

General Dental Practice Inspection (Announced)

**Cefn Coed Dental Practice;
Cwm Taf University Health
Board**

Inspection Date: 6 February
2017

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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 Cefn Coed Dental Practice at 148 High Street, Cefn Coed y Cymmer, Merthyr Tydfil, CF48 2PL on 6 February 2017.

HIW explored how Cefn Coed 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

Cefn Coed Dental Practice provides services to patients in the Merthyr Tydfil area. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

Cefn Coed Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes ten dentists, one therapist, seven dental nurses, two reception staff, and one practice manager.

Cefn Coed Dental Practice is a Dental Foundation Training practice, offering vocational dental training to newly qualified dentists.

3. Summary

Overall, we found evidence that Cefn Coed Dental Practice 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:

- More regular checks on emergency drugs and equipment needed to be done to ensure it is available and safe to use in the event of a patient emergency (collapse)
- Dentists needed to improve aspects of their record keeping to ensure consistency within the practice
- A review of some policies and procedures was required.

4. 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 18 completed questionnaires, and patient comments included:

“A very well run practice with exceptional staff!”

“Staff at dentist very helpful and polite and explain everything”

“I am always talked through any treatment that I’m given and always given the opportunity to ask questions”

“I like the way the developing technology and techniques have been explained over the years being able to see what is done and why”

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.

All patients told us that they felt they had been given enough information about their dental treatment. Some patients added their own positive comments regarding the information provided to them by the dentists.

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a small friendly team and we saw polite and courteous interactions with patients.

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 private and NHS dental 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 easy access to information on how much their treatment may cost.

General Information about the practice was available on its website and within a recently published patient information leaflet.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. All the patients who provided comments in HIW questionnaires told us they had not experienced a significant delay in being seen by their 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 on the practice website, included in the patient information leaflet and on the answer phone message.

Individual care

The practice was situated in two buildings, which were located next to each other. Three surgeries were found in the first building, with one on the ground floor and two on the first floor accessible via steps. A further two surgeries were found in the second building, both located on the ground floor. Both buildings had provisions in place to ensure that patients with mobility difficulties, and those who used wheelchairs, were able to access the service safely.

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 about the complaints procedure was also included in the practice website and referenced within the patient information leaflet. We recommended that the complaints process for private patients needed to be updated to include the contact details for HIW. The practice manager agreed to do this. We saw that the practice maintained detailed records of complaints received, both written and verbal, and details of actions taken in respect of each complaint. This allowed the practice to review concerns, take steps to resolve issues and feedback to patients.

Improvement needed

The complaints procedure for private patients must include contact details for Healthcare Inspectorate Wales.

We saw that patients were able to provide feedback on the services provided through a suggestions box in the reception area of the practice and through the practice website. We saw that a patient survey had last been completed in 2015. We therefore recommended that the practice consider developing a process where feedback from patients is obtained on a more regular basis. The practice manager agreed to consider this.

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 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. 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 on a regular basis, to help 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 a contract company.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy. Floors and surfaces within the surgeries were easily cleanable to reduce cross infection. We did see that some local anaesthetic cartridges had been taken out of their packaging ready for use. We recommended to the practice that these should be kept in their original package until such a time that

they needed to be used. The practice agreed to do this. We also saw that storage of some high volume use dental items, such as 3-in-1 syringe tips and suction tubes, could be improved. The practice also agreed to do this.

Two separate decontamination rooms were set up in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document.

Decontamination equipment and cabinets within the decontamination rooms were visibly in good condition. Work surfaces and the floors 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 records had been maintained, , in respect of tests undertaken on other cleaning and sterilisation equipment to show it remained safe to use as recommended by WHTM 01-05. We were also able to confirm that the practice carried out start and end of day checks, on the equipment. However, we recommended that the practice included a manual automatic control test³, to their daily checks which the practice agreed to do.

We found that the practice manually cleaned dental instruments prior to processing through the autoclave machines. We therefore recommended that the practice may wish to consider introducing a validation process for manual cleaning. This was to ensure that all staff carrying out the process followed the same procedure to reduce variability in the cleaning performance. The practice agreed to consider doing this.

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

Sterilised dental Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments must be used or reprocessed

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 <http://www.wales.nhs.uk/sites3/documents/254/WHTM%2001-05%20Revision%201.pdf> section 15.3

(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 the event of a patient emergency (collapse). We also saw records showing that the drugs and equipment were being checked on a regular basis. However, we recommended that weekly checks be undertaken in respect of emergency drugs and equipment in accordance with the Resuscitation Council (UK)⁴ guidelines. The practice confirmed that this would be implemented.

Improvement needed

The practice must make suitable arrangements to ensure that regular checks are being conducted on the emergency equipment in accordance with the quality standards set out by the Resuscitation Council (UK)

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This was 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 dentists were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

We were unable to see that the dental nurses had received ionising radiation training. We therefore advised that the practice seek advice on the requirements of the General Dental Council⁵ with regards to such training recommended for clinical professionals.

⁴ [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.

⁵ <http://www.gdc-uk.org/Newsandpublications/Publications/Publications/Continuing%20Professional%20Development%20for%20Dental%20Professionals.pdf>

Improvement Needed

The practice must ensure that all relevant 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 practice's 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. We saw that the safeguarding policies had last been reviewed in 2011 and recommended that the practice should consider reviewing the process to ensure that all the relevant information was up to date in case of need. The practice agreed to do this. We saw that 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

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 of service 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.

We considered a sample of patient dental records to assess the quality of record keeping. This sample considered records made by dentists and therapist working at the practice. Patient records were in electronic format. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. We did however identify some common themes where improvement should be made. These were:

- Recording of initial and ongoing patient consent to treatment was inconsistently noted amongst practitioners

- Initial patient medical histories had not always been countersigned by the dentists. This would demonstrate that dentists had taken into account patients medical conditions and any medicines they were taking when planning dental care and treatment
- The reasons for timescales between patient appointments were not consistently recorded meaning justification for different patient recall times was difficult to interpret
- Whilst we were told that cancer screening was carried out verbally for all patients, it was recording inconsistently amongst practitioners

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 dental practice was efficiently managed and operated by the practice manager, and a team of experienced, motivated staff. A management structure with clear lines of reporting and accountability was demonstrated. Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.

Cefn Coed Dental Practice is an established dental practice and forms part of the larger Rodericks Dental group which has around 60 dental practices in England and Wales. The practice manager had overall responsibility for the day to day management of the practice and was supported by a wider management team. Where we identified areas for improvement, the management team demonstrated a willingness and commitment to address those 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. We were told that the practice held informal monthly team talks, and more formal practice meetings were held on a less regular basis. Staff told us they felt able to discuss any issues during these meetings.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We saw that some, but not all of the policies had been reviewed and updated on a regular basis, including review dates, version numbers and next review date. We recommended that the same procedure should be applied when the practice reviewed all of its policies and procedures to ensure a consistent approach. The practice agreed to do this.

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 nursing staff had received an appraisal of their performance within the last year. We were told that performance of dental staff is regularly reviewed but not formally documented. We recommended that the practice should implement a system for formally appraising all staff.

Improvement needed

The practice must ensure that all staff receive appraisals of their work on a regular basis

We found that relevant clinical 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. We recommended to the practice that they should retain the outcomes of staff immunisation to ensure records are maintained. The practice agreed to do this. Occupational health advice and support was available from the health board.

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

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 Cefn Coed 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 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. 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

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <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: Cefn Coed Dental Practice

Date of Inspection: 6 February 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
Page 8	The complaints procedure for private patients must include contact details for Healthcare Inspectorate Wales <i>General Dental Council Standards for the Dental Team, Standard 5.1</i>	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 15(2)	To update our complaints policy to ensure Healthcare Inspectorate Wales contact details are available for patients.	Kirsty Lewis-Langley, Practice Manager.	Has been actioned March 2017
Delivery of safe and effective care					
Page 11	The practice must make suitable arrangements to ensure that regular checks are being conducted on the	Health and Care Standards	Introduce Weekly checks for all First Aid an Emergency Equipment within the practice.	Kirsty Lewis-Langley, Practice	Has Been Actioned March 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	<p>emergency equipment in accordance with the quality standards set out by the Resuscitation Council (UK)</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</i></p>	<p>April 2015 Standard 2.9</p> <p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14(2)</p>		Manager.	
Page 12	<p>The practice must ensure that all relevant 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>	<p>Health and Care Standards April 2015 Standard 7.1</p>	<p>Ensure all Dental Care Professionals at the practice receive Ionising Radiation Training in accordance with the General Dental Council guidelines.</p> <p>The Practice will ensure that all relevant DCPs will undertake the required amount of training within their 5 year cycle.</p>	Kirsty Lewis-Langley, Practice Manager.	<p>Required staff will attend the next available Wales Deanery run Programme- Jan/Feb 2018.</p>
Page 13	The dentists working at the practice	Health and	All clinical staff (Dentists and	Robert	April 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	<p>must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping</p> <p><i>General Dental Council Standards for the Dental Team, Standards 3 and 4</i></p>	<p>Care Standards April 2015 Standard 3.5</p> <p>The Private Dentistry Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>Therapist) will agreed a consistent and standardised system for dental records within the practice.</p> <p>This will include where records are stored and the structure of entrees.</p> <p>This will be discussed at the next practice meeting. 4th April 2017 and implemented accordingly.</p> <p>This will then be followed by quarterly audits to ensure consistent and well structured approach.</p>	<p>Davies Director Rodericks Wales Ltd</p>	
Quality of management and leadership					
Page 15	<p>The practice must ensure that all staff receive appraisals of their work on a regular basis</p> <p><i>General Dental Council Standards for the Dental Team, Standard 6.6.1</i></p>	<p>Health and Care Standards April 2015 Standard 7.1</p>	<p>Complete all Employed staff appraisals and continue to review on a annual basis.</p> <p>Introduce a Dentist appraisals system on an annual basis.</p>	<p>Kirsty Lewis-Langley, Practice Manager.</p> <p>David Hannington, Clinical Director for</p>	<p>3 months</p> <p>3 months</p>

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
				Rodericks Wales Ltd.	

Practice Representative:

Name (print): Kirsty Lewis- Langley

Title: Practice Manager

Date: 14th March 2017