

General Dental Practice Inspection (Announced)

Abertawe Bro Morgannwg
University Health Board,
**Compton House Dental
Practice**

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	13
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 to Compton House Dental Practice at 20, Penprysg Road, Pencoed, Bridgend, CF35 6SS on 5 July 2016.

HIW explored how the 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

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

Compton House Dental Practice is a mixed practice providing both private and NHS dental services

The practice staff team includes nine dentists, one therapist, one hygienist, nine nurses, a practice manager and two reception staff. At the time of our inspection four trainee nurses were also working at the practice.

3. Summary

A manager was responsible for the day to day running of the practice and worked closely with the practice owner and the wider clinical team. We found a friendly and professional staff team who were committed to providing safe and effective care to patients.

This is what we found the practice did well:

- Patients who completed and returned HIW questionnaires told us they were satisfied with the service provided.
- Staff demonstrated a thorough process for cleaning and sterilising dental instruments.
- Documentation and information was available showing that X-ray equipment was safe to use.
- Staff were able to describe their roles and responsibilities.

This is what we recommend the practice could improve:

- Written risk assessments need to be completed. This is to identify workplace hazards and show how risks are controlled to protect people from harm. This is also required by Health and Safety law.
- To help reduce cross infection, gaps between the walls and the floor need to be sealed in two of the surgeries. In addition, the use of refillable hand-wash soap containers needed to be reviewed.
- Some improvement is needed around the checking of emergency equipment. This is to ensure it remains safe to use in a patient emergency (collapse).

4. Findings

Quality of the Patient Experience

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were satisfied with the service they had received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 16 questionnaires were completed and returned. Patient comments included:

'... staff are always professional and accommodating.'

'... best dental care I've ever received.'

'I do wish the hygienist [appointments] were not so expensive.'

All patients who completed and returned a questionnaire told us they were satisfied with the service they had received from the dental practice.

Dignified care

We found that people visiting the practice were treated with dignity, respect, and kindness by practice staff.

We observed staff being kind and polite to patients visiting the practice. We also heard staff being polite and courteous when making telephone calls. All patients who returned completed questionnaires told us that the practice staff had made them feel welcome. Some patients also added their own comments and indicated they had been made to feel very welcome.

Timely care

Some patients told us that they had experienced delays in being seen by their dentist. Information was available to make patients aware of how to access urgent dental treatment when the practice was closed.

Two thirds of patients who provided comments within HIW questionnaires told us they had experienced a delay in being seen by their dentist on the day of their appointment. Most patients confirmed that this had not been significant. The practice may wish to explore this further however so that improvements can be made.

Staff described arrangements for keeping patients informed should the dentists be running late or unexpectedly absent.

Information for patients on how to access urgent dental treatment when the practice was closed was made available via a variety of means. The majority of patients (10) who provided comments indicated they knew how to access the out of hours dental services.

Staying healthy

We saw that health promotion material was available in the waiting areas. This meant that patients had access to information on how to take care of their own oral hygiene and health.

The practice provided both private and NHS dental services. Information on costs for treatment was clearly displayed within the waiting room. This meant patients had access to information on how much their treatment may cost.

The majority of patients who completed and returned questionnaires told us they felt that they had been given enough information about their dental treatment.

Individual care

The practice was accessible to patients with mobility difficulties. Patients were offered opportunities to provide feedback of their experiences of using the practice.

There was level access to the practice building. The reception and main waiting area were on the ground floor. This meant these areas could be accessed by people who use wheelchairs and those with mobility difficulties. For patients who find stairs difficult to manage, arrangements could be made for them to be seen in the surgeries located on the ground floor.

The practice manager explained that patient satisfaction surveys were done twice a year. This provided an opportunity for patients to provide feedback on their experiences. The manager told us that the practice was looking to introduce a comments box so that patients could provide comments on an ongoing basis. The manager added that the practice team had good relationships with patients and felt that patients would be comfortable raising any comments or concerns directly with staff.

The practice provided both private and NHS dental services and had written procedures in place for responding to concerns (complaints). These required some additional information to be added to fully comply with *Putting Things Right*, the arrangements for dealing with concerns about NHS treatment in

Wales, and the requirements of the regulations associated with private dentistry. Specifically the contact details of the local Community Health Council needed to be included within the procedure for concerns about NHS treatment and the contact details of HIW needed to be included within the procedure for concerns about private treatment. The timescales for responding to concerns about private treatment needed to be reviewed to fully meet the private dentistry regulations.

Improvement Needed

The practice must review the concerns (complaints) procedures so that they meet Putting Things Right and the Private Dentistry (Wales) Regulations.

Information on how to make a complaint was prominently displayed in the waiting room. The information displayed need to be reviewed as described above.

The majority of patients (15) who returned a completed HIW questionnaire indicated they knew how to make a complaint about services they had received.

Delivery of Safe and Effective Care

Overall, we found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated. This was performed in a designated decontamination room to reduce cross infection. To comply with national guidance, some improvement was needed around the records that must be kept for sterilising equipment.

Documentation and information was available to demonstrate that X-ray equipment was being used safely. We identified some improvement was needed around the checking of equipment for use in a patient emergency (collapse).

Patients' records had been well maintained. We did however identify some improvement was needed to show that patients agreed with their treatment plans and the cost of their treatment.

Safe care

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The practice building appeared visibly well maintained both internally and externally. During a tour of the practice we saw all areas were clean and tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

To comply with Health and Safety legislation, the practice needed to record risk assessments in respect of workplace hazards. The practice manager agreed to do this. The practice should seek advice and guidance from the Health and Safety Executive in relation to this.

Improvement Needed

The practice must record risk assessments associated with workplace hazards.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw waste was being stored securely whilst waiting to be collected by the contractor company. Amalgam separators

were installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Arrangements with the local council were described for the disposal of non hazardous (household) waste.

The practice had a designated decontamination room for cleaning and sterilising dental instruments after use. The set up of the room met principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ to reduce cross contamination and infection. Staff demonstrated a thorough cleaning and decontamination process for dental instruments used at the practice.

Cleaning and sterilising equipment being used was visibly in good condition and autoclave² equipment had up to date safety inspection certificates confirming it was safe to use. Daily checks on equipment were being conducted to confirm it was working properly and logbooks had been maintained. To comply fully with WHTM 01-05, the practice should maintain a record of each sterilisation cycle performed by autoclave equipment.

Improvement Needed

The practice should maintain a record of each sterilisation cycle performed by autoclave equipment in accordance with WHTM 01-05.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy and generally furnished to facilitate effective cleaning. Gaps between the walls and the floor in two of the surgeries needed sealing to prevent the accumulation of water and debris and so help reduce cross infection. We informed the practice owner and manager so that suitable arrangements could be made to complete this work.

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.

Improvement needed

The practice must ensure the gaps between the walls and floor in those surgeries identified are sealed to prevent water, dust and debris from accumulating in crevices.

Liquid hand-wash was readily available for staff to wash their hands to reduce cross infection. Refillable containers were being used. We advised the practice owner and manager that this was not in accordance with WHTM 01-05, which recommends wall mounted liquid hand-wash dispensers with disposable cartridges are used to prevent cross contamination. The practice owner and manager agreed to address this.

Improvement Needed

The practice should stop using refillable hand-wash dispensers and make alternative arrangements taking into account guidance within WHTM 01-05.

The practice had a compressor³. No records had been maintained to demonstrate that it was being checked daily to confirm it was safe. The practice owner and manager confirmed daily checks were not being done.

Improvement Needed

The practice must ensure daily checks are completed on the compressor in accordance with the manufacture's instructions. Records of checks must be maintained and available for inspection by HIW.

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. A system was in place to check they were safe to use in a patient emergency (collapse). We checked the emergency drugs held and saw that these were in date. However, we found that some airway equipment, whilst sealed and in good condition, had passed their expiry dates. When this was brought to the attention of the practice owner and manager, we were assured that these would be replaced.

The log books demonstrated that emergency drugs were being checked weekly and equipment was being checked monthly. We advised the practice owner

³ A compressor pressurises air for use in dental procedures.

and manager that equipment should be checked at least weekly. This is in accordance with guidance issued by the Resuscitation Council (UK)⁴. The practice owner and manager agreed to make arrangements for this.

Improvement Needed

The practice should review the process in place for checking all emergency equipment to ensure it remains safe to use. The practice should take into account guidance issued by the Resuscitation Council (UK).

Staff had easy access to a series of flowcharts describing the action to take, and drugs to use, 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. We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date.

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 that clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. The certificate for one of the dentists was not available for inspection. We were assured however that the dentist was up to date with training. The practice must make arrangements to ensure that training certificates for clinical staff are available for inspection by HIW upon request.

Improvement Needed

The practice must make IR(ME)R training certificates for clinical staff available for inspection by HIW upon request.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. Training records we saw indicated that staff had completed training around safeguarding issues.

⁴ [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.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff and were confident these would be acted upon.

Effective care

Discussions with the practice owner and manager demonstrated the practice was committed to making efforts to continually improve the service provided to patients.

The practice owner provided examples of clinical audits that had been conducted. The aim of these is to improve the quality of care provided to patients or identify better ways of working. These included infection control, antimicrobial and X-ray image audits.

We considered a sample of patients' dental records to assess the quality of record keeping. This sample included records that had been completed by all of the dentists, the therapist and hygienist currently working at the practice. Overall the notes were detailed and described the practitioner's assessment of the patient and the treatment provided. We did identify that improvement was needed so that the records demonstrated patients had agreed their dental treatment plans and the cost for treatment prior to this being provided.

Improvement Needed

The dentists working at the practice must ensure that patient dental records completed by them demonstrate that prior to treatment being provided, patients have agreed their dental plans and the cost for treatment.

Quality of Management and Leadership

A practice manager was responsible for the day to day running of the practice. Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.

A practice manager was responsible for the day to day running of the practice. The practice manager 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 practice team. We also found that staff were clear and knowledgeable about their roles and responsibilities

We saw training certificates that demonstrated staff had attended training on topics relevant to their role. 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. Staff we spoke to also confirmed this process.

Staff told us they felt communication amongst the practice team was effective and that practice meetings were held. We saw written minutes of the meeting held in May 2016, which showed that work matters were discussed and information shared.

We found that clinical staff were registered with the General Dental Council (GDC) to practise and had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. It was not always clear from the records whether staff had developed sufficient immunity in this regard.

Improvement Needed

The practice should confirm with staff whether they have had a post immunisation blood test and take follow up action as appropriate.

In addition we informed the manager of the need for some clinical staff to have further health clearance checks in accordance with guidance⁵. The manager

⁵Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Health Care Workers (HCWs) [http://www.wales.nhs.uk/documents/WHC\(2007\)086.pdf](http://www.wales.nhs.uk/documents/WHC(2007)086.pdf)

informed us that arrangements were progressing for the practice to have access to occupational health advice via the local health board and felt this would be addressed when this service was fully implemented.

Improvement Needed

The practice must provide HIW with an update on the progress on relevant staff having health clearance checks in accordance with guidance.

The dentists working at the practice provided private dental services. Their HIW registration certificates were up to date and prominently displayed as required by the regulations for private dentistry. 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. 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 Compton House 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.

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 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 Radiation (Medical Exposure) Regulations 2000 and any other relevant

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

⁷ <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: Compton House Dental Practice

Date of Inspection: 5 July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	The practice must review the concerns (complaints) procedures so that they meet Putting Things Right and the Private Dentistry (Wales) Regulations.	Regulation 15(4)(a) Standard 6.1	Our practice private complaints policy now states the name and address of HIW. The NHS complaints policy now also stated the details of the community health council	Ann Collins	Completed
Delivery of Safe and Effective Care					
8	The practice must record risk assessments associated with workplace hazards.	Regulation 14(1)(d) Standard 2.1	An all practice risk assessment folder has been created and a full risk assessment has been carried out	Lisa Rigby	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9	The practice should maintain a record of each sterilisation cycle performed by autoclave equipment in accordance with WHTM 01-05. WHTM 01-05 Chapter 4, para 4.3	Standard 2.9	Data loggers have now been fitted to both autoclaves. Staff have been trained on how to use them. Data is viewed every cycle and printed out daily	Anwen Hopkins	Completed
10	The practice must ensure the gaps between the walls and floor in those surgeries identified are sealed to prevent water, dust and debris from accumulating in crevices. WHTM 01-05 Chapter 6, para 6.47	Standard 2.4	Silicone sealant has been placed so there are no longer any gaps	Ann Collins	Completed
10	The practice should stop using refillable hand-wash dispensers and make alternative arrangements taking into account guidance within WHTM 01-05. WHTM 01-05 Chapter 6, para 6.12	Standard 2.4	Old dispensers have been removed. New hand wash dispensers have been purchased and the staff and cleaner trained to replace no refill.	Ann Collins	Completed
10	The practice must ensure daily checks are completed on the compressor in accordance with the manufacture's instructions. Records of checks must be maintained and available for inspection by HIW.	Standard 2.9	[Named person] has given full training to our dental nurses – in accordance with manufacturers instructions. The compressors are now drained daily and inspected and a record kept.	Anwen Hopkins	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	<p>The practice should review the process in place for checking all emergency equipment to ensure it remains safe to use. The practice should take into account guidance issued by the Resuscitation Council (UK).</p> <p>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary dental care – equipment list</p> <p>https://www.resus.org.uk/quality-standards/primary-dental-care-equipment-list/</p>	<p>Regulation 14(2)</p> <p>Standard 2.9</p>	<p>A weekly check is now kept. Designated person is John Tilley our first aider.</p>	Ann Collins	Completed
11	<p>The practice must make IR(ME)R training certificates for clinical staff available for inspection by HIW upon request.</p> <p>The Ionising Radiation (Medical Exposure) Regulations 2000 Regulation 11(4)</p>	Standard 7.1	<p>[Named person] had lost her IRMER certificate so re-did it and has now given us a copy. IRMER has now been included into the practice managers monthly check list to ensure everyone up to date</p>	Ann Collins	Completed
12	<p>The dentists working at the practice must ensure that patient dental records completed by them demonstrate that prior to treatment</p>	Standard 3.5	<p>We are now using FP17DC forms. These have been distributed to all surgeries and staff training has been given.</p>	Ann Collins	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>being provided, patients have agreed their dental plans and the cost for treatment.</p> <p>General Dental Council Standards for The Dental Team Standard 4.1</p>				
Quality of Management and Leadership					
13	The practice should confirm with staff whether they have had a post immunisation blood test and take follow up action as appropriate.	Standards 2.1 and 7.1	All staff have been registered with [occupational] health. There is on-going discussion with [occupational] health to try to achieve this as they don't routinely do this.	Ann Collins	3 months
14	The practice must provide HIW with an update on the progress on relevant staff having health clearance checks in accordance with guidance.	Standards 2.1 and 7.1	Awaiting appointments with [occupational] health	Ann Collins	3 months

Practice Representative:

Name (print):Anwen Hopkins.....

Title:Partner.....

Date:16/9/2016.....