

General Dental Practice Inspection (Announced)

**Abertawe Bro-Morgannwg
University Health Board
Woodfield Street Dental
Practice**

18 February 2016

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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 Woodfield Street Dental Practice at 102, Woodfield Street, Morriston, Swansea SA6 8AS on 18 February 2016].

HIW explored how Woodfield Street 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 6 of this report.

2. Context

Woodfield Street Dental Practice provides services to patients in the Morriston area of Swansea. The practice forms part of dental services provided within the area served by Abertawe Bro-Morgannwg University Health Board.

Woodfield Street Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists and four dental nurses who also share responsibilities for reception duties.

A range of general dental services are provided, including domiciliary visits which are made to patients who have mobility difficulties.

3. Summary

Overall, we found evidence that Woodfield Street Dental Practice provided safe and effective care. We observed the warm, friendly and professional approach shown toward patients by the dental staff. Patients who completed the HIW questionnaires told us they were very satisfied with the care and treatment they received at Woodfield Street Dental Practice.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided
- Staff we spoke to were happy in their roles, understood their responsibilities
- Clinical facilities were well-equipped, visibly clean and tidy
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately.

This is what we recommend the practice could improve:

- Advisory notices and practice information for patients needs to be in place
- Health and safety arrangements, including the issue of the trip hazard on the stairs within the practice, disposal of needles, maintenance records for equipment and up to date Portable Appliance Testing (PAT)
- Arrangements for safeguarding children and vulnerable adults.

4. Findings

Quality of the Patient Experience

Patients who provided comments within HIW questionnaires indicated they were very satisfied with the service provided by the practice team. We noticed the friendly yet professional manner that staff spoke to patients face to face and on the telephone. We recommended updates to be made to the complaints policy and some of the information displayed for patients.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

"More than happy - excellent service and one to one consultations and treatment. I have recommended this dentist to friends and family."

"Very happy with all staff-personality wise and competence."

"Text for appointment reminders is a good service."

"The treatment received has always been excellent."

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. There was a private area on the ground floor for staff to have conversations with patients. We noticed the friendly yet professional manner that staff spoke to patients face to face and on the telephone. Feedback from the eighteen patients who completed our questionnaire was very positive. All patients told us that they were satisfied with the care and treatment they received at the practice and were made to feel welcome by the staff.

Timely care

The practice tries to ensure that dental care is provided in a timely way. Feedback from the patient questionnaires showed that delays were very rare and when this happened staff always gave an explanation for the delay. A flexible appointment system allowed patients to make appointments in advance and enabled them to be seen in an emergency. The majority of patients told us they knew how to access out of hours dental care. There was a notice in the

window of the practice giving details of emergency numbers for NHS patients who needed to contact a dentist out of hours. The notice for private patients was to ring the practice and an answering machine would give them information as to how to contact a dentist in an emergency. The staff explained that both of the dentists at the practice had mobile telephone numbers that patients could ring should an emergency arise in the evenings or at weekends.

Staying healthy

All patients completing the questionnaires stated that they received enough information about their treatment.

We noticed a plentiful supply of health information leaflets for patients to take home and some notice boards gave information about good dental health and how to maintain this. There was also information about low income schemes for patients to help with dental costs. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

We saw that two of the questionnaires were completed in Welsh. The practice should consider how they could make information more accessible to a wider range of patients, such as by providing information in other formats and languages, including Welsh.

Individual care

Responses from patient questionnaires showed that all of the patients felt they were given enough advice about their individual treatment were very happy with the service they received and were always made to feel welcome. Patients told us that the staff always took time to listen to them and advise them of any concerns or questions they may have. Patients also told us they enjoyed the friendly atmosphere at the practice.

Posters were displayed about the various dental services offered by the practice including the cost of private treatments.

From looking at the practice complaints book, we noted that between August 2011 and January 2016 only two complaints had been made to the practice. These complaints and were recorded as being immediately dealt with to the patients' satisfaction. We asked staff to confirm if these were the only complaints. They told us they were and that they prided themselves on having excellent relationships with their patients that enabled them to deal with any concerns immediately.

Delivery of Safe and Effective Care

We saw that the practice was visibly clean and tidy. We were satisfied with the arrangements at this practice to protect staff and patients from preventable healthcare associated infections and that x-ray equipment was used safely. We found that patient's dental records were generally satisfactory, except for improvements needed in updating medical histories and the recording of clinical findings from x-rays. The importance of maintaining accurate clinical records and plans for future record keeping was discussed.

Safe care

Clinical facilities

Fire extinguishers were strategically placed throughout the building and we saw evidence of a current fire protection contract. Directions for the emergency exit were clearly displayed. Although we saw that a risk assessment in relation to health and safety had been carried out at the premises, we noticed there was a potential safety hazard because of a separate single step that led to the staircase. This step was placed at an angle and was not clearly visible when ascending or descending the staircase and we saw reports of trips and falls written in the accident book due to this.

Improvement needed

The practice must ensure that the health and safety of patients at the practice is protected, specifically the risks regarding the trip hazard on the stairs should be addressed.

Other entries in the accident book although few, related to needle-stick injuries and mainly concerned re-sheathing of needles. This was due to the practice not always using a safe needle disposal system.

Improvement needed

Given the injuries sustained by staff, the practice should review the arrangements for the use of sharps in line with the Sharps Instruments in Healthcare Regulations 2013.

A contract document was in place for the safe disposal of hazardous and non-hazardous waste.

When looking at small portable appliances used at the practice we noted that although the appliances appeared to be in visibly suitable condition, there was

not a recent Portable Appliance Test (PAT) certificate. The practice must ensure that a PAT testing is carried out to help ensure that equipment is safe to use.

Improvement needed

The practice must ensure that all equipment and appliances are safe to use, specifically regular PAT testing should be conducted and evidence maintained.

We looked at the maintenance arrangements for the machine which provides compressed air to the surgeries (compressor) and we saw there was no written evidence that daily checks were carried out. Staff explained that daily checks were conducted, but did they did not always record this.

Improvement needed

Daily checks of the compressor should be recorded.

Infection control

We were satisfied with the arrangements at this practice to protect staff and patients from preventable healthcare associated infections. From talking with staff they were able to give a good account of what the risks may be and the measures they would take to protect themselves and patients from infection. We saw the practice's health and safety policy based on the Welsh Health Technical Memorandum 01-05¹ (WHTM01-05). Examples of appropriate infection control were seen as follows:

- Dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, heavy duty gloves, eye protection and aprons
- Dedicated hand washing sink
- Use of appropriate hand washing technique displayed by staff before and after caring for patients.

¹ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Emergency drugs and resuscitation equipment

We noted that all staff had received certified training in cardio-pulmonary resuscitation (CPR) within the last year. All emergency drugs and equipment needing to be used in the event of a CPR (collapse) occurring were in date and stored securely.

Safeguarding

We found that the practice had policies in place for both child and vulnerable adult protection.

At the time of our inspection, we found that neither dentist had a Disclosure and Barring Service (DBS) certificated dated within the last three years in line with the regulations for private dentistry. Both dentists agreed to address this.

We asked about pre-employment checks for staff and DBS checks. We were told that since the staff had been employed at the practice for many years this had not been a requirement at the time. We did advise that these procedures should be carried out if employing new staff.

We also noted that only two of the dental nurses had previously conducted child protection training and no staff had completed adult protection training.

Improvement needed

All staff should have up to date child and vulnerable adult protection training.

Radiographic equipment

Since the practice performed x-ray procedures we saw documentation that both dentists had up to date training in ionising radiation and that there was a named radiation protection supervisor at the practice. A contract was in place for the services of a Radiation Protection Adviser (RPA) and we saw documentation of a recent radiation quality assurance audit.

We noted that one nurse was due to update the ionising radiation training. This is required by The Ionising Radiation (Medical Exposure) Regulations IR(ME)R (2000). We also found that identification signs, which indicate controlled areas for x-ray procedures, were missing.

Improvement needed:

The relevant training in ionising radiation must be conducted by all dental nurses.

The practice should ensure suitable radiation warning signs are in place.

Patient records

We looked in detail at samples of patient record keeping for both dentists. We found only two issues that need to be addressed. Firstly, not all medical histories were signed and dated by patient and countersigned by the dentists. While countersigning is not mandatory, the practice must have a consistent system for ensuring that medical histories are checked and updated. Secondly, clinical findings from x-rays (what the x-rays showed) were not always written in the notes. This is a requirement of IR(ME)R 2000.

Improvement needed

Improvements should be made to patient records, specifically regarding the following:

- ***Consistent system for checking and updating medical histories***
- ***Recording the clinical findings from x-rays.***

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. Staff told us that they maintained their professional development through reading relevant literature, undertaking online educational courses offered by the Welsh Deanery and through in house training sessions. It is important that staff have access to relevant training opportunities and be supported with their Continued Professional Development (CPD) to ensure they are properly trained and competent.

Whilst the practice held staff meetings, these tended to be on an opportunistic basis. We advised staff of the value of recording practice meetings as they can serve as a basis to review, assess and improve the services they offer to their patients. We noted that there were no formal arrangements for staff to conduct regular peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided.

Improvement needed

The practice need to formalise quality assurance arrangements, including regular peer review audits as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. Staff we spoke to were happy in their roles, many of whom had been in post for a number of years. Staff understood their responsibilities and felt supported by both dentists and each other. The majority of staff had been employed at the practice for many years. Collectively, the staff seemed a happy, confident and cohesive group. The practice had a number of policies and procedures in place to promote best practice and enabling staff to provide safe care to patients.

The practice did not have an appointed practice manager and all managerial responsibilities were covered by the senior dental partner. The staff said they were happy with this arrangement and were confident that if any issues arose from either their personal or patient perspectives, these would be dealt with promptly and efficiently.

The practice had been situated at Woodfield Street for more than 50 years and was limited by the layout and structure of the building. However, efforts had been made wherever possible to provide comfortable, safe and pleasant facilities.

We noted that all staff were registered with the General Dental Council and there was appropriate indemnity insurance in place for staff. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. The certificates need updating due to changes within HIW and the senior dentist agreed that this would be done.

We reviewed the policies and procedures available at the practice and saw these had been adapted to suit the needs of the practice. There was a system in place to ensure that any new or revised clinical guidelines were added to the policies folder. Staff mentioned the importance of keeping abreast of new developments and procedures in order to ensure best practice for patients and to keep themselves updated.

We did note that some of the policies and procedures still bore the name of one of the retired dentists and we advised that this should be removed from the literature. Staff agreed to address this.

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 Woodfield Street Dental Centre 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.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in 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 Radiation (Medical Exposure) Regulations 2000 and any other relevant

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

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Woodfield Street Dental Practice

Date of Inspection: 18 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	<i>No improvements required.</i>				
Delivery of Safe and Effective Care					
8	The practice must ensure that the health and safety of patients at the practice is protected, specifically the risks regarding the trip hazard on the stairs should be addressed.	Health and Care Standards. 2.3. Health and Care Standards 2.9.	Mind the step sign immediately placed after the inspection. Monitoring accident book for any further trips.	James Rice	Complete
8	Given the injuries sustained by staff, the practice should review the	Health and Care	Further training / review of handling of sharps with staff at next staff	James Rice	1 Month

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	arrangements for the use of sharps in line with the Sharps Instruments in Healthcare Regulations 2013.	Standards 2.1 Sharps Instruments in Healthcare Regulations 2013	meeting, including reinforcing use of re-sheathing devices Discuss other options available		
9	The practice must ensure that all equipment and appliances are safe to use, specifically regular PAT testing should be conducted and evidence maintained.	The Electricity at Work Regulations 1989. Health and Safety Executive (HSE)	Book PAT testing with Leighton Hughes Fire Extinguishers	James Rice	2 months
9	Daily checks of the compressor should be recorded.	Health and Care Standards 2.9 Pressure Systems and Transportab	Daily compressor check list record book now in place following inspection	James Rice	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		le Gas Container Regulations 1989. Pressure Systems safety Regulations 2000.			
10	All staff should have up to date child and vulnerable adult protection training.	Health and Care Standards 2.7	Full team child protection and vulnerable adult training carried out by Denplan Acadamy on 27/4/16. Certificates available	James Rice	Complete
10-11	The relevant training in ionising radiation must be conducted by all dental nurses. The practice should ensure suitable radiation warning signs are in place.	General Dental Council: CPD for dental professionals Ionising Radiation (Medical Exposure) Regulations	All staff are up to date with IRMER training, at time of inspection only 1 staff member did not have training – this nurse was in her first cycle of CPD and so was not overdue – although she has now completed IRMER training 25/2/16 All dental nurses are up to date with IRMER training Certificates available on request	James Rice	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		2000 General Dental Council 6.1.6.	Warning signs purchased and placed on doors of controlled areas		
11	Improvements should be made to patient records, specifically regarding the following: Consistent system for checking and updating medical histories Recording the clinical findings from x-rays.	Health & Care Standards 3.5; General Dental Council Standards. 4.	Although initial medical histories are signed and countersigned, we will review our policy for updating medical histories and audit to review it is being completed. Although relevant findings are noted, we will ensure ALL findings are noted clearly	James Rice/ Geoff Pearson	Now until 3 month audit
11	The practice need to formalise quality assurance arrangements, including regular peer review audits as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.	Health & Care Standards 3.3; Private Dentistry Regulations Sec. 14 (2)	Document staff meeting fully. Regular staff meeting to share best practice documented Peer review audits within the team e.g medical histories and radiographs	Geoff Pearson/ James Rice	Immediately
Quality of Management and Leadership					
	<i>No improvements required.</i>				

Practice Representative:

Name (print): James Rice

Title: Partner Dentist

Date: 20/6/16