

## **Orthodontic Practice Inspection (Announced)**

**Abertawe Bro Morgannwg  
University Health Board,  
The Orthodontic Centre  
(Bridgend)**

17 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 The Orthodontic Centre (Bridgend) at 49, Merthyr Mawr Road, Bridgend, CF31 3NN on 17 November 2015.

HIW explored how The Orthodontic Centre (Bridgend) 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 Orthodontic Centre (Bridgend) provides services to patients in the Bridgend area. The practice forms part of specialist orthodontic services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The Orthodontic Centre (Bridgend) is a mixed practice providing a range of private and NHS orthodontic services

The practice staff team includes two orthodontic specialists, an orthodontic therapist, four nurses, a practice manager and two receptionists. A cleaner also works at the practice.

### 3. Summary

Patients who returned a completed HIW questionnaire made positive comments regarding their experiences of using the practice. Patients also told us that they felt they had been provided with enough information regarding their orthodontic treatment.

The practice had a system in place to obtain and act on feedback from patients about their experience. Information about the practice's services was readily available. However, we have formally asked the practice to make arrangements to ensure information provided on its websites is consistent.

We found there were arrangements in place with the aim of providing patients with safe and effective care. Suitable arrangements were in place in respect of preventing healthcare associated infections and harm associated with the use of X-rays.

We have formally asked the practice to make arrangements so that it can be satisfied staff have access to the most current policies. We have also asked the practice to seek confirmation on the checks needed to be done on the compressor equipment used at the practice.

The sample of records we saw were comprehensive and demonstrated orthodontic care had been planned and delivered to take account of patients' safety and wellbeing.

A manager was responsible for the day to day running of the practice. Staff told us they felt well supported in their roles and had opportunities to attend relevant training.

## 4. Findings

### *Quality of the Patient Experience*

**Patients who returned a completed HIW questionnaire made positive comments regarding their experiences of using the practice. Patients also told us that they felt they had been provided with enough information regarding their orthodontic treatment.**

**The practice had a system in place to obtain and act on feedback from patients about their experience. Information about the practice's services was readily available. However, we have formally asked the practice to make arrangements to ensure information provided on its websites is consistent.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the orthodontic services provided. In total, 26 completed questionnaires were returned. Patient comments included:

*'Always been a pleasant experience and my son has always been treated brilliantly.'*

*'Excellent service!!'*

*'The practice team is always very clear on my treatment...'*

*'Very satisfied.'*

### Dignified care

We found that people visiting the practice were treated with dignity and respect by the practice team. This was confirmed by patients who returned completed questionnaires who indicated that they 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 and that they found the staff friendly.

The majority of patients (25) who returned completed questionnaires told us they felt they had been given enough information about their orthodontic treatment. The sample of patient records we saw supported this.

The practice provided both NHS and private orthodontic services and information on costs for treatment was clearly displayed within the waiting area. This meant patients had access to information on how much their treatment may cost. Copies of a patient information leaflet were available for patients to

take away with them. This meant that patients had access to key information about the practice that they could keep for future reference.

Patients had access to two (official) websites that provided information about the practice and the services offered. Whilst the information was generally consistent across the two sites, there were some anomalies, including, the details of the practice's complaints (concerns) procedure, details of costs for private treatment and the contact details of the local health board. Therefore the practice must make arrangements to ensure that information available to the public via its internet pages is consistent.

### ***Improvement needed***

***The practice must make suitable arrangements to ensure that accurate and consistent information is available to the public via its internet pages.***

### 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. Those who told us they had, indicated this had not caused them a problem. Within their responses, some patients confirmed that the practice had made arrangements to see them in an emergency. This indicated that the practice had a flexible appointment system to see patients requiring urgent treatment. Reception staff described a process for keeping patients informed should the orthodontic specialist or orthodontic therapist be running late or be unexpectedly absent.

A telephone number for patients to call in an emergency, outside of the practice's opening hours, was available via a variety of means. This meant that patients could access help and advice on how to obtain urgent treatment when the practice was closed. Whilst the majority of patients who returned completed questionnaires confirmed they knew how to access out of hours dental services, 38 percent (10 patients) told us they did not know. Therefore the practice may wish to review the arrangements for making patients aware of how to access out of hours services.

### Staying Healthy

We saw that health promotion material was displayed and was also available in an information file 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 was a ramp and handrail to the main entrance of the practice building and the two ground floor surgeries could be accessed by people who use wheelchairs.

The practice had mechanisms in place for patients to provide feedback on their experience of using the practice. A suggestion box was located within the waiting area so patients could provide suggestions on how the service could be improved. We also saw that feedback from patients was subject to a monthly audit and we were told that the results were shared within practice staff meetings.

We saw that the practice had a written procedure for dealing with concerns (complaints) about the service provided at the practice. This met the requirements of the private dentistry regulations for dealing with complaints about private treatment. However, for complaints about NHS treatment, two different timescales for acknowledging and responding to complaints was displayed. The practice must ensure the information available to patients is consistent and in accordance with *Putting Things Right*, the arrangements for handling complaints about NHS care and treatment in Wales.

### ***Improvement needed***

***The practice must make suitable arrangements to ensure that information provided to patients on how to make a complaint about NHS treatment is consistent and in accordance with Putting Things Right.***

Of the patients who returned a completed HIW questionnaire, the majority indicated they were aware of how to make a complaint about services they receive. However, 35 percent (9 patients) told us they were not aware of the procedure to follow. Therefore the practice may wish to review the arrangements for making patients aware of how to raise concerns (complaints) about their orthodontic care.

## ***Delivery of Safe and Effective Care***

**We found there were arrangements in place with the aim of providing patients with safe and effective care. Suitable arrangements were in place in respect of preventing healthcare associated infections and harm associated with the use of X-rays.**

**We have formally asked the practice to make arrangements so that it can be satisfied staff have access to the most current policies. We have also asked the practice to seek confirmation on the checks needed to be done on the compressor equipment used at the practice.**

**The sample of records we saw were comprehensive and demonstrated orthodontic care had been planned and delivered to take account of patients' safety and wellbeing.**

### **Safe Care**

We found the practice had systems in place to protect the safety and wellbeing of staff working at and people visiting the practice. A number of relevant policies were available to guide staff with the aim of providing safe care to patients. These could be accessed via the company's intranet site. Some policies appeared not to have been updated for some time and were not presented using the company's current branding/format. Therefore the practice should make arrangements to ensure it is satisfied that staff have access to the most current policies.

### ***Improvement needed***

***The practice should make suitable arrangements to ensure that it is satisfied staff have access to the most current policies.***

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. We saw a sample of small electrical items and labels on these indicated they 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.

We found arrangements were in place to protect people from healthcare associated infections. Written policies were available and included those in respect of hand washing, the use of personal protective equipment (PPE) and the safe handling of waste. Dedicated hand washing and drying facilities were provided and staff confirmed they always had access to PPE.

Suitable arrangements were in place for the transportation, cleaning and sterilisation (decontamination) of dental instruments used at the practice. The practice had a separate decontamination room as recommended within the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup>. Whilst a separate room existed, it was quite cramped. We were told the location of this room was to be reviewed as part of the future development of the practice premises. Sterilising equipment being used was visibly in good condition and the autoclave<sup>2</sup> equipment had an up to date inspection certificate confirming it was 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 and X ray room) within the practice. These were clean and tidy and furnished to facilitate effective cleaning. Dental instruments were visibly clean and in good condition. A system was in place to identify when such instruments had to be used by or, if not, re cleaned and sterilised.

The compressor<sup>3</sup> had been installed within the last year and so had not reached the point where it required servicing. We were told the installer had informed the practice that it was not necessary to conduct daily checks on the compressor. However, we were unable to confirm whether this was in accordance with the manufacturer's instructions and the practice should obtain documentation confirming this arrangement and retain for future inspection by HIW.

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<sup>1</sup> [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.

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

<sup>3</sup> A compressor pressurises air for use in dental procedures.

### ***Improvement needed***

***The practice should obtain documentation from the manufacturer of the compressor equipment setting out what checks are required and retain for future inspection by HIW. Any checks recommended by the manufacturer to be undertaken.***

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). Emergency drugs were stored in special bags with tamper evident seals and we saw these were intact. Written logs had been maintained that demonstrated these and emergency equipment were checked daily.

Staff had access to a series of flowcharts describing the action to take should a patient emergency be identified. These were readily available in both surgeries. We advised the practice manager to devise and implement a local overarching resuscitation policy setting out the procedure to follow in the event of an emergency to support the information provided during the staff induction process. The manager agreed to do this. Staff were able to describe 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.

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).

### **Effective Care**

We found that the practice had conducted clinical audits as part of the overall quality assurance process. These included audits in respect of infection control, and X-ray image quality. These would assist in the identification of areas for improvement so that corrective action could be taken.

We reviewed a random sample of patients' electronic orthodontic records to assess the quality of record keeping. We found the records to be

comprehensive. They demonstrated that treatment had been planned with the aim of delivering safe and effective care to patients and took into account relevant NICE<sup>4</sup> guidelines.

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<sup>4</sup> The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

## *Quality of Management and Leadership*

**A manager was responsible for the day to day running of the practice. Staff told us they felt well supported in their roles and had opportunities to attend relevant training.**

A manager was responsible for the day to day running of the practice and divided her time between the practice and a sister practice within the same (dental provider) group. Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by the practice manager and the wider team.

Staff told us they felt communication within the practice team was effective and that regular practice meetings were held. We saw written minutes of meetings, which had been signed by staff to demonstrate they had read them. We identified this as noteworthy practise.

We saw training certificates that indicated staff had attended training on topics relevant to their role. Staff we spoke with 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 the aim of providing feedback on their work performance and to identify development and training needs.

We found that all clinical staff working at the practice were registered with the General Dental Council (GDC) to practise. We also saw documentation that indicated they had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect their own and patients' safety in this regard.

The orthodontic specialist working at the practice provided private orthodontic services and her HIW registration certificate was prominently displayed as required by the regulations<sup>5</sup> for private dentistry. In addition, she had a Disclosure and Barring Service (DBS) certificate that had been issued within the previous three years as required by the above regulations.

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<sup>5</sup> The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

## 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 2008<sup>6</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>7</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising

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

<sup>7</sup> <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 The Orthodontic Centre (Bridgend) 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: The Orthodontic Centre (Bridgend)**

**Date of Inspection: 17 November 2015**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	The practice must make suitable arrangements to ensure that accurate and consistent information is available to the public via its internet pages.	Standard 3.4	The Q dental website will be taken out of use, this will eliminate the confusion.	Practice manager/seni or regulatory officer	31 Dec 2015
7	The practice must make suitable arrangements to ensure that information provided to patients on how to make a complaint about NHS treatment is consistent and in accordance with <i>Putting Things Right</i> .  [The National Health Service (Concerns, Complaints and	Standard 6.3	The information has been amended and is now consistent and in accordance with <i>Putting Things Right</i> .	Completed	

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Redress Arrangements) (Wales Regulations 2011]				
<b>Delivery of Safe and Effective Care</b>					
8	The practice should make suitable arrangements to ensure that it is satisfied staff have access to the most current policies.	Standard 3.1	Policies and procedures are up to date, however the intranet did have both new and old versions which was causing some confusion. The old versions were removed last week.	Completed	
10	The practice should obtain documentation from the manufacturer of the compressor equipment setting out what checks are required and retain for future inspection by HIW. Any checks recommended by the manufacturer to be undertaken.	Standard 2.9	We have requested the required information from the manufacturer of the compressor.	Practice Manager	31 Dec 2015
<b>Quality of Management and Leadership</b>					
	No improvement needed identified.				

### Practice Representative:

Name (print): ...Kathy Williams .....

Title: ....Practice Manager.....

Date: ....21 Dec 2015.....