policies and procedures were reviewed but not dated to ensure staff were working to the most up to date information. There was a statement in the practice's statement of purpose (a document setting out how the practice intended to deliver services) regarding privacy and dignity. The practice was advised of the needs to develop that statement into a working staff policy in accordance with GDC guidelines.

The practice had an arrangement with neighbouring practices (within the health board) to audit aspects of their respective services for governance and quality assurance. This is an example of noteworthy practice.

Quality of Environment

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

The practice was located in the small town of Whitland . The practice was set over two floors. The reception area and two dental surgeries were situated on the ground floor and the staff room, store room, kitchen and staff toilet were on the first floor. There was a large free car park to the rear of the practice.

We found the practice to be well maintained internally and externally. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

There was useful patient information on display both externally and internally. There was signage outside the practice with the names and qualifications of the dentists, opening hours and emergency numbers for patients' information. Price lists for both NHS and private patients were clearly displayed in the reception area.

The waiting area was a suitable size for the number of dental surgeries. One nurse was allocated to reception duties although this rotated occasionally to ensure that all staff had a good awareness of how to undertake both roles. The waiting room contained reading materials and a small range of advice and health promotional posters and leaflets. There was a very innovative and informative health promotion display of the sugar content in soft drinks on the wall.

The fire exits were signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patients' paper correspondence was securely locked away and electronic records were backed up daily. This meant the practice took suitable precautions to protect patient information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined in this report. 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 Whitland 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: Whitland Dental Practice

Date of Inspection: 16 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	The practice needs to update the concern policy to provide contact details for HIW (private patients) and CHC (for NHS patients). [Putting things Right 2011; The Private Dentistry (Wales) Regulations 2008].	The policy will be amended to show the relevant contact details.	G.Rees	7/10/2015
	Delivery of Health and Care Standards			
Page 9	The practice should develop a system to monitor use by dates associated with emergency equipment.	The existing monitoring system of emergency drugs and medicines has been expanded to cover the overlooked item.	G.Rees	7/10/2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 2.6].			
Page 9	The practice must have separate sinks for hand washing, washing instruments and rinsing instruments respectively. [Welsh Health Technical Memorandum 01-05].	An extra bowl has been provided for each surgery for rinsing instruments after washing. This compliments the existing hand – washing and washing instruments sinks already in each surgery.	G.Rees.	7/10/2015
Page 11	The practice needs to audit patients' records to improve record keeping in the highlighted areas. [Health and Care Standards 3.3; 3.5; General Dental Council (GDC) Stanard 4].	More use will be made of the existing facilities within the management software to more consistently record findings. Negative findings will be more regularly recorded.	G.Rees.	7/10/2015
Management and Leadership				
Page12	The practice should arrange regular formal staff meetings to share information and changes in practice. [GDC 6.6.4; 6.6].	Arrangemenets have been made to replace the informal practice meetings with regular formal meetings.	G.Rees.	7/10/2015
Page 13	The practice should ensure staff have access to regular appraisals.	It is intended to have an annual appraisal for all staff. The date of this has been entered into the practice diary,	G.Rees.	7/10/2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[GDC 6.6.1].			
Page 13	The practice must develop the current complaints policy to meet with current legislation and guidance. [Putting things Right 2011; The Private Dentistry (Wales) Regulations 2008].	An updated complaints policy is being drawn up.	G.Rees.	7/10/2015
Quality of Environment				
	None identified.			

Practice Representative:

Name (print): G.Rees

Title: Principal Dentist / Owner

Date: 24/8/15