

General Dental Practice Inspection (Announced)

Cardiff and Vale University
Health Board and Cwm Taf
University Health Board:
Keir Hardie Health Park
Dental Services

22 February 2016

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.	Context.....	4
3.	Summary.....	5
4.	Findings	6
	Quality of the Patient Experience	6
	Delivery of Safe and Effective Care	9
	Quality of Management and Leadership.....	14
5.	Next Steps	15
6.	Methodology.....	16
	Appendix A	18

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 Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil, CF48 1BZ on 22 February 2016

HIW explored how Keir Hardie Health Park Dental Services 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 6 of this report.

2. Context

Keir Hardie Health Park Dental Service provides dental services for patients within the area served by Cwm Taf University Health Board. However, there is a strong administrative association with Cardiff and Vale University Health Board due to the specific nature of the dentist's contract. Keir Hardie Health Park Dental Service offers the full range of NHS dental treatment.

The practice staff team includes a dentist and his dental nurse. There is a practice manager and two dedicated receptionists.

The practice is on the first floor of the newly built Health Centre. Community dental clinics are also organised from the health park, however this inspection focussed solely on the dentist who holds a Personal Dental Services (PDS) contract.

3. Summary

Overall, we found that Keir Hardie Health Park Dental Services provides patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Staff appeared happy in their roles and understood their responsibilities
- Clinical facilities are very well equipped, visibly clean and tidy
- Patient records are generally of a high standard
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately
- Clinical waste is handled, stored and disposed of safely
- Audits and team meetings are conducted regularly and used to improve practice.

This is what we recommend the practice could improve:

- Risk assessments on hazardous substances should be implemented to include detailed information on controls measures that have been put in place
- Ensure all patient records contain smoking cessation and alcohol advice, cancer screening and record informed consent
- It is important that all documentation relating to decontamination equipment is retained locally for audit and inspection purposes
- The practice should display the complaints policy and develop a method for capturing informal feedback or verbal complaints.

4. Findings

Quality of the Patient Experience

We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained from the patient questionnaires was extremely positive. The practice had a system in place for regularly seeking patient feedback, via patient survey, as a way of assessing the quality of the service. There was a pleasant waiting area with evidence of a range of dental health promotional material.

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

“Extremely welcoming.”

“I’ve always been very pleased with the treatment and care. Staff are very friendly.”

“I’ve always found the reception staff, dentist and dental nurses extremely helpful and reassuring. The general health of the patient is always taken into consideration as well as their dental care. Anyone with a phobia of dentists need not worry about attending this clinic as their worries and concerns are soon put to rest. I would recommend this practice to anyone.”

Dignified care

All patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by the staff. We also observed the warm friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patient’s privacy including a space for patients to have private conversations with staff and discretion when dealing with patient telephone messages. Patients told us that they were extremely satisfied with the care and treatment they received.

Timely care

The practice tries to ensure that dental care is provided in a timely way. Twenty questionnaires had been filled in and none of the patients who completed questionnaires had experienced any delays in being seen by the dentist on the day of an appointment. Three quarters of patients also told us they knew how to

access out of hours care. There was a sign on the window of the surgery giving the emergency contact number. There was also one provided on the wall of the waiting room, in the patient information sheet and on the practice's telephone phone message.

Staying healthy

The Health Park has only been open for three years and the reception area and waiting room provide a bright, spacious and attractive first impression. There was evidence of dental health promotion material in colourful posters on the walls and around the reception areas.

All the patients who completed questionnaires said they were given appropriate information about their treatment. Most patients said they had been asked about the option of communicating in the language of their choice and there was evidence of information being available in both English and Welsh.

Individual care

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service, when they attended the practice. We were told that patient surveys are conducted and a quality assurance group reviews the data. This showed that there are systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment two thirds of patients who completed the questionnaires acknowledged that they knew how to make a complaint and had seen the notice in the waiting room. There was a poster on the notice board about the NHS arrangements for making a complaint (known as 'Putting Things Right') although it did not go into enough detail in regard to the time scales for addressing concerns. However, a copy of the policy with the relevant timescales was added to the notice board during the inspection.

Improvement needed:

A clear complaints notice should be on display. This should include time scales for responding to complaints.

Complaints are addressed centrally by the health board in Cardiff. We were told there had been very few complaints at the practice. Any concerns/complaints received are sent through to the health board, who respond to them. There was no evidence of recording of verbal/informal

complaints or of analysis of trends. The practice was advised to implement a system to capture verbal complaints.

Improvement needed

The practice should implement a system to capture verbal complaints.

Delivery of Safe and Effective Care

We found that patients are provided with safe and effective dental care. We were satisfied that there were arrangements in place to protect patients and staff from preventable healthcare associated infections. We saw evidence to show that the X-ray equipment and the decontamination process were used appropriately and safely.

Safe care

Clinical facilities:

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment. There was an accessible unisex patient toilet and two staff toilets. Toilets were visibly well maintained. The corridors were light and airy. We looked at the clinical facilities in the surgery and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgery was visibly clean and tidy.

The surgery was well organised to help nurses to work efficiently. There was an effective system in place for removing used dental equipment from the surgery to the decontamination room in sealed containers marked 'dirty'. Once the equipment had been through the cleaning process it was packaged, clearly labelled and dated before being stored in plastic trays in a dedicated area. The practice told us that, although they are aware that packaged equipment can be kept for up to a year, their policy is only to keep it for a month. We found two pieces of equipment were out of the month date, by two weeks.

We were unable to inspect the machine for providing compressor air to the surgery, (compressor) because it is situated in the roof space of the health centre. No safety check certificate was available either, because the maintenance of this equipment is handled centrally.

Improvement needed:

Evidence of compressor checks should be kept locally for audit and inspection purposes.

We noted that the portable appliance testing (PAT) had been completed on all the electrical equipment to help ensure that small appliances were safe to use. Fire equipment was in place and had been checked in May 2015. There was

clear signage to the emergency exits. There was no public liability insurance certificate on display.

Improvement needed:

A public liability certificate should be on display in the building.

There was a file available containing data sheets relating to Control of Substances Hazardous to Health (COSHH) but no risk assessments for chemicals kept on the premises. All chemicals were kept securely behind locked doors. However, risk assessments, indicating the current control measures in place to prevent harm, need urgent action.

Improvement Needed:

Risk assessments to be put in place, alongside each data sheet, for all chemicals kept on the premises.

Radiographic equipment:

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment although the dentist's training was out of date. Arrangements were put in place immediately following the inspection for the dentist to complete retraining. The practice was advised to send a copy of the ionising radiation training certificate to HIW.

Improvement needed

HIW is to be provided with a copy of the IR(ME)R training certificate for the dentist.

The current arrangements for protecting patients and staff when the OPG machine¹ is being used, are acceptable. We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of X-ray equipment were also seen in the radiation protection file and attached to the machine in the surgery. These did not contain the names of the radiation protection supervisor or radiation protection adviser, but this omission was rectified whilst the inspection was taking place.

¹ An OPG machine takes a panoramic x-ray of the upper and lower jaw, giving a two dimensional view from ear to ear.

Staff also confirmed that the quality of the X-rays taken were considered and recorded on a daily basis. The practice had completed a dental X-ray audit in 2014. We advised the practice that an in depth audit should be undertaken at least annually, or in line with best practice, every six months.

Drug storage and emergency equipment:

The practice had excellent procedures in place to respond to patient medical emergencies. We saw records that indicated that the team had received training on how to perform cardiopulmonary resuscitation (CPR) and there was a designated first aider. There are also doctors and nurses in the health centre building.

The resuscitation equipment and emergency drugs were stored in separate cupboard and were immediately available in the event of a medical emergency (collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs weekly.

Decontamination:

The practice has a dedicated area for the cleaning and sterilisation of dental instruments. There were two rooms, one designated for clean instruments and the other for dirty instruments, with two washer disinfectors in place. The area was visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff. We saw that there was a dedicated hand washing sink. The dental nurse had received training in decontamination but did not have her certificate to hand. We advised the practice that a copy of staff certificates for decontamination training should be kept by the practice.

Improvement needed

The practice is to provide HIW with copies of certificates which confirm staff training in decontamination.

The practice showed us evidence of the completion of an excellent infection control audit in 2015, which complied with the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines. There was a detailed action plan attached to show what actions had been identified and when they would be put in place.

We were told, by the practice manager, that all the equipment is serviced regularly. In fact the engineer had been in the practice servicing the washer

disinfectors on the day before the inspection. Unfortunately, we found that maintenance certificates for the equipment were not available at the practice because all servicing and maintenance is handled centrally by the health board.

Improvement needed:

All documentation relating to decontamination equipment is to be up to date and should be retained locally for audit and inspection purposes. The logbook for the sterilising equipment should contain all the information pertaining to the lifecycle of the equipment, from purchase through to disposal.

The practice recorded daily and weekly checks on the sterilisers to ensure that equipment remained in good working order and that the decontamination process was effective.

Waste disposal:

We could see that the practice had an excellent system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous and non-hazardous waste. We also saw that the waste had been segregated into the designated coloured bags/containers in accordance with the correct method of disposal. These were stored in a locked area of the building whilst awaiting collection.

Safeguarding

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. The staff had completed training in the protection of children and vulnerable and we saw their certificates.

Effective care

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that a large number of audits had been completed by the practice, including infection control, radiographic audits, appointment adherence and oral care of the elderly. The practice manager was not aware that any team development tool was being used. We advised the practice to implement a team development tool to allow the dental team to focus on how they work and to enable everyone in the practice to think about the quality of care.

Patient records:

There was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

A sample of patient records was reviewed. Overall, we found that patient care entries contained sufficient information regarding discussions held about treatment options and patient questionnaires confirmed this. There was also evidence of treatment planning. There was evidence of good records of planned patient care and treatment. We also saw evidence of counter signatures to show that patient medical histories had been checked by the dentist. It was clear that generally there is excellent clinical note writing. However, some records showed no evidence of smoking cessation, cancer screening, or alcohol advice and informed consent was not always recorded in the clinical notes.

Improvement needed:

Clinical notes must contain evidence of smoking cessation advice, alcohol advice, cancer screening and informed consent.

There was evidence that patients were offered X-rays at appropriate time intervals. The quality of the X-rays was monitored and all X-rays were stored electronically.

We found the practice had suitable arrangements in place to back up patient records to ensure continuity of care. The paper records are kept in lockable filing cabinets in the office.

Quality of Management and Leadership

We found evidence of effective management and leadership at the practice. A range of relevant policies and procedures are in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

The practice has only been in the Health Park since 2012. Before that it was known as the 'Hollies' and was based in the centre of Merthyr Tydfil in a building built about forty years ago.

The day to day management of the practice is the responsibility of the practice manager. We saw completed induction folders. These were very thorough and we saw that new staff also attend the Dental Hospital in Cardiff for clinical induction training. All staff are given access to the computer which contains the policies and procedures and the employee handbook requires them to ensure that these are read. Yearly appraisals are carried out and objectives set. We also saw minutes of quarterly team meetings where staff have the opportunity to listen to presentations on various topics and to learn from them. Topics range from feedback on audits to learning about dementia.

We confirmed that all relevant staff were registered with the General Dental Council. There were no signs displaying the name and qualification of the dentist. The practice was advised to rectify this.

Improvement needed

The name and qualification of all staff registered with the General Dental Council should be displayed.

We saw records relating to hepatitis B immunisation status for all clinical staff working in the practice. The dental nurse confirmed she had completed the full course of vaccinations but there was no record available.

Improvement needed

Confirmation of the dental nurses' hepatitis B immunisation status is to be forwarded to HIW

We looked at the policies and procedures in place and saw evidence that they reflected actual practice.

5. 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 Keir Hardie Health Park Dental Services 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, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HW with sufficient assurance concerning the matters therein.

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

The improvement plan, once agreed, will be published on HW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to 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 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

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <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 HW
- 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
- HW 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Keir Hardie Health Park Dental Services

Date of Inspection: 22 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	A clear complaints notice should be on display which includes time scales for responding to complaints	Health and Care Standards 6.3			
8	The practice should implement a system to capture verbal complaints.	GDC guidance 5.1.7			
Delivery of Safe and Effective Care					
9	Evidence of compressor checks should be kept locally for audit and inspection purposes.	Pressure Systems and			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Transportable Gas Container regulations 1989, Pressure Systems Safety Regulations 2000			
10	HMW is to be provided with a copy of the IR(ME)R training certificate for the dentist.				
10	A public liability certificate should be on display in the building.	GDC 2.4.1, 5.1.3-5.1.5			
10	Risk Assessments to be put in place alongside each Data Sheet for all chemicals kept on the premises.	Health and Care Standards 2.1			
11	All documentation relating to decontamination equipment is to be up to date and should be retained locally for	WHTM 01-05 4.15, 11.14			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	audit and inspection purposes. The logbook for the sterilising equipment should contain all the information pertaining to the lifecycle of the equipment, from purchase through to disposal.				
11	The practice is to provide HIW with copies of certificates which confirm staff training in decontamination.	WHTM01-05 1.26			
12	Decontamination training protocol with individual records should be completed.	WHTM 01-05 1.26-2.4o			
13	Clinical notes should include smoking cessation and alcohol advice, informed consent and cancer screening	Health and Care Standards1.1 3.2,4.1,4.2, 5.1,6.1			
Quality of Management and Leadership					
15	The name and qualification of all staff registered with the General Dental	GDC guidance			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Council should be displayed.	6.6.10			
15	Confirmation of the dental nurses' hepatitis B immunisation status is to be forwarded to HIW	GDC guidance 1.5.2			

Practice Representative:

Name (print):

Title:

Date: