

General Dental Practice Inspection (Announced)

Denise Adams Dental Surgery /
Cwm Taf University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Denise Adams Dental Surgery, 56 High Street, Hirwaun, Aberdare, CF44 9SW, within Cwm Taf University Health Board on the 12 June 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Denise Adams Dental Surgery was meeting the standards necessary to provide safe and effective care.

We found that the patients were treated with respect, the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner. .

This is what we found the service did well:

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

This is what we recommend the service could improve:

- Checks and recording of emergency drugs and equipment
- A process for peer review.

3. What we found

Background of the service

Denise Adams Dental Surgery provides services to patients in the Hirwaun area of South Wales. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes one dentist and two dental nurses who share reception duties.

The practice provides a range of NHS general dental services only.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 38 completed questionnaires were returned. Patient comments included the following:

"I have always had a first class service at this practice"

"No improvement required an excellent practice"

"It is always a pleasure to see the dentist and her team. They always make me feel at ease and they take great care of me"

"I have always been a nervous patient but this has been the best dental practice I have been to"

Staying healthy

We found that the practice had a large range of health promotion information leaflets available in the waiting area. This would help to promote the need for patients to take care of their own health and hygiene.

All patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. All patients that completed a questionnaire agreed that they had been treated with respect and been made to feel welcome when visiting the dental practice.

The practice was able to provide privacy to patients if they wanted to discuss personal or confidential information with the dental team, away from other patients.

Patient information

The practice provided a range of NHS dental treatments. Information on charges for NHS dental treatments was displayed in the waiting area. This meant patients had easy access to information on how much their treatment may cost.

The majority of patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment. However, almost a third of patients that completed a questionnaire stated that they did not understand how the cost of their treatment was calculated.

Without exception, all patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options. We also found evidence of treatment planning and options noted within a sample of patient records we considered. This meant that patients were able to make an informed decision about their treatment.

All patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

Communicating effectively

The majority of patients that completed a questionnaire told us they have been able to speak to staff in their preferred language. Patients that completed a questionnaire told us that the dental team had helped them to understand all available options to them when treatment was needed.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times. The majority of patients that completed a questionnaire told us that they had not experienced a delay in being seen by the dentist.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed in the window of the practice and on the answer phone message. The

majority of patients that completed a questionnaire told us that they knew how to access out of hours dental services.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

All patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was located in a three storey building, with one dental surgery on the first floor. Whilst the reception and waiting area was accessible to patients with mobility difficulties, patients using wheelchairs or those unable to use stairs would not be able to access dental services at this practice. The practice owner told us that they had explored the option of installing a ground floor surgery but concluded it was not currently a viable option. The practice told us that they would refer patients unable to access their services to an alternative surgery.

Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area. Around one third of patients that completed a questionnaire told us that they did not know how to make a complaint about the dental services they receive. The practice may wish to consider how they can improve patient awareness of this process.

Whilst the practice had not received any complaints, they described an appropriate process for maintaining records and dealing with either a verbal or written complaint.

We saw that patients were able to provide feedback on the services provided through a comments box in the reception area of the practice. We also saw that the practice had completed a patient survey within the past 12 months and the information had been appropriately analysed as a means of assessing services provided to patients.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

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

Patients' records 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.

Recording of regular checks on the emergency drugs and equipment was required.

Safe care

Managing risk and promoting health and safety

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 maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. There were no concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

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 last 12 months, 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. The practice told us they produced a very small amount of non hazardous (household waste) which was disposed of appropriately.

Infection prevention and control

The practice had a designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document.

Decontamination equipment and cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of two autoclaves² and a washer disinfector³ and we saw inspection certification to show they were safe to use. We saw that daily checks were being carried out and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

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 A washer disinfector is an automated method of cleaning dental instruments prior to sterilisation

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on decontamination. Instruments were being stored in sealed bags to prevent cross contamination.

We found that the practice had conducted a number of infection control audits to identify areas for improvement and development as part of the overall quality assurance monitoring activity. We saw that where areas for improvement had been identified by the practice they had taken steps to address the issues. We recommended that the practice dates the completed audits to ensure that staff addressing any improvements are using the most up to date information.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). Whilst we found that all emergency drugs and equipment were within their use-by dates, the practice did not maintain a log book of regular checks on the drugs and equipment. We recommended that the practice implement a recording system to document that checks are being conducted on the emergency drugs and equipment in line with the Resuscitation Council (UK)⁴ guidelines. The practice agreed to do this.

We saw records to show that all staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months.

We were unable to confirm that the practice had an appointed person to deal with first aid arrangements within the practice. We recommended that the practice may wish to consider the guidelines of the Health and Safety Executive⁵ in respect of appointed and trained first aiders at work. The practice agreed to consider doing this.

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.hse.gov.uk/pubns/indg214.pdf>

Improvement needed

The practice must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council UK

Safeguarding children and adults at risk

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 all staff had completed training in adult protection, and we saw confirmation that training in child protection had been organised for the day following the inspection for all staff.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have and were confident these would be acted upon.

Medical devices, equipment and diagnostic systems

We looked at the surgery within the practice, and noted that it was clean and tidy. Floors and surfaces within the surgery were easily cleanable to reduce cross infection. We found that the dental instruments within the surgery were in good condition and sufficient in number.

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 all staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

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.

Effective care

Safe and clinically effective care

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included clinical audits to identify areas for improvement and checks on equipment to make sure it was working effectively. We were assured that a range of audits were being undertaken by the practice.

Quality improvement, research and innovation

We were unable to confirm that the practice had a process in place for peer review, which would potentially support the staff in the development of practice improvement. We recommended to the practice that they should implement a process for peer review as a way of identifying practice improvement areas.

Improvement needed

The practice should implement a process for clinical peer review

Information governance and communications technology

Patient records were maintained in paper format and we found that they were stored securely in locked cabinets

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. The practice had recently included additional areas for recording within patient notes, and we recognised improved record keeping within the most recent patient records seen. We recommended that the dentist continue to record the following within patient records in accordance with professional standards for record keeping.

- Patients' alcohol and tobacco together with any health promotion advice provided. These would demonstrate that an assessment of patient risk of developing oral cancer had been considered and provided advice on how this could be reduced
- Patients' verbal consent to treatment

- The outcomes of BPE (Basic Periodontal Examination) checks.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

The practice was owned and managed by the principal dentist who was supported by a small team.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported in their roles and that they had the opportunity to attend relevant training to develop their skills and knowledge.

Governance, leadership and accountability

Denise Adams Dental Surgery is owned and managed by the principal dentist and supported by two members of staff who share responsibility for reception and dental nurse duties. We found the small practice team to be organised and proactive in their approach. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the practice owner demonstrated a willingness and commitment to address these promptly.

Staff working on the day of our inspection told us that they felt well supported in their roles. We found that staff were clear and knowledgeable about their roles and responsibilities. As a small team, communication was conducted on an informal basis with regular informal meetings and discussions being held daily. We recommended that the practice may wish to consider, where appropriate, documenting team meetings where information shared and discussed is more formal.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The practice was able to demonstrate that policies and procedures had been reviewed on a regular basis and communicated to staff.

Staff and resources

Workforce

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 practice owner to access training opportunities. We saw certificates to evidence that all clinical staff had completed training in areas 'highly recommended' by the General Dental Council.

Staff told us that they had received an appraisal of their performance, conducted by the dentist.

We found that all 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 immunisations to ensure records are complete. The practice owner agreed to do this. Occupational Health advice and support was available from the health board.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiation Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Denise Adams Dental Surgery

Date of inspection: 12 June 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: Denise Adams

Name (print): Denise Adams

Job role: Dentist

Date: 14.07.2017

Appendix C – Improvement plan

Service: Denise Adams Dental Surgery

Date of inspection: 12 June 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No areas for improvement identified during the inspection				
Delivery of safe and effective care				
The practice must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council UK	2.6 Medicines Management	A weekly check and log has been instituted to replace the monthly check. The defibrillator is still checked daily as before.	Anne-Marie Williams	Done immediately
The practice should implement a process for	3.3 Quality Improvement,	We have joined up with two local	Denise Adams	Done

Improvement needed	Standard	Service action	Responsible officer	Timescale
clinical peer review	Research and Innovation	practices to form a peer review group		immediately.
Quality of management and leadership				
No areas for improvement identified during the inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Denise Adams

Job role: Dentist

Date: 14.07.2017