

General Dental Practice Inspection (Announced)

Morgan Street Dental
Surgery, Cwm Taf
University Health Board

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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 Morgan Street Dental Surgery at 20 Morgan Street, Pontypridd, CF37 2DS on 14 November 2016.

HIW explored how Morgan Street Dental Surgery 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

Morgan Street Dental Surgery provides services to patients in the Pontypridd area of Rhondda Cynon Taff. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

Morgan Street Dental Surgery is a mixed practice providing both private and NHS dental services.

The practice staff team includes four dentists, one part time hygienist, five dental nurses and two receptionists.

A range of NHS and private dental services are provided.

Summary

Overall, we found evidence that Morgan Street Dental Surgery 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
- 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 well supported by senior practice staff and the practice owner.

This is what we recommend the practice could improve:

- Dentists needed to improve aspects of their record keeping
- A review of some policies and procedures was required.

3. Findings

Quality of the Patient Experience

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, we received 34 completed questionnaires, and patient comments included:

“Treatment options are always well explained.”

“I find the staff welcoming and approachable and they will assist you in any way they can. My dentist will inform me and explain any treatment I require and I trust the dentist I implicitly.”

“Staff and dentists always friendly and helpful. Treatment first class.”

“I have always received excellent service from all staff.”

Dignified care

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

Completed patient questionnaires showed that patients were very satisfied with the level of care and treatment provided to them. All patients who returned completed questionnaires told us that the practice staff had made them feel welcome. Some patients had also added their own positive comments around the attitude and approach of the practice team.

The practice provided a range of NHS dental treatments and also offered a limited range of private cosmetic treatments. Information on prices for private dental treatments was available to view in the waiting area, as were costs for NHS dental treatments. This meant patients had access to information on how much their treatment may cost.

A practice information leaflet was available in reception for patients to read and copies were available to take away, providing 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. Staff described a process for keeping patients informed about any delays to their appointment times.

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

An out of hours telephone number was available for patients should they require urgent dental treatment. The telephone number was available through a variety of means, including being displayed near the front door of the practice, on the answer phone message, in the practice information leaflet and on the website of the practice.

Staying healthy

We saw that health promotion information was available to patients to help promote the need for them to take care of their own oral health and hygiene. The practice had computer screens in the dental surgeries and these were able to show video clips to patients to demonstrate some dental procedures. Videos included, amongst others, demonstrations on brushing teeth and teeth whitening.

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 had concluded that it was not a viable option. The practice was able to support patients accessing dental treatments by referring to an alternative surgery.

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 through a suggestions box.

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

in the reception area. A copy of the complaints procedure was available for patients to take away and also included within the patient information leaflet. We saw that detailed recordings had been maintained of one complaint received by the practice, including the actions taken and lessons learned as an outcome. 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 saw that patients were able to provide feedback on the services provided through a suggestions box in the reception area of the practice. We recommend to the practice owner that they may wish to consider implementing a way for obtaining patient feedback in a more systematic way. The practice owner agreed to consider this suggestion.

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.

Safe care

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

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

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

Written risk assessments had been completed that identified potential hazards and actions to reduce risk. We were unable to see when they had been written or reviewed by the practice. We recommended that the practice owner put in place a system to ensure that risk assessments are reviewed on a regular basis. The practice owner agreed to do this.

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. The practice did

not have suitable facilities for the disposal of feminine hygiene waste in the staff toilet, and we recommended that suitable provision for storage and collection of sanitary waste should be arranged.

Improvement needed

The practice needs to ensure that there are waste disposal facilities available for feminine hygiene waste

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy. Floors and surfaces within three of the four surgeries were easily cleanable to reduce cross infection. One surgery was much older than the three other surgeries and in need of a refurbishment. We saw that parts of the work surfaces were not appropriately sealed and we saw damage to cabinetry doors. The practice owner informed us that there were plans in place to refurbish the surgery to maintain standards within the practice. In the meantime, arrangements must be made so that surfaces can be effectively cleaned.

Improvement needed

The practice owner should progress with the plans to refurbish one surgery. In the meantime arrangements must be made so that surfaces can be effectively cleaned

A separate decontamination room was set up and met the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document.

Decontamination equipment and cabinetry within the decontamination room appeared visibly in good condition. Work surfaces and the floor were easily cleanable to facilitate thorough cleaning and reduce cross contamination. Inspection certification for autoclave² equipment was available showing it was safe to use. We saw logbooks had been maintained, as recommended by

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.

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 all clinical 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. We recommended that the recording of the weekly checks could be improved to include more detailed information. We suggested specifying every emergency drug and piece of emergency equipment checked and also to include the name, date and signature of the individual checking the drugs and equipment. The practice owner agreed to do this. Whilst the emergency drugs and equipment were located and stored within one place, we recommended that the practice owner also consider storing the flow-charts (describing the actions to take in the event of a patient emergency) and appropriate emergency drugs together for ease of access in the event of an emergency. The practice owner agreed to do this.

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 the dentists were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

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 certificates to show that some dental nurses had received ionising radiation training, but not all. We advised that the practice seek advice on the requirements of the General Dental Council⁴ with regards to training recommended for clinical professionals.

Improvement Needed

The practice must ensure that all staff receive ionising radiation training in accordance with the requirements 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.

Effective care

Discussions with the practice owner demonstrated a commitment by the team to provide safe and effective care to patients.

We saw that the practice carried out some 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 recommended that the programme of audit could be improved and suggested to the practice owner that he introduce patient record audits. The practice owner agreed to do this.

⁴ <http://www.gdc-uk.org/Newsandpublications/Publications/Publications/Continuing%20Professional%20Development%20for%20Dental%20Professionals.pdf>

We considered a sample of 23 patient dental records to assess the quality of record keeping. This sample included records that had been completed by the dentists and hygienist who worked at the practice. We found that there were areas for improvement to ensure that patient records were sufficiently detailed enough. These were:

- The recording of soft tissue examinations was limited, including cancer screening. We were told that this was being carried out for all patients at each appointment, but was not being recorded as a separate check
- Recording of ongoing patient consent to treatment was inconsistently noted. We were told that verbal consent was agreed at each appointment, but not always documented.

Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping

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

The practice was owned and managed by one dentist who was supported by three associate dentists and a friendly staff team. We saw that a range of relevant policies were in place with the aim of promoting the safety of staff and patients.

Staff told us they felt well supported by senior practice staff and their colleagues. They also told us they had opportunities to attend relevant training.

The practice owner was responsible for the day to day management of the practice. Where we identified areas for improvement, the owner demonstrated a willingness and commitment to address this quickly.

We saw that patient records, both paper and electronic, were stored securely within the dental practice. We were told that dental impressions were stored away from the dental surgery due to there being a lack of space within the dental practice. We advised the practice owner that they must ensure that the process for the physical transfer of dental impressions to an off-site storage facility is secure, and that the dental impressions are stored securely away from the dental practice in order to maintain patient records. We were provided with verbal assurance from the practice owner that the dental impressions were stored within a locked facility away from the dental practice.

Improvement needed

The practice owner must ensure that there is a suitable system in place for the transfer of dental impressions and secure storage away from the dental practice

Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by the practice owner and the practice team. We also found that staff were clear and knowledgeable about their various responsibilities.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The majority of the policies we saw were not signed by staff, did not have review dates or a version number. This meant that we were unable to see whether all staff had read and understood the policies and procedures in place and whether the most up to date version was available. We recommended to the practice that they should annotate all policies and procedures with a date of review, version number and staff signatures.

Improvement Needed

The practice should ensure that they have a system in place to review policies and procedures and demonstrate that these have been communicated appropriately to staff

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 evidence that 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 the health board.

Three dentists working at the practice provided private dental services. Their HIW registration certificates were prominently 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.

4. 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 Morgan Street Dental Surgery 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.

5. 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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <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: Morgan Street Dental Surgery

Date of Inspection: 14 November 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	<i>No improvement plan required</i>				
Delivery of Safe and Effective Care					
Page 9	The practice needs to ensure that there are waste disposal facilities available for feminine hygiene waste	Workplace (Health, Safety and Welfare) Regulations 1992	Contract already in place for patient Feminine hygiene waste an extra has now been added for staff toilet .	Grant Phillips	Done
Page 9	The practice owner should progress	Health and	Leaky join has now been sealed in	Grant Phillips	18 months

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>with the plans to refurbish one surgery. In the meantime arrangements must be made so that surfaces can be effectively cleaned</p> <p><i>Welsh Health Technical Memorandum WHTM 01-05 Revision 1 – February 2014</i></p> <p><i>General Dental Council Standards for the Dental Team, Standard 1.5</i></p>	Care Standards April 2015 Standard 2.9	work surface ,new surgery being planned in new year and completed before the end of the next financial year.		
Page 11	<p>The practice must ensure that all staff receive ionising radiation training in accordance with the requirements set out by the General Dental Council</p> <p><i>General Dental Council Standards for the Dental Team, Standard 6.6, Standard 7</i></p>	Health and Care Standards April 2015 Standard 7.1	Most staff have had ionising radiation training the last two staff members will now be booked on a course.	Grant Phillips	3 months
Page 12	<p>The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in</p>	Regulations 2008 (as amended) Regulation 14	Practice meeting about note writing taken place ,Points taken on board ,audit in future to evaluate improvements.	Grant Phillips	3 months

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	accordance with professional standards for record keeping <i>General Dental Council Standards for the Dental Team, Standards 3 and 4</i>	Health and Care Standards April 2015 Standard 3.5			
Quality of Management and Leadership					
Page 13	The practice owner must ensure that there is a suitable system in place for the transfer of dental impressions and secure storage away from the dental practice. <i>General Dental Council Standards for the Dental Team, Standard 4</i>	Health and Care Standards April 2015 Standard 3.5 and 4.2	Impression (models) to now be stored on site and kept two years before disposal.	Grant Phillips	Done
Page 14	The practice should ensure that they have a system in place to review policies and procedures and demonstrate that these have been communicated appropriately to staff <i>General Dental Council Standards for</i>	Health and Care Standards April 2015 Governance , leadership and	Review dates now on all policies .Practice meetings about future changes will take place.	Grant Phillips	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>the Dental Team, Standard 6</i>	accountability			

Practice Representative:

Name (print):Grant Phillips.....

Title:Dentist ,(Principle).....

Date:6/12/2016