

General Dental Practice Inspection (Announced)

West Wales Dental Implant Clinic

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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 West Wales Dental Implant Clinic at 10 Water Street, Carmarthen SA31 1PY on 12 July 2016.

HIW explored how West Wales Dental Implant Clinic 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

West Wales Dental Implant Clinic is a private practice which sees patients on referral from other practitioners or by self referral and is based in Carmarthen.

Implantology is only provided as a private service in general dental practice.

The practice staff team includes one dental practitioner, one hygienist and two dental nurses (one of which is a trainee).

3. Summary

Without exception we found that patients who completed HIW questionnaires indicated that they were highly satisfied with the service received at West Wales Dental Implant Clinic.

We observed the 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 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 five patient's 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 with the chosen approach before treatment began. We were also able to confirm that the care and treatment was planned and delivered in a way that was intended to promote patients' health and well-being.

The day to day running of the service was effectively overseen by the principal dentist supported by a small team of motivated staff. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety.

This is what we found the practice did well:

- Patients indicated that they were very happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Clinical facilities were well-equipped, visibly clean and tidy
- Health and Safety arrangements met with all required standards.

This is what we recommend the practice could improve:

- The use of the audit tool for infection control as suggested by (WHTM) 01-05 (Revision 1)
- Provision of a fridge specifically for storage of drugs and subsequently establish regular daily checks of temperature. (we

received written confirmation that this had been undertaken on 19/7/16).

- The practice should display information regarding the team members in an area visible to patients
- Ensure there is comprehensive staff indemnity cover.

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 West Wales Dental Implant Clinic.

We observed the 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 services provided. Twenty were completed and returned. Without exception, patients indicated that they were satisfied with the services received at the practice.

A number of patients provided us with comments which included:

“Very satisfied, this is a very friendly and thoroughly professional team”

“Staff are very good at making you feel at ease”

“Very good professional service”

“I knew I was in the hands of a very kind, thoughtful and thoroughly professional and competent team.”

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. The waiting areas were in separate rooms which allowed privacy 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 surgery, (where patients were receiving care on the day of our inspection), remained closed at times when patients were in the room.

Most patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment. One patient stated more information would have been beneficial. The sample of patient records we

looked at also demonstrated that the dentist had discussed individual patients' treatment with them.

The practice provided private dental implant services and information about the various costs was displayed in the waiting area, in the patient literature and on the practice website.

The practice had developed patient booklets and copies of these were readily available for patients to take away with them. However all the information required by the General Dental Council (GDC) was not available within these booklets such as; price lists. (we received confirmation on 19/7/16 that these have now been amended). There was also a very informative website.

We did not see any literature in the Welsh language which meant that patients did not have access to information about the practice in a language of their choice. Despite this, two of the three members of staff were Welsh speaking and patients were offered a choice of language to discuss treatment.

Although there were bilingual non-smoking signs, we discussed the wider use of bilingual signage at the practice, in line with the Welsh Language Act 2016 and were told that this would be an area for development in the future.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner because patient appointments were longer than required, which ensured no overlapping. This was confirmed through comments received within the HIW questionnaires. Staff told us that they made sure patients were kept informed if their dentist was running late and if unexpectedly absent; alternative arrangements were offered.

An emergency contact telephone number for patients' use was clearly displayed on the window at the front of the practice. The number was also listed on the 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 did not see any health promotion leaflets for patients to take away such as; smoking cessation, alcohol consumption or oral cancer. However examination of five patients' records showed that patients were being provided with checks and advice to support them to achieve, and maintain, good oral health.

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

Individual Care

The practice layout was suitable for people with mobility difficulties although there was an area in the corridor which was narrow but the principal dentist told us wheelchairs were able to access the surgery to receive care and treatment. There was an accessible toilet for patient use.

Patients are fully informed of the procedures to be undertaken as well as the risks involved. This is done verbally as well as by the provision of detailed information related to the procedures, for patient consideration before proceeding with treatment.

We saw that patient satisfaction surveys were given at the end of each treatment, this offered patients an opportunity to provide feedback on how they felt about the service or how it could be improved.

We saw that the practice had a written procedure for dealing with concerns (complaints) about private treatment. We were told that one formal complaint had been brought to the attention of the practice in the last year which had been satisfactorily dealt with. The practice's complaints procedure was displayed in the reception area and was also on the website. The practice did not currently record informal concerns to look for themes and trends. We suggested that this be remedied with a view to deal with issues before they became formal complaints.

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.

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 the practice had a dedicated decontamination room as outlined in the (WHTM) 01-05 (Revision 1)¹. The practice also had 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 some instruments which were packaged and stored in preparation for re-use contained appropriate 'use by' dates whilst others had both "use by and "sterilised on" dates. Using one system would be advisable. We saw evidence of the recent completion of a thorough infection prevention

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.

and control audit, however this was not the suggested audit associated with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1).²

Improvement needed

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 the principal dentist had received recent and relevant training in cardiopulmonary resuscitation (CPR) /emergency resuscitation. Dates were already diarised for staff to receive update training.

Emergency drugs kept at the practice were seen to be innovatively stored during the day for ease of access in an emergency situation. When the practice was closed all drugs were securely stored. There were suitable arrangements in place to ensure that expired drugs were promptly replaced. The principal dentist was the named trained first aider.

The practice had digital x-ray equipment and the 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 but the name of the radiation supervisor needs to be added to the information. On examination of the patient's records we found that the dentist consistently recorded sufficient information to justify why certain dental x-ray views had been taken. The practice had a suitable quality assurance system in place to ensure that the image quality of patient x-rays were graded and recorded. This meant that the dentist 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. However some details needed updating. We

² 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.

suggested that a member of staff contact the local authority safeguarding team to confirm that contact names and telephone numbers are correct.

Effective care

We viewed a sample of five dental records and spoke with the principal dentist. As a result, we found that the quality of patient care entries were very good with only one area of improvement, which was for the dentist to sign and print name on the medical history records.

The practice dispensed medication for patients; such as antibiotics. We reviewed the storage of such medication and found all was correct.

All records were electronic and there was an appropriate back up system off site which ensured information remained confidential and safe.

Quality of Management and Leadership

The dental practice was efficiently operated by the principal dentist and a small team of motivated staff. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety.

West Wales Dental Implant Clinic is a relatively new practice opened in 2014, however the principal dentist owned a general dental practice in close proximity to the practice for many years. It is a wholly private practice which sees patients on referral from other dental practitioners or by self referral. Implantology is only provided as a private service in general dental practice.

The principal dentist has overall responsibility for the day to day operation of the practice; although each member of the dental team has clear individual responsibility for particular aspects of the service. We were told and observed that they worked seamlessly as a team.

We found that the practice was well run. The daily operation of the practice 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. We saw that the privacy, dignity and confidentiality policy needed amending to include areas of GDC Standard 1.2 and that generally policies had not been dated to ensure that the information contained current best practice. We discussed this with the principal dentist and he agreed to amend these immediately. We received confirmation on 19/7/16 that the above had been addressed including the amendment to include GDC Standard 1.2.

The nursing staff told us they felt supported in their work. They also told us they, along with the dentist, 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 although there were also informal morning meetings before the start of the day. We were able to confirm those arrangements by looking at the notes held at the practice 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 team.

Examination of three staff files demonstrated that there were some gaps in training, however one staff member had only commenced work at the practice three months earlier and another was currently a trainee. The principal dentist had completed relevant training during 2015 which included cardiopulmonary

resuscitation (CPR) and adult and child protection. Discussions and documentation evidenced that relevant training had already been arranged for the next few months. We also saw staff continuing professional development files containing information about staff training.

Conversation with the principal dentist and staff confirmed that annual appraisal would be undertaken when staff had been employed for a year. These would assist 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. We discussed dental indemnity cover and saw that the principal dentist was covered, however it was unclear the level of cover individual staff were offered.

Improvement needed

The principal dentist needs to ensure that all staff are adequately covered by indemnity assurance.

The practice had developed an induction programme to ensure that any new 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 principal dentist. A whistleblowing procedure was also in place to enable staff to raise concerns about patient care and safety if considered necessary.

HIW certificates were prominently displayed at the practice as required by the regulations. However there was no information about the members of the team (including their registration number where appropriate), in an area where it could be seen by patients.

Improvement needed

The practice should display information regarding the team members in an area visible to patients.

Examination of a variety of maintenance certificates held at the practice revealed that there were suitable systems and processes in place to ensure

that 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 West Wales Dental Implant Clinic 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 2008³ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁴. 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.

³ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁴ <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: West Wales Dental Implant Clinic

Date of Inspection: 12 July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	No improvements needed.	:			
Delivery of Safe and Effective Care					
Page 10	The practice should consider the use of the audit tool for infection control as suggested by (WHTM) 01-05 (Revision 1).	WHTM 01-05	The Infection Prevention Society Audit for Cross Infection Control is carried out 6 monthly. During the 6 month period ending in May 2016 a 10% improvement in overall score was seen. The audit tool suggested in the	T. Lewis	Immediately

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			WHTM 01-05 will be immediately instigated.		
Quality of Management and Leadership					
Page 13	The practice should display information regarding the team members in an area visible to patients.	GDC 6.6.10	Information regarding team members is now hanging on the wall the waiting room visible to all members of the public.	T.Lewis	Completed
Page 13	The principal dentist needs to ensure that all staff are adequately covered by indemnity assurance.	GDC Standard: 1.8.1	As discussed during the HIW visit I had confirmed verbally that CS is included within my practice principle subscription against negligence as confirmed by Dental Protection. Copy (Attached) and will upgrade to advice and assistance with non-claims issues such as GDC matters.	T.Lewis	Upgrade to be undertaken on renewal.

Practice Representative:

Name (print): Tim Lewis

Title: Principal dentist

Date: 19 July 2016