

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,

Feidr Fair Dental Practice

30 June 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.....	13
	Quality of Environment	15
6.	Next Steps.....	17
	Appendix A.....	18

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Feidr Fair Dental Practice, 7 Feidr Fair, Cardigan SA42 1DU, (part of the IDH group) within the area served by Hywel Dda University Health Board on 30 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

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

Feidr Fair Dental Practice provides predominantly NHS with some private dental services.

The practice employs a staff team, which includes one dentist; one part time locum dentist; one part time hygienist, three nurses, two receptionists and a practice manager.

A range of services are provided. These include:

- Routine dentistry
- Fillings, crowns and bridges
- Dentures
- Cosmetic treatments
- Tooth whitening
- Facial aesthetic treatment

4. Summary

HIW explored how Feidr Fair dental practice met the standards of care set out in the Health and Care Standards April 2015.

Most patients told us they were 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 by having patient satisfaction questionnaires in the reception area.

We could not be assured that care and treatment was always planned and delivered in line with relevant standards and requirements in the areas we inspected. We found that, although the standard regarding clinical facilities was good, there were improvements needed in clinical record keeping. Appropriate arrangements were in place for radiographic equipment, emergency drugs and waste disposal. There was a dedicated decontamination room which did not entirely meet with the WHTM 01-05 standards. Staff had not received in house training on the new decontamination process.

We found a committed staff team who told us they felt supported in their roles. There were robust systems to ensure clear guidance for staff, although the private complaint, policy and procedure needed refinement.

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

5. Findings

Patient Experience

Most patients told us they were 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 by having patient satisfaction questionnaires in the reception area.

We sent patient questionnaires to the practice and 18 patients had completed these prior to our inspection. We also spoke with one patient whilst we were at the practice. The patients had been registered at the practice from five years to 35 years.

Most patients who completed questionnaires told us they were satisfied with the treatment they had received (one patient was not satisfied due to the difficulty in contacting the practice by telephone). Despite this one comment, everyone stated that they were made to feel welcome by staff. One patient said they had experienced a delay in being seen by the dentist (again due to the difficulty in contacting the practice by telephone). A sample of patient comments included the following:

“I am very pleased with the overall service with this practice. I love coming and wouldn’t change anything”

“Lovely staff, always helpful, either when I’m in the practice or if I have to ring through”

“You cannot always get through on the phone. I spent from 9 am to 5 pm trying to get hold of the dentist to make an appointment and it kept going to answerphone. This has happened on many occasions”

“Practice always remind us when our appointments are, and are always very polite. My children are always keen to see the dentist as they are always made to feel comfortable.”

When we asked patients about treatment information, most patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

“Yes very thoroughly involved [information given]”

“Yes very helpful.”

One patient stated that information was not always given in enough detail.

Fourteen patients knew how to access out of hours services. We checked the practice's telephone to see if information was available on the answerphone but found that there was no such facility. We discussed this with the practice manager and found that this was being installed in the near future. Given that the telephone was situated in the reception area we suggested that the practice ensures the new facility has a confidential listening service so that messages cannot be heard by patients waiting to be seen. We saw that the out of hours contact details were included in the practices' patient information leaflet and on the practice window.

The practice was open Monday to Friday from 9:00am to 5:00pm. Emergency appointments were also available. There was a flexible appointment system available although one patient suggested an earlier or later appointment time would be helpful to support people who were working. There was also a text message system to remind patient of their appointments and patients told us that this was a good system.

Almost a third of patients indicated on questionnaires that they did not know how to make a complaint, should the need arise. However we saw that the complaints information was displayed in the waiting area and it was included in the patient information leaflet. This meant that patients could access this information easily if the need arose.

We saw patient satisfaction questionnaires on the reception desk and the practice manager showed us examples of some that had been completed. These were used to provide feedback to the practice. Staff told us that informal/verbal comments were recorded in patients' clinical records. We suggested the use of a book to provide the dental team with a central record and this had been instigated before we left the practice. This will enable the practice to look at trends and possibly prevent escalation of any concerns.

Although the patients indicated in the questionnaires that they were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment; this was not confirmed in the patients' records. This is highlighted in the improvements needed later in the report. All patients were however provided with a written treatment plan.

There was a range of health promotional material available in the waiting area, however they were not easily accessible to patients, as they were on top of the filing cabinets. We suggested placing the leaflets in a more accessible position. We did not see any information on smoking cessation. Practice information leaflets were available to patients and gave a summary of useful information about the practice and how to raise a concern. These looked old, however we

were told that there were imminent plans for rebranding within the IDH group and this would include new practice leaflets.

There was also a corporate website which included practice details which gave clear guidance and patient information.

Delivery of Health and Care Standards

We could not be assured that care and treatment was always planned and delivered in line with relevant standards and requirements in the areas we inspected. We found that, although the standard of clinical facilities was good, there were improvements needed regarding clinical record keeping. Appropriate arrangements were in place for the use of radiographic equipment, emergency drugs and waste disposal. There was a dedicated decontamination room which did not entirely meet with the WHTM 01-05⁴ standards. Staff had not received in house training on the new decontamination process.

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 available and staff had attended ionising radiation training. We did not see any drawn plans of the controlled areas which outlined the safe and exposed areas when taking an X-ray within the dental surgeries.

Improvement needed

The practice must develop a drawn plan of the controlled areas in each surgery.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic (X-ray) equipment and had carried out quality assurance audits on this equipment. This meant there were systems in place to ensure the safe use and ongoing monitoring of X-ray equipment. Radiograph documentation needs improvement in the following areas;

- Frequency of radiographs were inadequate and did not follow the suggested guidelines
- There needs to be a better use of alignment devices.⁵

⁴Welsh Health Technical Memorandum 01-05 is the guidance on decontamination of instruments in primary care dental practices and community dental services.

⁵ Alignment devices help the dentist line up the x-ray film in relation to the tooth.

Improvement needed

The practice needs to audit patients' radiographic records to improve the quality of X-rays taken to assist with decisions about care and treatment.?

Resuscitation and First Aid

Staff were knowledgeable about what to do in the event of a medical emergency and there was a current resuscitation policy in place to clearly outline each staff member's roles and responsibilities.

There was a member of staff appointed as first aider on site and had completed the relevant training. Staff had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). At the time of the 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 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. 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)¹

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments which did not fully meet with the standards set in the WHTM 01-05 (revision 1) guidance. We found that there was not a clear pathway in place regarding processes for used or clean instruments and there was no separate hand washing sink. We saw the use of clearly labelled sealed boxes to carry used and clean instruments to, and from, the decontamination room, however they were stored together when in the room. This created the potential risk for cross contamination and should not continue.

Improvement needed

The practice should revisit the operating procedures used by staff within the decontamination room and ensure it meets with the WHTM 01-05 guidance.

Staff told us that at present they do not flush the dental unit water lines as recommended, to ensure there is no contamination of water.

Improvement needed

The practice must undertake water testing as recommended in the WHTM 01-05 guidance.

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 that instruments were used, within specified timeframes. This meant suitable processes were in place to protect patients from cross infection in this regard.

We found that although staff conducting decontamination procedures had received general on line training on that topic they had not received in house training specific to the needs of the practice and the new decontamination room.

Improvement needed

Staff undertaking decontamination procedures must have appropriate training for the work they are undertaking.

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 recently conducted an Infection Prevention Society (IPS) audit and had also commenced the Welsh Deanery audit of the infection control requirements. This meant that there were systems in place to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised including 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 found sufficient supplies of disposable items and protective equipment for patients and staff to wear during treatment session.

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. The standard of record keeping needed attention in the following areas;

- We found that although patient's medical histories were updated at every visit they were not countersigned by the dentists and the practice used the same forms each time. This made it difficult to identify when any changes had occurred. We suggested that the practice use a new form when they update the medical histories
- The records described assessment and advice but there was no clear examination process
- The records did not show clear documentation of treatment options discussed or the treatment required for patients
- When local anaesthetic was used there was no batch number, amount given or where administered
- Patients' social histories were not currently being recorded. This would highlight potential oral health risks and would enable early intervention. We suggested that the social and medical histories could be recorded on the same form.

Improvement needed

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

The practice had arranged a clinical audit programme with a neighbouring practice which is noteworthy practice. This is when one practice visits another practice to audit their records and clinical treatment.

Management and Leadership

We found a committed staff team who told us they felt supported in their roles. There were robust systems to ensure clear guidance for staff, although the private complaint, policy and procedure needed refinement.

Staff

The practice offered predominantly NHS dental treatment with some private treatment. There was a practice manager who oversaw the day to day running of the practice. Individuals had dedicated roles and worked seamlessly as a team. The staff we spoke with were committed and told us they felt supported in their work.

The dentist and dental nurses 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, in line with the regulations for private dentistry. This is noteworthy practice because the regulations only require that dentists hold DBS certificates.

We saw that the dentists' certificate confirming registration with HIW was on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008.

We saw Hepatitis B immunity records for all clinical staff. The practice manager told us that the practice was not aware of the occupational health service offered by the health board but would look into it as a matter of urgency. The dentists and hygienist had individual indemnity insurance cover but all other staff were covered by IDH group's corporate cover for 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 which contained the relevant information for staff new in post.

There were formal recorded staff meetings which were held quarterly. The records showed us examples of lessons learned and also relevant sharing of information, such as changes in policy or procedures and the outcomes from the practice managers meetings.

There was a system in place for formal appraisals, which were undertaken every six months. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development needs.

Child and Adult Protection

We found that all staff had completed training in child protection. A child protection policy was in place which included local contact details should the staff need to make referrals. This was noteworthy practice because it ensured safe and timely processes were in place to protect vulnerable children.

Staff had also completed a protection of vulnerable adults training (POVA). There was a policy in place and again we saw contact details for safe and timely referrals should they be needed.

Complaints

There was a complaints procedure available covering the arrangements for NHS patients. However there was no complaint procedure available for private patients. . There is a need for two individual complaint procedures outlining the separate timescales and contact agencies.

Improvement needed

The complaints policy for private patients must comply with the requirements of the Private Dentistry (Wales) regulations 2008 (Regulation 15).

Complaints were held centrally, separate to patient records. Verbal comments and concerns were not being recorded when we arrived but by the end of the visit the practice had initiated a book to record all verbal / informal comments. This will enable trends to be highlighted at an early stage.

Staff told us they were comfortable in raising concerns with the practice manager. 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 available. The policies and procedures had been reviewed and updated to ensure staff were working to the most up to date information. Maintenance certificates and records were also in place.

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 centre of Cardigan town. The practice was set over three floors. It was not accessible to patients with mobility difficulties. There were currently three working surgeries; two on the ground floor and one on the first floor. There was no private parking area at the premises but there was ample street parking and a car park nearby.

We found the practice to be adequately maintained internally, with appropriate lighting, heating and ventilation. Although clean and tidy some areas did look tired and worn. The staff room would benefit from redecoration and new furniture. This was discussed with the clinical director and the area manager and we were told that the practice was due for a refurbishment in line with the rebranding by IDH group. Externally the practice was well maintained.

There was useful patient information on display both externally and internally. There was clear signage outside the practice with the names and qualifications of the dentists working in the practice. However the opening hours needed to be updated as the times on Friday's opening had changed. Emergency numbers for patients' use were visible from the outside. Price lists were displayed on the reception desk.

There were separate staff and patient toilets, which were visibly clean and contained suitable hand washing facilities to prevent cross infection.

The waiting area was a suitable size for the number of surgeries. Because there was no dedicated practice manager's office, space was relatively limited behind the reception desk however, staff had made good use of the area and were attentive to maintaining patient confidentiality at all times. The waiting room contained reading materials and a small amount of health promotional posters. There was also a play area for children.

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.

Although patients' paper correspondence and records were stored securely, the computer for reading x-ray images was unattended in the waiting area. We discussed securing the area or moving the computer to ensure access to all patient information was restricted to staff only. The practice stated that the

computer was password locked for security but agreed to place signage to indicate for staff only.

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 Feidr Fair 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: Feidr Fair Dental Practice

Date of Inspection: 30 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
	No improvement needed.			
Delivery of Health and Care Standards				
Page 9	The practice must develop a drawn plan of the controlled areas in each surgery. [Ionising Radiation Regulations 1999 (IRR99). Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000)].	The Practice Manager has drawn up a plan of each surgery showing locations of equipment, windows and doors, Indicating that staff must leave the room when taking xrays Our company policy is that the whole of the surgery is the controlled area therefore clinicians and staff must leave the room whilst xrays are being taken. The clinicians (RPS)are responsible for ensuring that this happens	Practice Manager/ Radiation Protection Supervisors	Completed 10/7/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 9	<p>The practice need to audit patients' radiographic records to improve practice in the highlighted areas.</p> <p>[Health and Care Standards 3.3, 3.5; General Dental Council Standard 4].</p>	<p>A discussion between the clinicians and the clinical director has taken place discussing xray guidelines and frequency of taking xrays. This has been documented and action plans provided. This covered grading of xrays, justification and reporting of xrays, alignment and use of positioning devices when taking xrays. New positioning devices have been ordered</p> <p>The audits will be reviewed and action plans issued in relation to improvements required</p>	<p>Practice Manager Clinical Director</p>	<p>Re audit of xrays to be carried out by 30th September</p>
Page 10	<p>The practice should revisit the layout of the decontamination room and ensure it meets with the WHTM 01-05 guidance.</p> <p>[Welsh Health Technical Memorandum 01-05].</p>	<p>The issues have been raised with the head office facilities team and compliance team and arrangements are underway to review the room and adapt to meet WHTM 01-05 compliance standards</p> <p>The practice manager should document this on her Cross infection audit action plan and keep under review</p>	<p>Practice manager Compliance team Facilities</p>	<p>7th September 2015</p>
Page 11	<p>The practice must undertake water testing as recommended in the WHTM 01-05 guidance.</p> <p>[WHTM 01-05 section 19.8].</p>	<p>The practice completes weekly line cleaning on a weekly basis. They have now purchased test strips which will ensure water quality.</p> <p>The business is rolling out cross infection training to all practice managers in South Wales on 20th</p>	<p>Practice Manager Lead Nurse</p>	<p>completed</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		August and will introducing a new product which has its own quarterly dip slide testing system		
Page 11	<p>Staff undertaking decontamination procedures must have appropriate training for the work they are undertaking</p> <p>[Health and Care Standards 2.4, WHTM 01-05 Section 3].</p>	<p>The manager has sourced a training provider to attend the practice. This will be arranged for once the decontamination room is fully compliant.</p> <p>In the meantime the manager will with the lead nurse will review processes within the decontamination room in line with HTM 01-05 standards and ensure all staff are trained in the process in the new room. This training will be recorded in the individuals staff training file. The practice now stores transportation boxes separately</p>	<p>Practice Manager Lead Nurse</p>	<p>In house Training by 14th August</p> <p>Further training following completion of decon room works during September 2015</p>
Page 12	<p>The practice needs to audit patients' records to improve record keeping in the highlighted areas.</p> <p>[Health and Care Standards 3.3, 3.5; GDC Standard 4].</p>	<p>A discussion between the clinicians and the clinical director has taken place discussing Record keeping. The issues highlighted in the report were all discussed with the clinical director and clinicians and have action plans in relation to improvements required</p> <p>An re audit of xrays and of patient records will be conducted in 3 months and reviewed by the clinical Director to ensure adherence to guidelines</p>	<p>Practice Manager Clinical Director</p>	<p>Re audit of record Cards to be carried out by 30th September</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Management and Leadership				
Page 14	The complaints policy must comply with the requirements of the Private Dentistry (Wales) regulations 2008 sec 15. [The Private Dentistry (Wales) Regulations 2008 sec 15].	The practice has sourced the correct information from the support centre and now has the correct policy and patient information in place	Practice Manager	completed
Quality of Environment				
	No improvement needed.			

Practice Representative:

Name (print): Heather Skitt

Title: Practice Manager

Date: 7/8/15
