

General Dental Practice Inspection (Announced)

**Abertawe Bro Morgannwg
University Health Board,
uSmile Dental Practice**

16 November 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 uSmile Dental Practice at 21, Hillsboro Place, Porthcawl, CF36 3BH on 16 November 2015.

HIW explored how uSmile 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

The uSmile Dental Practice provides services to patients in the Porthcawl area of Bridgend. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The uSmile Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes four dentists (including the practice owner), four dental nurses, a receptionist and a practice manager. At the time of our inspection, two trainee dental nurses were also working at the practice.

3. Summary

The uSmile Dental Practice treats patients with dignity, respect and kindness. Patients who returned completed HIW questionnaires indicated they were satisfied with the service they had received and felt they had been provided with enough information about their dental treatment. The practice team makes efforts to provide dental treatment to patients in a timely way.

The practice provides ways for patients to give feedback on their experience so that this can be considered by the practice staff team to make service improvements as appropriate.

The practice had systems in place to provide patients with safe and effective care. Control measures were in place to protect staff and patients from preventable healthcare associated infections and harm associated with X-ray equipment. The surgeries were clean and furnished to facilitate effective cleaning. Equipment and dental instruments being used were visibly in good condition.

Staff had access to resuscitation equipment in the event of a patient emergency. Whilst this was being checked regularly, we asked senior practice staff to review the arrangements so that equipment is checked in accordance with national guidelines.

Patients' dental records demonstrated treatment had been planned with the aim of providing patients with safe and effective care. However we have formally asked the dentists working at the practice to record more specific details of the dental treatment provided. We have also asked that the practice owner revisit the storage arrangements for paper records.

The practice manager and practice owner demonstrated an inclusive leadership style and a commitment to continually improve the service provided. Staff told us they felt communication within the team was effective and that they had opportunities to attend training relevant to their roles.

4. Findings

Quality of the Patient Experience

The uSmile Dental Practice treats patients with dignity, respect and kindness. Patients who returned completed HIW questionnaires indicated they were satisfied with the service they had received and felt they had been provided with enough information about their dental treatment. The practice team makes efforts to provide dental treatment to patients in a timely way.

The practice provides ways for patients to give feedback on their experience so that this can be considered by the practice staff team to make service improvements as appropriate.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total 20 completed questionnaires were returned. Patient comments included:

'Dentists and dental nurses very friendly and treat you like one of the family.'

'The practice staff are very welcoming and nothing is too much trouble.'

'Great service'

'Excellent service always very polite and informative.'

Dignified care

We found that people visiting the practice were treated with dignity and respect by the practice team. The staff presented as a friendly team and we saw them being polite and courteous to patients. Comments made within completed HIW questionnaires also confirmed that patients had been made to feel welcome when visiting the practice. Some patients added their own comments indicating that they had been made to feel very welcome.

Without exception, all patients who returned completed questionnaires told us they felt they had been given enough information about their dental treatment. The sample of patient records we saw demonstrated that dentists had discussed individual patients' dental treatment with them.

The practice provided both NHS and private dental services and information on private dental costs and eligibility for free NHS treatment was clearly displayed. This meant patients had access to information on how much their treatment

may cost. The practice had developed a patient information leaflet and copies of this were readily available for patients to take away with them. This meant that patients had access to key information about the practice that could be kept for future reference.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. This was confirmed by patients' comments made within HIW questionnaires, with the majority of patients telling us that they had not experienced a delay in being seen. Staff described a process for keeping patients informed should their dentist be running late or unexpectedly absent.

A contact telephone number for patients to call was clearly displayed near the entrance of the practice. This was also listed in the patient information leaflet. We were told that the practice's answerphone message also signposted patients to the correct number to call. This meant that patients could access advice on how to obtain treatment in an emergency and when the practice was closed.

Staying Healthy

We saw that health promotion material was available to help support patients to take care of their own oral hygiene and health.

Individual Care

The practice had arrangements in place to ensure its services could be accessed by people with mobility difficulties. There were no steps leading to the entrance of the practice building and a surgery, which could accommodate wheelchairs, was located on the ground floor for patients unable to manage stairs.

The practice had mechanisms in place for patients to provide feedback on their experience of using the practice. We saw that a suggestion box was located within the waiting area so patients could provide, on an ongoing basis, individual suggestions on how the service could be improved. We were told that patient surveys had been conducted and that in future these were going to be conducted twice yearly.

We saw that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. The practice manager maintained written logs of all concerns (complaints) received. We saw that where concerns (complaints) had been received the practice had dealt with and responded to these in timely manner. The practice's complaints procedure was

displayed within the waiting room, we suggested that this could be displayed more prominently to make it easier for patients to see. However, the majority of patients who returned completed HIW questionnaires confirmed they knew how to make a complaint about dental services they receive.

Delivery of Safe and Effective Care

The practice had systems in place to provide patients with safe and effective care. Control measures were in place to protect staff and patients from preventable healthcare associated infections and harm associated with X-ray equipment. The surgeries were clean and furnished to facilitate effective cleaning. Equipment and dental instruments being used were visibly in good condition.

Staff had access to resuscitation equipment in the event of a patient emergency. Whilst this was being checked regularly we asked senior practice staff to review the arrangements so that equipment is checked in accordance with national guidelines.

Patients' dental records demonstrated treatment had been planned with the aim of providing patients with safe and effective care. However we have formally asked the dentists working at the practice to record more specific details of the dental treatment provided. We have also asked that the practice owner revisit the storage arrangements for paper records.

Safe Care

We found the practice had systems in place to protect the safety and well being of staff working at and people visiting the practice. A number of relevant written policies were available to guide staff with the aim of providing safe care to patients.

The practice building appeared visibly well maintained both internally and externally. Security measures were in place to protect the building against unauthorised access. Fire fighting equipment was placed in strategic locations around the practice and we saw this had been serviced within the last 12 months. Small electrical items had been subject to portable appliance testing (PAT) to assess they were safe to use.

Contract documentation was available in respect of the safe transfer of hazardous and non hazardous waste produced by the practice. We saw that waste was being stored securely whilst waiting to be collected by the waste contractor. Amalgam separators were installed so amalgam (containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

We found arrangements were in place to protect people from preventable healthcare associated infections. Examples included the following:

- written policies and procedures to reduce cross infection
- personal protective equipment (PPE) was readily available
- dedicated hand washing and drying facilities were provided
- arrangements were in place for the cleaning and sterilisation (decontamination) of dental instruments used at the practice

The practice did not have a separate decontamination area as recommended within the Welsh Health Technical Memorandum (WHTM) 01-05¹. However appropriate controls were in place to minimise the risk of cross- contamination of instruments. The practice had already identified the need to progress towards higher standards in this regard and senior staff described plans to set up a separate decontamination room as part of the future development of the practice facilities. Cleaning and sterilising equipment being used was visibly in good condition and autoclave² equipment had up to date safety inspection certificates confirming they were safe to use. Daily checks on equipment were being conducted and logbooks had been maintained to demonstrate this process.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy, furnished to facilitate effective cleaning and suitably equipped to provide safe dental treatments to patients.

We found that the practice had arrangements in place for patients to receive the right medication and treatment in the event of an emergency. We found that resuscitation equipment and emergency drugs were available together with a system to ensure they were safe to use in a patient emergency (collapse). We checked the emergency drugs and found these to be within their expiry dates. Whilst resuscitation equipment was being checked on a monthly basis, we advised that the practice review this arrangement to perform weekly checks as

¹ [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.

² An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

recommended by the Resuscitation Council (UK)³. The practice manager agreed to implement weekly checks.

Staff had access to a series of flowcharts describing the action to take should a patient emergency be identified. These were stored in plastic wallets, together with the drugs to be used to facilitate easier access in an emergency.

Staff we spoke with were aware of their particular roles in the event of a patient emergency. We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or at risk. Training records we saw indicated that staff had completed training around safeguarding issues. Senior practice staff described the process for recruiting new staff and demonstrated a safe approach in this regard. Staff we spoke with confirmed they felt comfortable raising any work related concerns they may have with senior practice staff.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. The training certificates we saw indicated clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC). Senior practice staff were receptive to our suggestion to display additional radiation hazard warning signs outside surgeries located on the ground floor. This is to alert patients and staff to the presence of X-ray equipment as a further safety measure.

Effective Care

Discussions with senior practice staff demonstrated they were committed to making efforts to continually improve the service provided to patients visiting the practice.

We found that the practice had conducted a number of clinical audits as part of the overall quality assurance process. These included audits in respect of infection control, X-ray image quality and patient dental care records. These

³ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

would assist in the identification of areas for improvement so that corrective action could be taken.

We reviewed a random sample of 20 patients' dental records to assess the quality of record keeping. This sample included records that had been completed by all of the dentists currently working at the practice. The records demonstrated that treatment had been planned and provided with the aim of delivering safe and effective dental care to patients. However, we did identify that some of the FP17 forms⁴ that had been completed would benefit from having more details recorded around the specific dental treatment provided. We provided feedback of our findings to the dentists working at the time of our inspection so that they could make improvements as appropriate.

Improvement needed

Dentists working at the practice should ensure they record more details within individual FP17 forms of the specific dental treatment provided to patients.

We found that paper records were being stored on open shelving. We were assured that security measures had been implemented to prevent unauthorised access. However, we advised senior practice staff to revisit the current arrangements to ensure, as far as possible, records at the practice are protected from theft or loss.

Improvement needed

The practice owner should revisit the current arrangements for storing paper records and take further action as appropriate to reduce the risk as far as possible of theft or loss.

⁴ An FP17 is a standard form for recording treatment activity in Wales. It must be completed for every course of NHS dental treatment within two months of the date of completion of treatment and be signed by the dentist and the patient.

Quality of Management and Leadership

The practice manager and practice owner demonstrated an inclusive leadership style and a commitment to continually improve the service provided. Staff told us they felt communication within the team was effective and that they had opportunities to attend training relevant to their roles.

A practice manager was responsible for the day to day management of the practice and worked closely with the practice owner. Conversations with staff, working on the day of our inspection, indicated they felt well supported in their roles by senior practice staff and the wider practice team.

We saw training certificates that indicated staff had attended training on a range of topics relevant to their role and staff also confirmed they had opportunities to access training. We saw that staff at the practice had received an appraisal of their work within the last year with objectives set. Senior practice staff described the arrangements to review progress against these. Staff told us communication within the practice team was effective and that regular practice meetings were held. We saw written minutes of meetings, which showed that operational matters were discussed with action points agreed.

We found that clinical staff were registered with the General Dental Council (GDC) and had indemnity insurance cover in place. We did identify a discrepancy in respect of one staff member's registration and informed the practice owner of our findings. The practice owner told us he was aware of this and provided a satisfactory explanation for the discrepancy. We were assured that suitable action had been taken whilst the matter was being resolved.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect their own and patients' safety in this regard.

Dentists working at the practice provided private dental services and their HIW registration certificates were prominently displayed as required by the regulations for private dentistry⁵. However, not all the certificates had the correct contact details for HIW stated on them. Informing HIW of changes is the responsibility of individual dentists under the regulations. We informed senior practice staff of our findings and were assured that they would make arrangements so that updated certificates could be issued by HIW.

⁵ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

All dentists had Disclosure and Barring Service (DBS) certificates that had been issued during the previous three years as required by the above regulations.

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: Health and Care Standards



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 uSmile 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: uSmile Dental Practice

Date of Inspection: 16 November 2015

| Page Number | Improvement Needed | Regulation / Standard | Practice Action | Responsible Officer | Timescale |
|--|--|-----------------------|---|------------------------------|--------------|
| Quality of the Patient Experience | | | | | |
| | No improvement needed identified | | | | |
| Delivery of Safe and Effective Care | | | | | |
| 11 | Dentists working at the practice should ensure they record more details within individual FP17 forms of the specific dental treatment provided to patients. [GDC Standards for the Dental Team, Standard 4.1.2] | Standard 3.5 | FP17 forms to be completed in words as well as annotations. | Sian Fodor, Practice Manager | January 2016 |

| Page Number | Improvement Needed | Regulation / Standard | Practice Action | Responsible Officer | Timescale |
|---|---|-----------------------|--|---|--|
| 11 | The practice owner should revisit the current arrangements for storing paper records and take further action as appropriate to reduce the risk as far as possible of theft or loss. [GDC Standards for the Dental Team, Standard 4.1.3 and Standard 4.5.1] | Standard 3.5 | Review to take place Computers to be installed and used for future notes which will be digitally backed up daily, preventing the need for paper records. Arrangements are taking place for this already Old paper records to be stored in locked room over night, providing extra security. Receptions office to be locked when no one present. Once computers are installed, review the possibility of backing up all old records digitally on computers | James Bater, Practice Owner James Bater, Practice Owner Sian Fodor, Practice Manager James Bater, Practice Owner | Dec 2015 Apr 2016 Jan 2016 Dec 2016 |
| Quality of Management and Leadership | | | | | |
| | No improvement needed identified | | | | |

Practice Representative:

Name (print): .James Bater.....

Title: .Practice Owner.....

Date: .21/12/15.....