

General Dental Practice Inspection (Announced)

Abertawe Bro Morgannwg
University Health Board,
Chapel Street Dental
Practice

Inspection Date: 9 February 2017

Publication Date: 10 May 2017

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the patient experience	5
	Delivery of safe and effective care	8
	Quality of management and leadership	123
5.	Next Steps	134
6.	Methodology.....	145
	Appendix A	167

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 Chapel Street Dental Practice at 15 Chapel St, The Mumbles, Swansea, SA3 4NH on 9 February 2017.

HIW explored how Chapel Street 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

Chapel Street Dental Practice provides services to patients in the Mumbles, Swansea and surrounding areas. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

Chapel Street Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes four dentists, including one foundation¹ dentist, six dental nurses/reception staff and one practice manager.

A range of NHS and private dental services are provided.

¹ The principal dentist is also a qualified Dental Foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

3. Summary

Overall, we were satisfied that Chapel Street Dental Practice was meeting the standards necessary to provide safe and effective care.

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.

This is what we recommend the practice could improve:

- Patient health promotion information
- Process of checks on dates of dental materials
- Review and update risk assessments
- Consistent approach to the storage of decontaminated instruments
- Ensure that radiation refresher training updates are maintained as required.

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 positive. Complaints details were signposted on the practice website and available on request. We advised that the complaints procedures should be displayed in the waiting area for ease of access. The practice had a system for seeking patient feedback as a way of assessing the quality of the service provided. We recommended the practice display further health promotion information to help support patients to take responsibility for their own health and wellbeing.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 16 questionnaires were completed and returned. All patients responding to the questionnaire indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments included:

“Always find staff very friendly and polite and always amenable and professional”

“The practice makes me feel very comfortable and relaxed when I come for an appointment”

“Lovely people”

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining confidentiality.

We observed staff speaking to patients in a friendly and professional way. Feedback from all patients who completed HIW questionnaires was positive with patients stating they were satisfied with the care and treatment they received at the practice and all patients said that they felt welcomed by staff.

We saw that a price list for treatments was available so that patients were informed about costs. We 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 to maintain privacy and dignity.

Timely care

The practice made every effort to ensure that care was provided in a timely way. The majority of patients indicated in HIW questionnaires that they had not experienced any undue delay in being seen by the dentist. The emergency contact telephone number was displayed on the website and in the window so that patients could access information about emergency dental care when the practice was closed.

Staying healthy

The majority of patients who completed the questionnaires told us they received enough information about their treatment. There was some patient and health promotion information in the waiting area and handy hints available on the practice's website. However, the practice should consider providing some further health promotion information/posters relevant to their patient population, such as mouth cancer awareness, smoking cessation and general information on how patients could improve their oral health. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

Improvement needed

Further health promotion information should be provided to patients.

Individual care

We saw evidence that the practice had a way of seeking patient feedback. Patient questionnaires were given out and the results were passed to the practice manager and reviewed.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. We found the procedure was compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations². The practice manager was the designated complaints manager and maintained an oversight of all complaints. Complaints were audited for any themes, so that action could be taken and any lessons learnt. The practice's complaints procedures were signposted on its website as being

² The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

available on request at the practice reception desk. However, seven out of the 16 patient respondents to HIW questionnaires stated they were unsure how to make a complaint. We advised on the day of the inspection that that the complaints details should be visibly displayed in the waiting area and this was completed immediately.

Improvement needed

Information regarding complaints procedures must be displayed and visible in accordance with guidance and standards.

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. There were arrangements in place for the safe use of X-ray equipment. However, radiation protection refresher training required updating for two staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, some risk assessments required review and updating and the practice took measures to arrange for this to be done at the time of the inspection.

The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk, with training updates being required. We found a very good standard of record keeping in general, although some areas need to be consistently maintained.

Safe care

Clinical facilities

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was visibly well maintained and all surgeries were clean, tidy and well organised. Contract documentation was in place for the disposal of non hazardous and hazardous waste. We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. Gas appliances had been serviced as required. The five yearly electrical certificate for the premises was up to date. A record of the daily compressor checks being undertaken was being maintained. However, we found that there were out of date dental materials being kept in the surgery drawers.

Improvement needed

The practice must ensure there is a process in place for checking that all out of date dental materials are disposed of appropriately

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. The principal dentist had taken advice from an electrical engineer and risk assessed the frequency of this testing as being on a 3 yearly cycle. Fire extinguishers were available and had been serviced regularly and fire signage was evident. A fire risk assessment had been completed by the practice manager and following discussion the practice manager agreed that it would be beneficial to arrange for a review of the fire risk assessment to be undertaken by an appropriate fire service provider and arrangements were made on the day of the inspection for this to be undertaken.

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. COSHH items were being stored away securely.

There was a health and safety policy and we saw that environmental risk assessments had been carried out. However, we noted that the environmental risk assessments required review. This is because further consideration was needed in respect of the security of the compressor and the storage/access to items such as waste (in the under stairs area) and the security of dental material storage also needed to be reviewed.

Improvement needed

The practice must review and update environmental 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. 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
- The practice had completed an infection control audit as recommended by Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines.

We found that the storage of one instrument tray needed addressing, as the decontamination bag was open and it was being stored in a cabinet with various other items in surgery two.

Improvement needed

The practice should maintain a consistent approach to the storage of decontaminated instruments.

There was evidence of inoculation immunity check status for all relevant staff. The principle dentist was advised that records of immunity must be maintained and be up to date and/or evidence of life long immunity kept where that applies.

The practice are advised that decontamination training is required to be refreshed on a 5 yearly CPD cycle, for all relevant staff, as it was noted that this was shortly due to be refreshed for all staff.

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 well organised, with corresponding life support flowcharts for use in specific emergencies.

We advised that a record of the regular emergency drugs checks should be maintained. There was an appropriate accident book in place and accident sheets were being filed securely to maintain data protection.

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

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 first aiders in the team who had completed relevant training.

Safeguarding

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. There were appropriate protection policies in place and safeguarding refresher training was booked for 14 February 2017 to bring all relevant staff up to date in this area. We were told 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. DBS three yearly refresher clearance checks had recently been updated.

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 staff completed radiograph audits for quality assurance purposes. We found that the majority of staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

We clarified with the principal dentist that the continuing professional development cycle within which IRMER training is required is a five year cycle. One staff member's IRMER training had lapsed and training had been booked for the 17 February 2017. HIW received evidence shortly after the inspection, that the individual had subsequently completed training.

Improvement needed

Radiation protection refresher training to be maintained for all relevant staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

Effective care

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

We viewed a sample of dental records for each dentist and spoke with the lead dentist on the day of our inspection. Overall, we found there was a very good quality of patient care and the clinical patient record keeping was exemplary.

Quality of management and leadership

We found evidence of effective management and leadership at this practice. Staff we spoke with were happy in their roles, understood their responsibilities and felt supported by the practice manager. A range of relevant policies and procedures were in place.

We found that the dental surgery was well run. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We saw that pre-employment checks were being carried out, including Disclosure and Barring Service (DBS) clearance.

The day to day management of the practice was the responsibility of the practice manager and principal dentist. We saw a staff team at work that seemed happy and competent in carrying out their roles. Staff we spoke with told us they felt supported by the practice manager. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD).

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.

The practice manager stated that appraisals had been conducted for staff. 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. Staff meetings were held on a regular basis and these were recorded.

We looked at the policies and procedures in place and saw that these were relevant and well organised. We advised staff that a system needs to be in place and a record maintained to indicate when to policies and procedures have been reviewed and/or updated.

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 Chapel Street 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 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: Chapel Street Dental Practice

Date of Inspection: 9 February 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
6	Further health promotion information should be provided to patients.	Health and Care Standards 1.1 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Guidance 2.2</i>	Health Promotion material to be made visible in the patient waiting rooms	Allison Walker	30/4/17

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
6	Information regarding complaints procedures must be displayed and visible in accordance with guidance and standards.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Guidance 5.1</i>	Complaint procedure displayed in the reception area.	Allison Walker	9/2/17
Delivery of safe and effective care					
8	The practice must ensure there is a process in place for checking that all out of date dental materials are disposed of appropriately.	Health and Care Standards 2.6 Private Dentistry (Wales) Regulations	Stock control spreadsheet produced and a named member of staff responsible for its upkeep	Allison Walker	10/2/2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		2008 14 (3) (a) Misuse of Drugs (Safe Custody) (amendment) Regulations 2001			
9	The practice must review and update environmental risk assessments.	Health and Care Standard 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Management of Health and safety at Work Regulations</i>	Environmental risk assessment to be reviewed Environmental risk assessment to be updated	Allison Walker	30/4/17 31/5/17

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		1999			
10	The practice should maintain a consistent approach to the storage of decontaminated instruments.	Health and Care Standard 2.4 WHTM 01-05	Staff debriefed on the Practice Policy for decontamination of instruments.	Allison Walker	31/3/17
11	Radiation protection refresher training to be maintained up to date for all relevant staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Health and Care Standard 2.9 Private Dentistry (Wales) Regulations 2008 Regulation 14 1(b) <i>General Dental Council and Ionising Radiation (Medical Exposure)</i>	All staff are up to date with Radiation Protection training Refresher training to be kept up to date for all relevant staff	Allison Walker Allison Walker	10/2/2017 31/12/2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Regulations 2000</i>			
Quality of management and leadership					
	None				

Practice Representative:

Name (print): Allison Walker
Title: Practice Owner and Principal
Date: 30/03/2017