

General Dental Practice Inspection (Announced)

**Aneurin Bevan University
Health Board,
Risca Dental Practice**

Inspection date: 21 July 2016

Publication date: 24 October 2016

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Quality of Management and Leadership.....	12
5.	Next Steps	14
6.	Methodology.....	15
	Appendix A.....	17

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 at Risca Dental Practice, 3 Commercial Street, Risca, Newport, NP11 3AW on 21 July 2016.

HIW explored how Risca 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

Risca Dental Practice provides services to patients in the Abercarn, Risca, Newport and surrounding valleys. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Risca Dental Practice is a mixed practice providing mainly NHS and a small amount of private dental services.

The practice staff team includes four dentists (one of which is a foundation year dentist), one hygienist, one therapist, seven nurses, a practice manager, one receptionist and one cleaner.

Risca Dental Practice is a foundation training practice¹.

¹ Foundation Training practices are approved to train and support newly qualified Dentists for the first year of their practice.

3. Summary

Overall, we found evidence that Risca Dental Practice provides patients with safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Patients were happy with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well-equipped, visibly clean and tidy
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays
- There were robust quality assurance arrangements in place to make ongoing improvements, with all staff taking responsibility and ownership over these
- Staff had access to relevant training and good professional support

This is what we recommend the practice could improve:

We identified very few areas for improvement overall. We identified two improvements in ensuring clarity in complaints information and capturing oral cancer screening in patient records. The detail of these can be found in the main body of the report and the improvement plan in Appendix A.

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was extensive and consistently positive. The practice had a system for regularly seeking patient feedback as a way of assessing the quality of the service provided. Complaints information required some clarity in regards to the different arrangements for NHS and private patients.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. The practice had made a commitment to gathering as much feedback as possible in this way and over two hundred questionnaires were completed and returned to us. Staff had carried out a detailed audit of these. HIW also reviewed a sample for the purposes of oversight. Patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments on the day of the inspection included:

“The team makes me feel welcome”

“Very happy with the practice, always seen quickly”

“My wife who doesn’t like visiting the dentist has been made to feel much more at ease and comfortable and is more confident since we joined the practice”.

Dignified care

We saw that patients were treated with dignity and respect by the staff team. We found the staff to be professional, friendly and we saw them being courteous to patients via telephone calls and during face to face interactions.

The reception area and waiting room were separate from each other which provided a measure of privacy for patients. We found there was space for staff to have conversations with patients in a private area, away from others if required. This meant that privacy and confidentiality could be maintained. We also saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed at times when patients were in the room.

Timely care

The practice worked to ensure that dental care was provided in a timely way. The majority of patients who completed the HIW questionnaires told us they did not experience delay in being seen by the dentists. Where delays had occurred patients had been advised of the reason for this and/or received an apology for any delay.

We saw a sign in the window of the practice with details of the emergency contact telephone number. We also confirmed there were emergency numbers provided on the practice's answer phone message and website, so that patients could access emergency dental care when the practice was closed. The majority of patients indicated they knew how to access out of hours dental care.

Staying healthy

Health promotion information can help patients to take responsibility for their own health and well-being. We noticed there was a wide range of health promotion information available in the waiting area. All patients who completed the questionnaires told us they received enough information about their treatment.

Individual care

The practice had processes in place for seeking patient feedback. A compliments/concerns/complaints card system was in place in the waiting area. The practice also distributed its own patient questionnaires periodically with actions taken to respond to any feedback and to make improvements where possible.

On the notice board in the waiting area there was a range of useful information available to patients including the costs of treatment, a complaints poster and health promotion leaflets. There was a notice in the surgery window advising patients who were wheelchair users that a portable ramp was available on request. There was also a "meet the team" board with staff photographs and their General Dental Council (GDC) numbers displayed. This meant that patients could see the team who may be involved in their care. A full and detailed information file was also available for patients.

The practice had considered how they could make some information more accessible to patients with different needs, such as by providing information in other formats and languages, including Welsh and number of other languages. We found that the practice had written procedures for dealing with concerns (complaints) about both NHS and private dental treatment. The practice's complaints procedure was prominently displayed in the practice for ease of

access and was also available on the website. We found there were some differences between complaints information in the practice and on the website and we advised the practice to revisit all sources to ensure consistency. We found that the procedure needed to make clearer the different routes of escalation for NHS patients and private patients and the associated timescales for acknowledging and responding to complaints to ensure compliance with Putting Things Right (the NHS arrangements for complaints management) and Private Dentistry (Wales) Regulations.

Improvement needed

The practice must ensure that complaints information is consistent where it is displayed and published. The complaints policy must be amended to ensure it clearly states the different timescales and routes of escalation for managing NHS and private complaints.

We found that complaints were appropriately managed and it was clear to see that changes were made as a result of complaints and feedback, in order to improve patient experience on an ongoing basis.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were provided with safe and effective dental care.

Clinical facilities were well-equipped, visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. Clinical waste was handled, stored and disposed of safely.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

There were arrangements in place for the safe use of X-ray equipment.

We found an excellent standard of record keeping overall, making one recommendation to improve the consistent recording of oral cancer screening that was taking place.

Safe care

Clinical facilities

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients was protected. The practice was visibly well maintained and fire extinguishers were available and had been serviced regularly. Contract documentation was in place for the disposal of non hazardous and hazardous waste. We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

There was a detailed health and safety policy and we saw that appropriate environmental risk assessments had been carried out. We saw that staff were in the process of completing an asbestos management plan. Staff explained that they were taking advice from authorised individuals and agreed to continue to work on this to ensure any risk management plans were in place where needed.

We found that all surgeries were clean, tidy and well organised. In one surgery we found that some endodontic instruments² were being stored unsealed in a carrying device without a base which could pose health and safety risks. We brought this to the attention of the practice owner who rectified this immediately.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments.

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence that there were infection prevention and control measures in place based on the Welsh Health Technical Memorandum (WHTM) 01-05³ guidelines. Examples included the following:

- A designated room for the cleaning and sterilisation of dental instruments.
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection.
- Dedicated hand washing sink.
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition.
- Logbooks for checking sterilisation equipment had been maintained, including daily testing.
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

We saw evidence that infection control audits had been completed, as recommended by WHTM 01-05 guidelines. Records confirmed that all relevant staff had completed decontamination training.

² **Endodontic Instruments** are used to remove infected pulp tissue and shape and file the inner surfaces of the roots of a tooth during root canal treatment

³ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Emergency drugs and resuscitation equipment

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). Emergency drugs were particularly well organised, with corresponding life support flowcharts for use in specific emergencies.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had appointed several first aiders in the team who had completed relevant training.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

There were safeguarding policies for the protection of children and vulnerable adults. All staff had received training in the protection of children. All staff had completed training in the protection of vulnerable adults except for one staff member. A satisfactory reason was given for this. We advised the practice that this staff member would need to complete this training and they agreed to address this.

We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. Staff told us that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks.

Radiographic equipment

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that all staff involved in taking radiographs had completed the required training. We found that the practice completed radiograph audits for quality assurance purposes.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in some relevant audits, including infection control, hand hygiene and radiograph image quality.

There were arrangements in place for staff to conduct regular peer review audits together.

Patient Records

We looked in detail at a small sample of patient records across each of the dentists at the practice. Overall, we found an excellent quality of record keeping. This included detailed recording of patient's social histories, updating of medical histories, consent and treatment options offered. We also saw that dentists were detailing appropriate checks for clinical examinations of gums (basic periodontal examinations).

There were two areas we identified for the practice to consider as improvements:

- Although we were assured that dentists were carrying out oral cancer screening, this was not always explicitly recorded in the notes. Dentists explained that they did not always explicitly state that they were doing an oral cancer check when they carried these out due to concern for patients in not wanting to raise anxiety. The recording of this is advised. We also advised staff to be open with patients and to give them as much information around these checks as possible.
- In one record we could not be assured that the dentist had adhered to NICE (National Institute for Health and Care Excellence) guidelines in terms of recall intervals for x-rays. Management staff agreed to address this and consider some peer audit in this area.

Improvement needed

The practice should explicitly and consistently record oral cancer screening and provide patients with information about this when doing so.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. Staff were dedicated and told us they felt well supported. There were robust quality assurance arrangements in place.

The practice owner and practice manager worked closely to ensure the effective day to day management of the practice.

We saw a staff team at work who were dedicated, patient centred, competent and who took great care in their work and in carrying out their roles. Staff we spoke with told us they felt supported by the practice manager and owner. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD).

We saw that staff had appraisals on an annual basis to give them the opportunity to formally discuss any work related issues and to identify training needs and professional development. Staff told us they felt able to approach management staff informally on an ongoing basis.

We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures.

We confirmed that all relevant staff were registered with the General Dental Council. 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.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. We also saw that all dentists currently working at the practice had undergone Disclosure and Barring Service (DBS) checks at three yearly intervals in line with the regulations. All staff members had appropriate indemnity insurance arrangements in place.

The practice had invested in a compliance software system. This was with the aim of ensuring they complied with dental legislation and that appropriate quality assurance and governance systems were in place and kept up to date. Management staff took ownership of this and had also delegated certain areas to other staff members to enable the team as a whole to take responsibility for the safety and quality of the service provided. This meant there were well organised governance systems in place.

We looked at the practice's policies and procedures and saw evidence that they had been reviewed regularly. The practice used policies adapted from the

compliance software system and the owner had reviewed the majority of policies to ensure they were localised and complied with Welsh specific guidelines. One or two policies still quoted English regulations, specifically the infection control policy and waste storage and disposal. The owner agreed to review these and make amendments where needed.

We saw that staff meetings were held regularly and relevant topics were discussed such as patient feedback and changes to policies. We found excellent notes of these meetings and could clearly see how practice had changed as a result of shared learning. The team also used the Maturity Matrix Dentistry (MMD) which is a practice development tool for the whole dental team. The practice had evaluated themselves using this tool and reviewed it to try to ensure they continue to deliver high quality care for patients

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 Risca 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 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. 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

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

⁵ <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: Risca Dental Practice

Date of Inspection: 21 July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	The practice must ensure that complaints information is consistent where it is displayed and published. The complaints policy must be amended to ensure it clearly states the different timescales and routes of escalation for managing NHS and private complaints.	Private Dentistry (Wales) Regulations 15 and 16; Health and Care Standards 6.3; Putting Things Right 2011	Reviewed posters in waiting room and practice information leaflets/ website to clarify time scales and routes of escalation for NHS and private complaints	Julie Harris	Completed 08.09.2016
Delivery of Safe and Effective Care					
11	The practice should explicitly and	General	Oral cancer screening notes a	Elizabeth	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	consistently record oral cancer screening and provide patients with information about this when doing so.	Dental Council Standards 4; Health and Care Standards 3.5 and 4.2	negative result is no longer documented as ' nothing abnormal detected' but as requested is now documented as 'soft tissues checked, discussed with patient, no concerns' – findings are discussed wit patients	Hancock	08.09.2016
Quality of Management and Leadership					
---	None identified				

Practice Representative:

Name (print): Dr Elizabeth Hancock

Title: Principal Dentist

Date: 12.09.2016