

General Dental Practice Inspection (Announced)

**West Street Dental
Practice; Hywel Dda
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 West Street Dental Practice at 23 West Street, Fishguard, SA65 9A6 on 29 March 2017.

HIW explored how West 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

West Street Dental Practice provides services to patients in the Fishguard and Pembrokeshire area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

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

The practice staff team includes one dentist, two dental nurses and two receptionists. The dentist provides the practice manager role.

A range of NHS and private dental services are provided.

3. Summary

Overall, we found evidence that West 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 satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well equipped and clean
- 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:

- Residual works required to surgery cabinetry doors, and the floor seal
- Evidence of five yearly electrical certification to be provided to HIW
- Residual work required to the decontamination room to prevent contaminant risk
- A domiciliary visits policy needs to be in place
- Radiation protection refresher training to be maintained
- Some aspects of patient record keeping
- The practice should formalise quality assurance arrangements, including peer review of clinical staff and the conduct of regular audits
- Update policies to ensure they are practice specific and reviewed regularly.

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.

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 17 questionnaires were completed and returned. Without exception patients indicated that they were made to feel welcome and were satisfied with the information they received about their treatment and with the services received at the practice. Patient comments included:

“Really happy with the results of recent dental work”

“The entire staff are very helpful, friendly and professional”

“Good competent dental treatment”

“I have suffered extreme anxiety towards dentists, however the dental practice I attend have changed my mind set considerably, which I am thankful for. They have been brilliant in every aspect of dentistry”

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 patient confidentiality. We observed staff speaking with patients in a friendly and professional way. We saw that information about the price of both NHS and private treatment was available in the waiting area 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 to maintain privacy and dignity.

Timely care

Staff told us that they made every effort to ensure that care was provided in a timely way. All questionnaire respondents indicated that they had not experienced any delay in receiving their treatment. The majority of questionnaire respondents stated they knew how to access emergency out of

hours arrangements. We saw that the details of the emergency contact number, the practising dentist details and the surgery opening hours were being displayed externally. We advised that reference to the previous dentist be deleted from the current sign above the doorway entrance to ensure accuracy of the information displayed.

Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. All of the patients who completed the questionnaires told us they received enough information about their treatment. The practice had a range of health promotion and patient information available in the waiting area.

Individual care

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. Details of the complaints procedures were available on the wall of the waiting room. Nine out of the 17 respondents stated they knew how to make a complaint. The practice manager confirmed that copies of the complaints procedure are accessible, on the reception desk. This meant that patients could easily access this information, should they require it.

The complaints procedures were compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹.

We found that a record of compliments, concerns and complaints was being maintained. Key documents, such as the complaints procedures, were available in the Welsh language.

The practice had an established way of seeking patient feedback. We saw evidence that patient satisfaction surveys were distributed to seek patients' feedback and suggestions. The practice was advised to develop a formal process for reviewing patient feedback received. Any outcomes, actions or learning from patient feedback should be summarised and fed back to patients for their information.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

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 and were visibly clean and tidy. However, residual works are required to surgery cabinetry doors and the floor seal.

We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, residual works to the decontamination room are required. Also a five yearly wiring certificate is required.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. However, a domiciliary visits policy needs to be in place, identifying what arrangements are in place for emergency medication and equipment to be available as required during such visits.

There were arrangements in place for the safe use of X-ray equipment. However, one dental nurse returning to practice needed to complete the required training refresher, in accordance with the requirements of the General Dental Council² and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000³, prior to being involved in the taking of radiographs. Patient notes need to be maintained in accordance with professional record keeping guidance. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. The practice should formalise quality assurance arrangements, including peer review of clinical staff and the conduct of regular audits.

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 the

² General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

³ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

surgery was clean and well organised. However, surgery cabinetry doors and floor seals required residual works to upgrade these areas.

Improvement needed

Surgery cabinetry doors and floor seals required residual works to be undertaken.

We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. However, evidence of a five yearly electrical wiring certificate for the premises was not available.

Improvement needed

Evidence of a five yearly electrical wiring certificate needs to be provided to HIW.

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 storage was also seen to be secure.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored. Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy in place.

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- 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.

A decontamination policy was in place and we saw that all staff were signing and dating to indicate that they had considered key policies. We found that inoculation immunity check status for staff members was up to date. The practice had undertaken the first stage of an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05⁴ (WHTM 01-05) guidelines and relevant staff had completed decontamination refresher training on a five yearly basis. Some remedial work was required in the decontamination room as there was paint peeling near the ceiling area and this could be a contaminant if not removed.

Improvement needed

Residual work required to the decontamination room to remove the peeling paint to the ceiling area to prevent contaminant risk.

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). A resuscitation policy was in place however, this was generic and advice was given to review this including the details of staff roles and responsibilities. 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 and a first aid kit was available. There was an appropriate accident book in place and completed accident sheets were filed securely to maintain data protection.

Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drug checks was being maintained. However, a domiciliary visits policy needs

⁴ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

to be in place, identifying the arrangements for emergency medication and equipment to being available during such visits.

Improvement needed

A domiciliary visits policy needs to be in place, identifying the arrangements for emergency medication and equipment being available during such visits.

Safeguarding

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. 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 clearance checks were up to date for all staff.

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 involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000. However, one dental nurse, who had recently returned to dental nursing needed to refresh their IRMER training. The dentist confirmed that this staff member would not be involved in taking radiographs until their training was brought up to date. A radiation protection file was being maintained.

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.

Patient Records

We viewed a sample of dental records and spoke with the sole dental practitioner on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care. However, we identified the following areas for improvement:

- Oral cancer checks, smoking cessation and oral health advice given to be recorded consistently
- Written treatment plan options discussed with patient to be recorded consistently
- Where paper and electronic notes are being kept this need to be recorded consistently
- Frequency of radiographs to be increased in order to aid caries diagnosis and treatment planning.⁵
- Justification for radiographs to be recorded consistently and audits to be conducted

Improvement needed

Patient notes need to be maintained in accordance with professional record keeping guidance.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in relevant audits, including infection control. However there was no evidence to indicate that arrangements were in place for the dentist to conduct clinical peer review audits. We advised the dentist that learning from peer review and audits contributes to the quality of care provided. This would also provide the opportunity for a peer annual appraisal process. We discussed the range of audit topics provided by the Welsh Deanery/Maturity Matrix Dentistry⁶ approach.

Improvement needed

The practice should formalise quality assurance arrangements, including peer review of clinical staff and the conduct of regular audits.

Quality of management and leadership

⁵ Dental caries, is a progressive bacterial damage to teeth, is one of the most common diseases that affects 95% of the population

⁶<https://dental.walesdeanery.org/sites/default/files/Guide%20for%20Practices%20MMD%202016.pdf>

West Street Dental Practice has a well established practice team with a low turn over of staff. The day to day management of the practice was provided by the dentist. Staff we spoke with were committed to providing high quality care for patients.

We saw a staff team at work who appeared happy and competent in carrying out their roles. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures. We were told that staff meetings were held on a regular basis and these were recorded. Annual staff appraisals were also being undertaken for staff.

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 storage of patient files was appropriate, to ensure the safety and security of personal data. The dentist stated that the practice was in the process of arranging a new IT back up service arrangement, in the meantime data was being backed up appropriately.

Practice policies required review to ensure they were practice specific, as some referred to English rather than Welsh guidance. All policies should be regularly reviewed. A quality assurance policy was in place.

Improvement needed

Practice policies required review to ensure they were practice specific and regularly reviewed

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 West 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 2008⁷ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁸. 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

⁷ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁸ <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: West Street Dental Practice

Date of Inspection: 29 March 2017

| Page number | Improvement needed | Regulation / Standard | Practice action | Responsible officer | Timescale |
|--|--|---|--|---------------------|---|
| Quality of the patient experience | | | | | |
| | None | | | | |
| Delivery of safe and effective care | | | | | |
| 8 | Surgery cabinetry doors and floor seals required residual works to be undertaken | Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (3) (a) and | Floor seals have been made good. Residual works to cabinetry doors will be undertaken by 30 June 2017 | Mr A Chiriac | Floor seals complete. Cabinetry doors to be replaced by 30 June 2017 |

| Page number | Improvement needed | Regulation / Standard | Practice action | Responsible officer | Timescale |
|-------------|---|---|---|---------------------|-----------|
| | | (b) <i>GDC Guidance standard 1.5</i> | | | |
| 8 | Evidence of a five yearly electrical wiring certificate needs to be provided to HIW | Health and Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 Regulation 14 (1) (d) <i>The Electricity at Work Regulations 1989</i> | Five yearly electrical wiring test done on 29 th of April 2017. Copy of certificate sent to HIW. | Mr A Chiriac | Completed |
| 9 | Residual work is required to the decontamination room to remove the peeling paint to the ceiling area to prevent contaminant risk | Health and Care Standards 2.4 Private | Peeling paint has been removed. Full decoration of Decontamination room is planned for August 2017. | Mr A Chiriac | Completed |

| Page number | Improvement needed | Regulation / Standard | Practice action | Responsible officer | Timescale |
|-------------|---|---|--|---------------------|-------------|
| | | Dentistry (Wales) Regulations 2008 14 (3) (a) and (b) <i>GDC Guidance standard 1.5 WHTM 01-05</i> | | | |
| 10 | A domiciliary visits policy needs to be in place, identifying the arrangements for emergency medication and equipment being available during such visits. | Health and Care Standards 2.6 Private Dentistry (Wales) Regulations 2008 14 (1) (d) | This issue has been discussed with staff at a recent team meeting. Every member of staff is aware of the new arrangements. Domiciliary visit Policy will be in place by 31 May 2017. | Mr A Chiriac | 31 May 2017 |
| 10 | 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 | Health and Care Standard 2.9 Private | Staff member undertook IRMER course 18 th May 2017. Prior to this staff member was not in assistance when X-ray was required. | Mr A Chiriac | Complete |

| Page number | Improvement needed | Regulation / Standard | Practice action | Responsible officer | Timescale |
|-------------|--|--|--|---------------------|-----------------------|
| | (Medical Exposure) Regulations 2000. | Dentistry (Wales) Regulations 2008 Regulation 14 1(b) <i>General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000</i> | | | |
| 11 | Patient notes need to be maintained in accordance with professional record keeping guidance. | Health and Care Standard 3.3, 3.5 and 4.5 Private Dentistry (Wales) Regulations 2008 14 1(b) <i>GDC</i> | I have undertaken improvements to ensure that more detailed clinical notes are recorded from now on. I have submitted my set of documents to join the Faculty of General Dental Practice (UK) to enable me to obtain further information for continued improvement of my records. | Mr A Chiriac | Completed and ongoing |

| Page number | Improvement needed | Regulation / Standard | Practice action | Responsible officer | Timescale |
|---|--|---|---|---------------------|-------------------|
| | | <i>Standards 4</i> | | | |
| 11 | The practice should formalise quality assurance arrangements, including peer review of clinical staff and the conduct of regular audits. | Health and Care Standard 3.3 Private Dentistry (Wales) Amendment Regulations 2008 14 (1) (b) Regulation 16A (1) <i>Maturity Matrix Dentistry (MMD)</i> | Practice will formalise quality assurance arrangements by including peer review of clinical staff with other dental practice from area, under guidance of Practice Quality Improvement Programme under umbrella of Welsh Deanery. | Mr. A Chiriac | 31 October 17 |
| Quality of management and leadership | | | | | |
| 12 | Practice policies required review to ensure they were practice specific and regularly reviewed | Health and Care Standards 2.7 Private Dentistry | Policies to be reviewed updated and edited as practice specific. | Mr A Chiriac | 30 September 2017 |

| Page number | Improvement needed | Regulation / Standard | Practice action | Responsible officer | Timescale |
|-------------|--------------------|---|-----------------|---------------------|-----------|
| | | (Wales) Amendment Regulations 2008 14 (1) (d) <i>GDC Guidance standard 6</i> | | | |

Practice Representative: Owner / Practice Manager

Name: Mr Adrian Chiriac

Date: 04/05/2017