

General Dental Practice Inspection (Announced)

Powys teaching Health
Board, IDH Crickhowell

13 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed a follow up inspection to IDH Crickhowell at 2 Bank Buildings, Beaufort Street, Crickhowell, Powys, NP8 1AD within the area served by Powys teaching Health Board on 13 August 2015.

During the inspection we considered and reviewed the following areas:

- 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
- 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 concerns that continue to need improvement on a follow up visit will be considered under the HIW escalation process.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

IDH Crickhowell provides services to patients in the Crickhowell area of Powys. The practice forms part of dental services provided within the geographical area known as Powys teaching Local Health Board.

IDH Crickhowell is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes two dentists, two dental nurses, a hygienist, a receptionist and shares a practice manager with another IDH practice fairly nearby.

A range of general dental services are provided.

4. Summary

HIW explored how IDH meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Overall, we found that there had been a number of improvements since our last inspection which had improved the standards of service delivery overall. There remain some areas for improvement but the evidence we found indicated that the changes are being overseen by a motivated practice manager who is still continuing to drive service improvements. We therefore had sufficient assurance that the remaining improvements are achievable.

When we first visited IDH Crickhowell in November 2014, the practice manager had been in post for approximately three months. Whilst she is an experienced practice manager, she has a dual role and manages this and another IDH practice. We therefore raised concerns about her capacity to resolve the concerns we identified. At this follow up inspection, HIW is able to report positively on the steps that have been taken by IDH to ensure sufficient management time. As a result of this we are sufficiently assured that there is now proactive and committed on-site management in place and we saw evidence that the practice manager has been conscientious and thorough in her approach to dealing with issues that have arisen.

There had been significant improvements to the internal fabric of the building premises since our initial inspection visit in November 2014. We noted that downstairs, flooring had been replaced throughout. Urgent remedial work had improved the decontamination room substantially. We also noted that all three surgeries appeared to be clean and tidy on this occasion. The practice manager was continuing to work closely with pest control services to ensure that control and prevention of vermin problems was proactively managed.

5. Findings

Delivery of Standards for Health Services in Wales

Overall, we found that there had been a number of improvements which had improved the standards of service delivery overall. There remain some areas for improvement but the evidence we found indicated that the changes are being overseen by a motivated practice manager who is still continuing to drive service improvements. We therefore had sufficient assurance that the remaining improvements are achievable.

We previously commented on variability in quality and completeness of recording in patient records and were disappointed to find that in general, this was still the case at our follow up visit. We again found that text in electronic patient records was repeated and whilst we acknowledge that this can be necessary to save time, there were examples where this had been done with a lack of attention to detail. We noted medication (local anaesthetic) expiry dates, for example, having been copied from a past record to a future record and recorded as out of date as a result. Individual dental practitioners have responsibility for ensuring that the standard of their work reflects latest published guidelines and on this occasion we have found two examples where record keeping falls below such published standards.

Improvement needed

IDH must consider the above points in relation to individual dentists and record keeping and provide HIW with a written plan of how they intend to support the practice manager to ensure that there is adequate performance management and accountability of dentists working at this practice. An immediate focus of performance management should be quality of record keeping.

At our initial inspection visit, we found poor standards of daily maintenance and management of the three dental surgeries. We found out of date medication and out of date filling materials in all three surgeries. At this latest visit, we noted that this had substantially improved and found that all three surgeries appeared clean, were tidy, well stocked and we found no evidence of any out of date materials.

Our findings at this visit indicated that there is now a robust system for ensuring that dental equipment is sterilised and used within appropriate timescales. The practice manager described the system to us and we also saw very clear evidence of it being applied in practice.

HIW's inspection visit in November 2014 found a decontamination room which fell seriously below acceptable standards of upkeep and cleanliness. At this point we took action and requested that the practice close until this room could be refurbished. The timeliness of IDH's response to this is to be commended as remedial actions were taken the day following our inspection and the room completely refitted. We were able to see the newly refitted room in use and noted the vast improvement and positive impact that this will have had on the ability of practice staff to follow and adhere to high standards of infection prevention and control. At this inspection we have subsequently recommended that the protocols for decontamination of instruments within this room be made even more explicit by marking the clean and dirty zones and clearly labelling hand washing sinks. In the event that locum or agency staff are used these large visual reminders will help ensure that there is less room for error or incorrect application of the process.

We took the opportunity at this follow up visit to discuss arrangements for ensuring that radiographic equipment at the practice is used safely and maintained carefully so that patients and staff are protected through the working practices that are applied. We found that, overall, there was an understanding of the importance of operating the machinery carefully. We noted that there was a need to improve some of the documentation specifying how the equipment can be used and so that each individual's responsibilities and limitations are clearly set out. The dentists working at the practice had relevant, up to date training to enable them to operate the equipment and report on the results of these. We did however identify, that there was no lead person, either clinical or managerial, who had overall nominated responsibility for the use of radiographic equipment. We discussed this at length with the practice manager, who was receptive and open to our advice that a lead individual be nominated to ensure adherence with the relevant standards and regulations in respect of radiation. We also suggested that further advice be sought to ensure that current practices adhere to latest guidelines and best practice.

Under the regulations, there is a requirement for organisations to notify the Health and Safety Executive where radiographic equipment is being used on premises. The practice manager was not aware that this notification had been done and no historical records could be located to provide evidence of this.

Improvement needed

In relation to the use of radiographic equipment:

- ***The practice must nominate an appropriately trained and competent lead who will take responsibility for ensuring all policies and procedures are up to date, adhere to regulations and take account of best practice, published guidelines.***

- ***The practice must ensure that the Health and Safety Executive are notified, (or obtain evidence that this has previously been done) of the use of radiographic equipment on the premises. Evidence of this once complete is to be forwarded to HIW.***

Management and Leadership

When we first visited IDH Crickhowell in November 2014, the practice manager had been in post for approximately three months. Whilst she is an experienced practice manager, she has a dual role and manages this and another IDH practice. We therefore raised concerns about her capacity to resolve the concerns we identified. At this follow up inspection, HIW is able to report positively on the steps that have been taken by IDH to ensure sufficient management time. As a result of this we are sufficiently assured that there is now proactive and committed on site management in place and we saw evidence that the practice manager has been conscientious and thorough in her approach to dealing with issues that have arisen.

We learnt that the practice manager is now supported in her management of both practices with a deputy management role, known within the organisation as Practice Support Manager. We were told that this had been a very positive step which had enabled her to devote the time and effort needed to provide a stronger management input at IDH Crickhowell. We were also told that senior management had been very approachable and supportive over recent times, visiting regularly and responding promptly to requests for advice and support.

The practice manager also spoke confidently about her responsibility to performance manage the staff at the practice and ensure that as a team they keep striving for high standards. She has requested and had approval from IDH for a team development tool to be introduced imminently to all practice staff. This should help to increase the skills and knowledge of the practice team and enable them to develop skills of self assessment and quality assurance which are crucial for ongoing improvement. She also spoke confidently and competently about applying company disciplinary processes which have been necessarily implemented from time to time.

We previously noted that IDH's own internal systems of audit and quality assurance had not been sufficient to identify and address the concerns and poor standards we found at our initial visit in November 2014. At this visit, we found evidence to suggest that the practice manager has been proactive in ensuring that all audits (such as record keeping and radiographic images) are completed as they should be. We made some suggestions to improve the system of recording the grade of each radiograph which should also make the regular audit process easier.

Quality of Environment

There had been significant improvements to the internal fabric of the building premises since our initial inspection visit in November 2014. We noted that downstairs, flooring had been replaced throughout. Urgent remedial work had improved the decontamination room substantially. We also noted that all three surgeries appeared to be clean and tidy on this occasion. The practice manager was continuing to work closely with pest control services to ensure that control and prevention of vermin problems was proactively managed.

All patient and non patient areas throughout the practice appeared to be of a satisfactory standard of upkeep and cleanliness which constitutes a clear improvement when compared to the findings at our initial inspection visit.

One surgery is no longer in daily use as the previous dentist has left since HIW last visited. However, this is the only ground floor room and therefore it is used for patients who have mobility issues and cannot use the stairs to the first floor surgeries. We have advised the practice manager to ensure this surgery is checked daily (as the other two surgeries are) so that it is adequately and safely prepared in the event it needs to be used at short notice.

We looked in depth at the measures that have been taken to control the vermin problem that we identified at our last inspection visit. The evidence we saw demonstrated that the practice manager has continued to work tirelessly to remain on top of this problem. This has been done in conjunction with professional pest control services.

The location of the practice in the middle of a terrace has continued to present some challenges. There is shared access to the yard at the back of the property and we noted that this was still a little untidy, particularly around the waste disposal area. We had lengthy discussions with the practice manager and were satisfied that she has done everything she can to resolve the issue. We have suggested that she escalate the continued problems within IDH so that other avenues such as landlord responsibilities (the property is leased) and exact boundaries can also be established to see whether there are any additional ways in which the problems could be overcome.

Improvement needed

IDH should explore further options for improving the area to the rear of the practice and provide HIW with an action plan outlining their proposals.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Delivery of Standards for Health Services in Wales and Quality of Environment. 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 IDH Crickhowell 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: IDH Crickhowell

Date of Inspection: 13 August 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Delivery of Standards for Health Services in Wales			
6.	IDH must consider the above points in relation to individual dentists and record keeping and provide HIW with a written plan of how they intend to support the practice manager to ensure that there is adequate performance management and accountability of dentists working at this practice. An immediate focus of performance management should be quality of record keeping.			
7.	In relation to the use of radiographic equipment:			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>The practice must nominate an appropriately trained and competent lead who will take responsibility for ensuring all policies and procedures are up to date, adhere to regulations and take account of best practice, published guidelines.</p> <p>The practice must ensure that the Health and Safety Executive are notified, (or obtain evidence that this has previously been done)of the use of radiographic equipment on the premises. Evidence of this once complete is to be forwarded to HIW.</p>			
Management and Leadership – No recommendations made				
Quality of Environment				
10.	IDH should explore further options for improving the area to the rear of the practice and provide HIW with an action plan outlining their proposals.			

Practice Representative:

Name (print):

Title:

Date: