

General Dental Practice Inspection (Announced)

Powys teaching Health
Board, Llandrindod Wells
Family Dental Practice

29 September 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Llandrindod Wells Family Dental Practice at The Old Town Hall, Temple Street, Llandrindod Wells, LD1 5DL on 29 September 2015.

HIW explored how Llandrindod Wells Family Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 5 of this report.

2. Context

Llandrindod Wells Family Dental Practice provides services to patients in the Llandrindod Wells area of Powys. The practice forms part of dental services provided within the area served by Powys teaching Health Board.

Llandrindod Wells Family Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists, three dental nurses, one receptionist (also a dental nurse) and practice manager who also covers another site which is approximately a 30 minute drive away.

A range of dental services are provided, with some private treatment options within this.

3. Summary

We found evidence to demonstrate that Llandrindod Wells Family Dental Practice are committed to providing a positive experience for their patients. The feedback we gained through our patient questionnaire responses was unanimously positive. IDH have established mechanisms for seeking patient feedback and the results of these were being well utilised at this practice.

Overall, we found evidence to support the conclusion that the practice team provide patients with safe and effective dental care. We found knowledgeable staff carrying out decontamination procedures carefully in a dedicated room which appeared clean, tidy and well organised. We were satisfied with the arrangements in place to ensure that radiographic equipment was used appropriately and safely.

The sample of records we looked at provided evidence of individualised patient care. We were satisfied that the governance systems which we saw evidence of were contributing to the continued maintenance of quality standards with regard to record keeping, radiograph image quality and infection control.

We found that there were effective management arrangements in place to support the staff in the day to day running of this practice. The practice manager and staff benefit from their proximity to another IDH practice (solely private dentistry) located on the first floor of the same premises. This arrangement means that there can be some cross cover and support if it is needed and means there is a greater mass of staff to justify training provision in-house.

4. Findings

Quality of the Patient Experience

We found evidence to demonstrate that Llandrindod Wells Family Dental Practice are committed to providing a positive experience for their patients. The feedback we gained through our patient questionnaire responses was unanimously positive. IDH have established mechanisms for seeking patient feedback and the results of these were being well utilised at this practice.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Nine questionnaires were completed and returned to us. Patient comments included:

“Excellent service from everyone. Thank you.”

Dignified care

All nine questionnaire respondents told us that the practice team made them feel welcome. We observed staff being polite and friendly to the patients. The main waiting area was separate to the reception desk which meant that in general patients would not be overheard whilst dealing with staff at reception.

Timely care

One questionnaire response indicated that at times there have been “*very minor*” delays in being seen; all eight other responses indicated that there had been no delays.

Appointments at the practice run from 8:45am until 5pm, we saw evidence in notes that emergency patients had been fitted in where necessary and also saw an example (from our random check of records) where one patient had been given an additional appointment purely for the purposes of discussing treatment plan options. We commended this as an example of good practice.

Staying healthy

We noted some health promotion leaflets in the waiting room and in the reception area. There was also a booklet specifically aimed at oral health promotion for children.

All nine questionnaire respondents told us that they felt they were given sufficient information about their treatment. We saw completed treatment plans in the sample of patient records we saw.

Individual care

There was a patient information leaflet available, although we were told that what we saw was an interim copy which had been created by the practice manager to use until further colour copies of professionally printed documents became available for use again.

There was a complaints process which was displayed on an A4 poster near to the reception desk. It contained very detailed information in a small black and white font. It is a positive finding that patients are provided with this level of detail and also positive that the document was compliant with Welsh standards (Putting things Right and The Private Dentistry Wales 2008 Regulations¹), however, it did not stand out and was hard to read. We discussed this at length with the practice manager and another member of IDH's senior team who agreed to make the information more easily accessible by using larger font, colour and also by considering the position of the poster within the waiting room.

IDH have an established mechanism for inviting patient feedback through the use of a text message system. The practice manager told us how this is regularly monitored and the practice team discuss the feedback that they receive. We were told that they are currently averaging a patient satisfaction score of 4.8 out of a possible 5. In addition to the ongoing text message opinion poll, there are patient comment forms available for patients to complete, although the practice manager told us that this is not a popular feedback method amongst patients. It would be useful for the company (IDH) to give consideration as to how they can invite feedback from a wider range of their patient population than they currently engage with through electronic and written feedback options.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Delivery of Safe and Effective Care

Overall, we found evidence to support the conclusion that the practice team provide patients with safe and effective dental care. We found knowledgeable staff carrying out decontamination procedures carefully in a dedicated room which appeared clean, tidy and well organised. We were satisfied with the arrangements in place to ensure that radiographic equipment was used appropriately and safely.

The sample of records we looked at provided evidence of individualised patient care. We were satisfied that the governance systems which we saw evidence of were contributing to the continued maintenance of quality standards with regard to record keeping, radiograph image quality and infection control.

Safe care

The practice is located on the ground floor of the old town hall in the centre of Llandrindod Wells. There are many period features, such as stained glass window panes, throughout the building. Windows are large and ceilings are high, resulting in a light, airy environment. The building is listed and the practice space leased from the building owner. We noted that the upkeep and decoration of the building appeared to be frequently attended to, as it was visibly well maintained throughout.

There was a waste collection and disposal contract in place and we were satisfied with these arrangements. We noted that the two surgeries required foot operated pedal bins to replace the existing hand operated bins but the practice manager was able to confirm to us that these were already on order.

There was a contract in place for the regular testing of portable electrical appliances (PAT testing) and we saw evidence that this had been recently done.

There was a dedicated decontamination room which was clean, tidy and well laid out so that the flow in the room followed best practice as advised by Welsh

guidance (WHTM01-05²). We spoke to dental nursing staff about the decontamination procedures, and we also observed some cleaning and processing of instruments taking place. Dental nursing staff were noticeably confident in speaking about procedures and we observed them competently carrying out decontamination work. There were well maintained log books of checks undertaken to ensure that sterilisation equipment was working to the standard it should. We were satisfied with all aspects of decontamination processes at this practice.

We noted that arrangements for storing medication were secure and satisfactory. Emergency medication was held securely within sealed emergency bags which were kept locked away when the practice is closed. We saw training records to evidence that all staff had undertaken annual emergency procedure and CPR training and the practice manager confirmed that this was due to be renewed again in a session for all practice staff during the first week of October 2015. During this session, the practice manager assured us that staff are given the opportunity to train with the emergency bags containing all the equipment so that they have the opportunity to be familiar and comfortable with the contents in the event that they should be needed.

IDH had taken over the practice just over twelve months ago and in this time, had purchased a number of new pieces of equipment, including a new compressor and new autoclaves³. The new equipment was therefore in good working order, and had been commissioned for use although not yet become part of the regular annual maintenance programme. We saw written evidence demonstrating that a new staff member had been given an induction into safe use of the various equipment and machines necessary to carry out dental care and treatment at the practice.

² [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

We saw documentation confirming that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. In addition to this, we were also able to confirm that all staff involved in taking radiographs had sufficient, recent training to meet standards for personnel who carry out these procedures. The documentation and other written arrangements which are required under the Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R 2000) to be in place were also available, up to date and in good order.

There were training records available for each member of staff confirming that all had undertaken some safeguarding training, mostly this was via e-learning on line packages. We also saw that there were adult and child safeguarding policies and local arrangements, such as contact numbers for local professionals who would need to be contacted if there were safeguarding concerns, had been included in the policy for staff ease. Both dentists had disclosure and barring service (DBS) checks dated within the last three years. All other staff involved in clinical care also had DBS checks which had been undertaken within the last three years.

Effective care

There was evidence that regular audits looking at record keeping quality, radiograph image quality and infection control had been taking place. We noted that the practice manager had recently undertaken an infection control audit using an audit tool recognised within Wales (due to being aligned to Welsh standards and guidelines). We commended this but suggested that this could be completed by all practice staff, to give further opportunity to the whole team for development and as contribution to their continuing professional development needs (CPD).

We viewed a sample of records and found that overall these were of a high standard. Notes were personalised and relevant to the treatment that had been given. We also noted that there were a few examples where one dentist had referred back to previous radiographs to ensure continuity of care and to prevent over exposure of the patient. We saw written treatment plans and were told that the practice considered the treatment plan to be an important document in the patients care with them.

We noted in the sample of records that the justification for taking radiographs was not always adequate; specifically, we could not always determine why radiographs were being taken and the reason for the location of the image was also not consistently clear.

Recommendation

The justification for taking radiographs should be documented in greater detail than at present.

Where dentists had administered local anaesthetic to patients as part of their treatment we saw that the batch and expiry date of the medication was not consistently being recorded. This information may be required in the event of an adverse reaction and therefore full traceability is required.

Recommendation

Batch numbers and expiry dates of all medication administered to patients must be fully recorded within their notes.

The notes we looked at contained few examples of patients who required smoking cessation advice and so we were unable to establish whether or not this was being consistently done. We therefore generally discussed the need for the dentists to support patients to make healthier choices by giving brief smoking cessation advice where appropriate and ensuring that this and cancer risk assessment are recorded in the notes. This is in accordance with 'Delivering Better Oral Health: an evidence-based toolkit for prevention'.⁴

⁴ The 'Delivering Better Oral Health; an evidence-based toolkit for prevention' is a national guidance document with evidence based interventions to help dental teams improve the oral health of their patients.

Quality of Management and Leadership

We found that there were effective management arrangements in place to support the staff in the day to day running of this practice. The practice manager and staff benefit from their proximity to another IDH practice (solely private dentistry) located on the first floor of the same premises. This arrangement means that there can be some cross cover and support if it is needed and means there is a greater mass of staff to justify training provision in-house.

The management of this IDH practice is shared with another practice in Knighton, a small Powys town some 19 miles away. The practice manager told us that she finds this arrangement manageable and is able to base herself at either site for the day whilst being accessible and easily able to visit the other practice should her presence there be needed. This particular practice management arrangement has only been in place since summer 2015. Management responsibilities such as team meetings, staff appraisals and staff probation (where relevant) seemed to be up-to-date and we saw written notes, minutes and records as evidence of this.

We saw a staff team at work who seemed happy and competent in carrying out their roles. The team (dental nurses and dentists) at the practice had been relatively stable, some of the staff having been there for a number of years. There was open, friendly communication between all members of the team throughout our visit.

The practice is all on ground floor level within a shared building. Upstairs is another dental practice, also owned by IDH, which is run separately as a private practice. Although patients are not shared between the two practices, the staff are able to use each other as a resource where possible. For example, staff at both practices provide first aid cover to either practice; in the absence of the regular practice manager, the practice manager of the private practice will speak to patients who wish to raise concerns. Fire marshal duties are also shared between staff of the private and NHS practice teams. Our informal observations suggested a friendly relationship between these two teams of staff.

We looked at a sample of staff files and saw a variety of training certificates relevant to the roles of individuals which had been completed recently. We confirmed that both dentists had current registration with the General Dental Council (GDC) and valid indemnity insurance. Qualified dental nurses also had current registration with the GDC.

The staff records also enabled us to confirm that there were records relating to Hepatitis B immunisation status for all staff working clinically at the practice. There is guidance however which outlines the need for staff to be checked for their immunity and status in relation to other blood borne infections and so we also advised the practice to ensure that additional checks are in place regarding Hepatitis C and HIV, in accordance with the guidance for the NHS on health clearance for healthcare workers issued by the Welsh Government.⁵

The practice manager had responsibility for annual appraisals for dental nurses and receptionist. We were told that clinical peer review is available to the dentists through members of the IDH clinical governance team who have responsibility for the locality and that it takes place on a six monthly basis if not more frequently.

⁵ Welsh Health Circular (WHC (2006) 86); Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Health Care Workers (HCWs)

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1



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 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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
- 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.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Llandrindod Wells Family Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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: Llandrindod Wells Family Dental Practice

Date of Inspection: 29 September 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
9.	<i>The justification for taking radiographs should be documented in greater detail than at present.</i>				
9.	<i>Batch numbers and expiry dates of all medication administered to patients must be fully recorded within their notes.</i>				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale

Practice Representative:

Name (print):

Title:

Date: