

# **General Dental Practice Inspection (Announced)**

## **Freeman & Rosser Dental Practice**

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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 Freeman & Rosser at on 5 July 2016.

HIW explored how Freeman & Rosser dental practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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

Freeman & Rosser dental practice provides services to patients in the Carmarthen area of Carmarthenshire.

Freeman & Rosser (which is part of the Portman Dental Group) is a private dental practice offering a range of dental services.

The practice staff team includes three dentists, two hygienists, seven nurses (three of which are trainees), a practice manager and three reception staff.

### 3. Summary

Without exception, patients who completed HIW questionnaires indicated that they were highly satisfied with the service received at Freeman & Rosser Dental Practice.

We observed the warm, friendly and professional approach adopted toward patients by members of the dental team and found that patients were regularly provided with the opportunity to offer their views on the care and treatment provided.

We examined equipment maintenance records and considered the presentation of the dental premises. Consequently, we were able to confirm that the dental team placed considerable emphasis on the health and safety of patients and staff.

We looked at a sample of twelve patient's dental records and held discussions with the dental team. As a result, we were able to confirm that every effort was made to ensure that patients understood their options for treatment and had agreed to go ahead with the chosen approach before treatment began. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to promote patients' health and well-being.

The day to day dental service was efficiently operated by the practice manager and a deputy manager and a team of experienced, motivated staff. The practice was supported by an effective governance team at Portman head office in Bristol. Subsequently the practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety. Staff told us they were very well supported in their roles.

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 are well-equipped, visibly clean and tidy
- Health and Safety arrangements met with all required standards
- All staff received annual training and updates as required

This is what we recommend the practice could improve:

- The address for the HIW needs to be added to the concerns information
- Timescales for the development of a decontamination room
- The use of the audit tool for infection control as suggested by (WHTM) 01-05 (Revision 1)
- Record keeping
- Establish a regular check of temperature for drug storage
- The practice needs to ensure that prescription drugs are stored in a suitably clean environment

## 4. Findings

### *Quality of the Patient Experience*

**Without exception, patients who completed HIW questionnaires indicated that they were highly satisfied with the service received at Freeman & Rosser dental practice.**

**We observed the warm, friendly and professional approach adopted toward patients by members of the dental team and found that patients were regularly provided with the opportunity to offer their views on the care and treatment provided.**

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. Twenty one were completed and returned. Without exception, patients indicated that they were highly satisfied with the services received at the practice.

A number of patients provided us with comments which included:

*“Excellent practice. Very friendly and professional service”*

*“If all dental businesses followed this practice – more people would feel comfortable and in safe hands. Best I’ve ever been to here in UK and in Europe”*

*“Very happy with the service at the practice. Polite and friendly staff, very professional. I feel at ease and comfortable and very confident with the dentists”*

*“Brilliant dental practice. Always made to feel welcome and anxieties sorted. Would not go anywhere else”.*

### Dignified care

We observed that people visiting the practice were treated with dignity and respect by the staff team. This is because we found the staff to be very professional, but friendly, and we overheard them being polite and courteous to patients via telephone calls and during face to face conversations. There was a separate manager’s office and a discrete area behind the reception desk for private conversations with patients. This meant that staff were able to limit opportunities (for people seated in the waiting room) to hear the conversation taking place. We also saw that the door to the dental surgery, (where patients



were receiving care on the day of our inspection), remained closed at times when patients were in the room.

All patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment. The sample of patient records we saw also demonstrated that dentists had discussed individual patients' treatment with them.

The practice provided private dental services and information about various dental costs were displayed in a patient information book in the waiting area.

The practice had developed a patient information leaflet in both Welsh and English and copies of this were readily available for patients to take away with them. There was also a very informative website which had been developed by the corporate company. This did not have any Welsh information at present but was an area of development for the company. This meant that patients had access to information about the practice in a language of their choice.

We discussed the use of bilingual signage at the practice, in line with the Welsh Language Act 2016 and were told that this would also be an area for further development in the future.

### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. This was confirmed through comments received within the HIW questionnaires and by the three patients spoken with on the day. Staff told us that they made sure patients were kept informed if their dentist was running late or if unexpectedly absent; alternative arrangements were offered.

An emergency contact telephone number for patients' use was clearly displayed at the entrance of the practice. The number was also listed in the practice's patient information leaflet and website. In addition, we were told that the practice's answerphone message informed patients of the correct number to call. This meant that patients could access advice on how to obtain treatment when the dental practice was closed.

### Staying Healthy

We saw, in the waiting area, health promotion leaflets for patients to take away such as; smoking cessation, alcohol consumption and oral cancer. However examination of twelve patients' records (four from each dentist) did not show that patients were being provided with checks and advice to support them to achieve, and maintain, good oral health. This is dealt with later in the report.

There were no smoking signs at the premises in support of the promotion of legislation concerning smoke free environments.

### Individual Care

The practice had arrangements in place to assist people with mobility difficulties to access the premises and receive care and treatment in a safe manner. For example, there was a ramp from the parking area to the practice entrance and thereafter all treatment was on the ground floor. There was a large accessible toilet for patient use.

We saw that there were monthly patient satisfaction surveys and there was also a comments book in the waiting area, so patients could provide their observations on how they felt about the service or how it could be improved.

Discussions with the practice manager indicated that, the comments in the monthly patient satisfaction questionnaires were forwarded to head office and the results were disseminated in graph format. We were provided with completed graphs associated with the most recent survey which showed a high satisfaction with the service provided.

We found that the practice had a written procedure for dealing with concerns (complaints) about private dental treatment. We were told that one formal complaint had been brought to the attention of the practice in the last year. We looked at this and were satisfied that it had been dealt with appropriately. The practice's complaints procedure was displayed in the waiting area and was also on the practice information leaflet, however HIW's address was not included. The practice also recorded informal concerns to look for themes and trends, with a view to deal with issues before they became formal complaints. This was an area of noteworthy practice.

### ***Improvement needed***

***The practices' concerns information should include the HIW address as required by regulation.***

We asked how the practice would assist patients with additional needs and were told that appointments would be made at the end of morning or afternoon surgery to allow for extra time to discuss treatment and to maintain individuals' privacy and dignity.

## *Delivery of Safe and Effective Care*

**We observed that people visiting the practice were treated with dignity and respect by the staff team. Rigorous checks and audits were undertaken to ensure the service was safe and effective. We identified some areas for improvement in decontamination, record keeping.**

### Safe care

We examined equipment maintenance records kept at the practice and the on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous waste. All such records were found to be current and valid. We also found that hazardous waste awaiting disposal was kept in a locked area to protect patients and staff.

During the inspection visit, we looked at the clinical facilities available at the practice. Our observations confirmed that the practice environment was visibly clean and hygienic, well equipped and the facilities were of a very good standard.

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that although the practice did not have a dedicated decontamination room as outlined in the (WHTM) 01-05 (Revision 1)<sup>1</sup>; the practice did have a well established and thorough approach to this aspect of service. The dental nurse led us through a full and satisfactory description of the decontamination process currently in place. We also saw that the entire decontamination process was supported by detailed records of daily and other regular safety checks regarding the effective operation of the equipment. We saw that instruments which were packaged and stored in preparation for re-use contained appropriate 'sterilised on' and 'use by' dates. This is an area of noteworthy practice because there is no confusion as to when the instruments are no longer considered sterile. We saw evidence of the recent completion of a thorough infection prevention and control audit, however

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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.

this was not the suggested audit associated with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1).<sup>2</sup>

***Improvement needed***

***The practice needs to set a timescale for the development of the decontamination room.***

***The practice should consider the use of the audit tool for infection control as suggested by (WHTM) 01-05 (Revision 1).***

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We were able to confirm that staff had received recent and relevant training in cardiopulmonary resuscitation (CPR) /emergency resuscitation.

Emergency drugs kept at the practice were seen to be securely stored and there were suitable arrangements in place to ensure that expired drugs were promptly replaced. We found though, that although individual written instructions, for the use of emergency drugs were kept in a plastic bag with each respective drug; they were stored in a large box meaning that in an emergency staff would have to search for the appropriate plastic bag. The practice was receptive to our suggestion that the drugs box should be organised for ease of access in an emergency. There was currently only one member of staff working at the surgery trained in the use of first aid, because one had recently moved to a sister practice. The practice manager told us that plans were already in place for another staff member to attend the training.

We found that, although the practice did not have digital x-ray equipment, the current arrangements in place for the use of x-ray equipment were in-keeping with existing standards and regulations. This included training updates for staff. We observed that the radiation protection file was completed as required. However on examination of the patient's records we found that the dentists were not consistently recording sufficient information to justify why certain dental x-ray views had been taken or not taken, such as in the case of an extraction. The practice had a suitable quality assurance system in place to

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<sup>2</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.

ensure that the image quality of patient x-rays were graded and recorded. This meant that dentists were able to ensure that good, clear x-rays supported decisions about patient care and treatment.

Some contact details of the local safeguarding teams in relation to adult and child protection were contained within policy documents to assist staff if they needed to report such matters. There was also an 'at a glance' flowchart for guidance in an emergency. We suggested that the practice manager contact the local safeguarding team to confirm that contact names and telephone numbers were correct. We also suggested a review of the Safeguarding policy to ensure it was aligned with Welsh legislation.

The nursing and administrative element of the staff team was well established; some individuals having worked at the practice for a number of years. We were told that the practice did not use agency dental nurses.

### Effective care

We viewed a sample of fifteen dental records but only spoke with the one dental practitioner working on the day of our inspection. As a result, we found that the quality of patient care entries differed between practitioners. We found that the following areas need to be included in all patient records;

- Social histories must be recorded including smoking and alcohol consumption
- Oral cancer screening must be recorded
- Extra and intra oral examinations must be recorded
- Written treatment plans must be given to patients prior to the commencement of treatment
- Verbal consent must be recorded on each visit
- Justification of x-rays must be recorded

### ***Improvement needed***

***The practice must improve record keeping in the highlighted areas.***

The practice followed the National Institute for Health and Care Excellence (NICE)<sup>3</sup> guidelines in relation to recommended timescales for dental recall visits. This assisted in determining when patients should receive their next appointment.

The practice dispensed medication for patients; such as antibiotics. We reviewed the storage of such medication and found that the cupboard had signs of dampness, there was also no record of temperature checks, to ensure the medication was being stored at the optimum temperature. We suggested that these checks be established and that suitable ventilation is made to the storage cupboard.

***Improvement needed***

***The practice needs to establish a regular check of temperature for drug storage.***

***The practice needs to ensure that prescription drugs are stored in a suitably clean environment.***

There were both electronic and paper records which were stored securely at the practice. The practice manager told us that there was a drive to become paperless in the future.

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<sup>3</sup> The NICE dental recall clinical guideline helps dentists to decide how often patients should be recalled between oral health reviews that are appropriate to the needs of individual patients. The guidelines apply to patients of all ages receiving primary care from NHS dental staff in England and Wales.



## *Quality of Management and Leadership*

**The dental practice was efficiently operated by the practice manager, the deputy manager and a team of experienced, motivated staff. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety. Staff told us they were very well supported in their roles.**

Freeman & Rosser is an established practice with 3700 patients. It opened in 1989 and joined the Portman group two years ago. The practice manager with support from the deputy manager has overall responsibility for the day to day operation of the practice; however, each member of the dental team has clear individual responsibility for particular aspects of the service.

We found that the dental surgery was very well run. The daily operation of the service was underpinned by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment were delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team. The practice had recently received the 'Gold Standard' award from Portman group in response to audits of practice and the "mystery shopper" system of measuring customer service.

Conversations with the practice manager demonstrated that sickness/absence levels were low. This negated the use of agency staff and meant that patients received care and treatment from team members who were familiar to them.

Dental nursing staff we spoke with told us they felt very well supported in their work. They also told us they, along with the dentists, attended regular staff meetings where they had opportunities to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information to the dental team. We were able to confirm those arrangements by looking at the notes held at the surgery which highlighted the relevant topics/issues discussed by the team. Discussions with staff also revealed that they were encouraged to participate in day to day decisions about the operation of the practice and felt valued as members of the dental team.

Examination of two staff files demonstrated that they had completed relevant training during 2015 which included sessions about cardiopulmonary resuscitation (CPR) and adult and child protection. We further found that the practice placed a great emphasis on staff training and development in general with continuing professional development files containing information about staff training in recent years.



Conversation with the practice manager and a dental nurse confirmed that staff received an annual appraisal which assisted in determining whether training received in the previous twelve month period had been effective, and what training was required in the future.

We were able to confirm that staff had contracts of employment in place and all clinical staff were registered with the General Dental Council and held dental indemnity cover. The surgery had also developed an induction programme to ensure that any new future members of the dental team were provided with a means of becoming familiar with the values and ethos of the practice, as well as established processes and procedures in relation to patient services.

We saw that the practice had current evidence of Hepatitis B vaccination for all members of clinical staff.

Discussion with dental staff demonstrated that they felt confident to raise any concerns they may have about services provided at the practice with the practice manager. A whistleblowing procedure was also found to be in place to enable staff to raise concerns about patient care and safety if considered necessary.

HIW certificates were prominently displayed in respect of the private dentistry provided at the practice as required by the regulations.

Examination of a variety of maintenance certificates held at the service revealed that there were suitable systems and processes in place to ensure that dental/other equipment was inspected in a timely way and in accordance with mandatory requirements.

## 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 Freeman & Rosser 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

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>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. 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 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.

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Dental inspections capture a snapshot of the application of relevant regulations at the practice visited on the day of the inspection.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Freeman & Rosser Dental Practice**

**Date of Inspection: 5 July 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
Page 8	The contact details for HIW should be added to the complaints information.	Private Dentistry Regulations 2008 4. Section 28(1).	To add HIW contact details to current complaints information	Lynsey Hawke	This has been implemented
<b>Delivery of Safe and Effective Care</b>					
Page 10	The practice needs to set a timescale for the development of the decontamination room.	WHTM 01-05.	To develop plans for a central decontamination room		End of 2016
Page 10	The practice should consider the use of the audit tool for infection control	WHTM 01-05.	Download and use the audit tool recommended by WHTM 01-05	Lynda Pickersgill	End of September

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	as suggested by (WHTM) 01-05 (Revision 1).		every 6 months. Continue to complete IPS audit also.	Lyndsey Hawke	
Page 11	<p>The practice must improve record keeping in the highlighted areas:</p> <ul style="list-style-type: none"> <li>• Social histories must be recorded including smoking and alcohol consumption</li> <li>• Oral cancer screening must be recorded</li> <li>• Extra and intra oral examinations must ne recorded</li> <li>• Written treatment plans must be given to patients prior to the commencement of treatment</li> <li>• Verbal consent must be recorded on each visit</li> <li>• Justification of x-rays must be recorded.</li> </ul>	<p>General Dental Council Standard 4.1.</p> <p>Ionising Radiation (Medical</p>	Completion of monthly radiograph audit and report back at monthly practice meetings any outstanding action to prevent same errors reoccurring. To audit random sample of patient records in 3 months time to see that these actions have now been implemented and report findings back to clinicians.	<p>Lynsey Hawks</p> <p>All clinicians</p>	To implement with immediate effect

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		exposure) Regulations 2000			
Page 12	The practice needs to establish a regular check of temperature for drug storage.	GDC Standards 1.5.3	Purchase thermometer and draft log sheet for recording regular temp and checks. Add temp to daily check list	Lynsey Hawke Tasha Hook	By end of August 2016
Page 12	The practice needs to ensure that prescription drugs are stored in a suitably clean environment.	GDC Standards 1.5.3	New cabinet ordered for the storage of prescription drugs	Lynsey Hawke	This has already been implemented
<b>Quality of Management and Leadership</b>					
	No improvement needed				

**Practice Representative:**

**Name (print): Lynsey Hawke**

**Title: Practice Manager**

**Date: 22 August 2016**