

General Dental Practice Inspection (Announced) Cwmbran Dental Care

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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 at Cwmbran Dental Care on 21 September 2016.

HIW explored how Cwmbran Dental Care 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

Cwmbran Dental Care provides private only dental services and is based in Cwmbran.

The practice staff team includes two dentists, two dental nurses, two hygienists and one receptionist.

A range of private dental services are provided.

3. Summary

Overall, we found evidence that Cwmbran Dental Care provides safe and effective care.

This is what we found the practice did well:

- Patients told us they were very happy with the service provided
- Patient records were thorough and well documented
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt supported by senior practice staff and the practice team.

This is what we recommend the practice could improve:

- The practice should introduce a system to formalise their procedure for quality improvement activity

4. Findings

Quality of the Patient Experience

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total 126 were completed and returned to us. Patient comments included:

“I would recommend this dental practice to anyone who needed one”

“My whole family use this dental practice and we have all been very happy with everything. Amazing feel and welcome always”

“Well informed about all procedures and future plans”

“Always friendly, very informative, and they make my treatment as easy and comfortable as possible on my visits”

All patients who returned a questionnaire indicated that they were very satisfied with the care and treatment provided to them.

Dignified care

We observed that engagement between staff and patients was friendly, respectful and professional.

Completed patient questionnaires showed that all patients were satisfied with the care they received. Patients told us that they had been made to feel welcome by the practice. Some patients added their own positive comments about the level of service received and the attitude and approach of the whole practice team.

The practice provided private dental treatments only. Information on dental treatment prices was displayed in reception and price lists were also available for patients to take away. This meant patients had access to information on how much their treatment may cost. A credit facility was available to patients, subject to certain criteria, enabling them to pay for treatment over a longer period of time. The practice had a consumer credit agreement in place enabling patients to use this facility.

A practice information leaflet was available in reception for patients to read and take away that provided general information about the practice.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. The majority of patients who completed questionnaires told us that they had not experienced a delay in being seen by a dentist on the day of their appointment. Those who had, told us that any delay had been minimal and the practice would offer an explanation for the reason of delay. We were told that patients would be informed about any delay to their appointments by the receptionist and alternative appointments offered if required.

The practice also provided a text message reminder to patients, to keep them informed of their appointment time and date.

An out of hour's telephone number was available for patients to contact should they require urgent dental treatment. The telephone number was clearly displayed on the front door of the practice, in the reception area, included within the patient information leaflet and on the answer phone message of the practice. The majority of patients who returned questionnaires stated that they knew how to access the out of hour's service.

Staying healthy

We saw that there was a variety of health promotion information available to patients within the practice, to help promote the need for them to take care of their own oral health and hygiene.

All patients told us that they felt they had been given enough about their dental treatment, some patients provided additional positive comments indicating that explanations about their treatment were thorough and advice was given positively.

Individual care

The practice was located on the first floor of the building with steps leading up to the reception area and surgeries. No lift was available for patients who would be unable to use the stairs to access the practice. The practice told us that they had explored the option of installing a lift, but due to the size of the building it was not possible. We were told that parking spaces could be made available directly outside the building for easier access to the practice for those with mobility difficulties, but who are able to use the stairs. This information was also included in the practice information leaflet.

The practice made information available to patients on how they could raise a concern (complaint) and had systems in place for patients to provide feedback.

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area.

Information on how to obtain a copy of the complaints policy was also included in the practice information leaflet. We were told that the practice had not received any formal (written) complaints. Detailed recordings of verbal complaints received had been made. This allowed the practice to review concerns, take steps to resolve any issues and feedback to patients. This meant that the practice was learning from concerns with a view to improve practice and patient experience.

We were told that a patient satisfaction survey was conducted on a six monthly basis. We saw that the practice had carried out an analysis of the patient feedback and identified areas for improvement. A suggestion box was located within the waiting area so patients could provide, on an ongoing basis, individual suggestions on how they felt the service could be improved.

Delivery of Safe and Effective Care

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

Patients' records were detailed and well maintained and demonstrated care and treatment had been planned to promote patient safety and well being.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

The practice should implement a robust system to ensure that audit activity is formalised.

Safe care

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

The building appeared to be well maintaining internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

We saw that fire safety equipment was available at different locations around the practice and we saw evidence that the practice had a contract in place for annual servicing of the equipment to ensure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the past 12 months, to ensure equipment was safe to be used.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely whilst waiting to be collected by the contractor company. Amalgam separator equipment was 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. Non hazardous (household waste) was collected through arrangements with the local county council.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy. Floors and surfaces within surgeries were easily cleanable to reduce cross infection.

The practice did not have a designated decontamination room, as recommended in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) ¹ guidance document. Decontamination and sterilisation of equipment was carried out within the surgeries. Whilst there was no separate decontamination room, the decontamination process explained was in keeping with the principles of WHTM 01-05. The practice discussed their future plans which included complete refurbishment of the surgeries and a room dedicated to decontamination. The practice anticipated that the refurbishment would be completed within the next 12 months.

Decontamination equipment appeared in good condition on inspection. Two autoclaves² were in use and installation/inspection certification was available showing they were safe to use. We saw that daily checks were being carried out and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing nursing staff had attended training on decontamination.

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments must be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05.

The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity.

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and equipment had been checked regularly, in accordance with standards set out by the Resuscitation Council (UK)³, to ensure they remained safe to use should they be needed.

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.

³ [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.

We saw training records that showed all staff were up to date with cardiopulmonary resuscitation (CPR) training. The practice had given clear roles to staff in the event of a patient emergency, and flowcharts describing the actions to take and drugs to use were easily accessible.

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. We saw training certificates demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. All staff had completed training on child and adult protection and we saw training certificates that demonstrated this.

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.

The practice, on occasion, had the requirement to use agency nurses to support the dentists during periods of annual leave. We saw that appropriate pre-employment checks were in place and a detailed induction programme was utilised to ensure staff were safe and competent in their roles.

Effective care

We found that the practice team were committed to providing safe and effective care to patients.

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included clinical audits to identify areas for improvement and checks on equipment to make sure it was working effectively. We were assured that a range of audits were being undertaken by the practice. It was unclear however, that there was a systematic approach identifying when specific audits would be carried out. We recommended that the practice should formalise the process for undertaking audit activity throughout the year. The practice provided assurance that a process would be put in place.

We considered a sample of 18 patients' dental records to assess the quality of record keeping. This sample considered records made by dentists and hygienists working at the practice. Patient records were in electronic format. The notes made

were very detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the reason for taking X-rays and the dentists' findings from them had been recorded.

Quality of Management and Leadership

A management structure with clear lines of reporting and accountability was demonstrated. Staff told us they felt well supported by the whole practice team. Staff told us they had the opportunity to attend relevant training and were supported and encouraged by the management team.

Cwmbran Dental Care is owned by two dentists and employs a support team of five additional staff. The day to day management of the practice is carried out by the two dentists, and are supported by a deputy manager who is also a dental nurse. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the management team demonstrated a willingness and commitment to address these promptly.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. This was demonstrated within well documented monthly team meetings.

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We saw certificates to evidence that all clinical staff had completed training in areas 'highly recommended' by the General Dental Council.

We saw evidence that all staff had received an appraisal of their performance within the last year.

We found that dentists and nursing staff were registered with the General Dental Council 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. Occupational health advice and support was available from a private provider.

The dentists working at the practice provided private dental services. Their HIW registration certificates were displayed as required by the regulations for private dentistry. We saw up to date Disclosure and Barring Service (DBS) certificates for the dentists working at the practice. These had been issued within the last three years as required by the regulations.

5. Next Steps

Findings from this inspection did not result in the need for the practice to complete an improvement plan.

6. Methodology

Any dentist working at the practice who is registered with HIW to provide private dentistry will 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 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.

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

⁵ <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.