

General Dental Practice Inspection (Announced)

Winchester House Dental
Practice, Hywel Dda 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 Winchester House Dental Practice at 67 St James Street, Narbeth, SA67 7DB, within Hywel Dda University Health Board on the 21 May 2018.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), the Private Dentistry (Wales) Regulations 2017 and other relevant legislation and guidance.

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 Winchester House Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

Clinical records were maintained to a high standard as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the Practice Manager and practice owner
- The practice actively sought patient feedback
- Appropriate arrangements were in place for the safe use of X-rays
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and were committed to providing a high quality service.

This is what we recommend the service could improve:

- No recommendations were made during this inspection.

3. What we found

Background of the service

Winchester House Dental Practice provides services to patients in the Narbeth and surrounding area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes two dentists, one hygienist, one therapist, three dental nurses, one receptionist/dental nurse and one practice manager.

The practice provides a range of NHS and private general dental services.

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.

The practice is committed to providing a positive experience for their patients. The practice actively seeks patient feedback by conducting surveys and inviting patients to provide suggestions in the box provided in the reception area. We observed staff being professional and courteous to patients.

Patients who provided comments indicated that they were happy with the care and treatment they had received.

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 521 questionnaires were completed. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Some of the comments provided by patients on the questionnaires included:

"The staff are always polite and if running late inform you of the situation"

"Staff are first rate caring and very helpful. Reception staff are organised and very responsive. Dental staff excellent"

"I find the whole team now working at this practice most helpful and friendly and although I am not a fan of the 'dentist' I have no such worries when attending Winchester House"

"We are very happy with our dental practice, especially when needed in an emergency"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; most patients told us that the practice was

already excellent and that it didn't need improving, but other patient comments did include:

"Maybe introduce more evening appointments"

"Keep to appointment time"

"Open on Saturday mornings would be great for school children to attend"

Staying healthy

In the waiting area we saw a small selection of health promotion information leaflets available. These included leaflets about treatments and preventative advice. There was a larger selection available in the patient information folder. There were also leaflets available in each surgery and we were told that when they visited the practice, patients would be given information pertinent to their dental health and treatment.

The majority of patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. 96% of the 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

During the inspection we observed staff being polite and courteous when speaking to patients visiting the practice and when speaking to patients on the telephone.

All but one patient that completed a questionnaire felt that they had been treated with respect when visiting the practice.

On the ground floor the practice had an open plan reception and waiting area. Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they could use a free surgery away from the reception and waiting area, the Practice Manager's office, or a private lounge area on the first floor.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected.

All dental surgeries had doors which could be closed when a patient received treatment, maintaining privacy and dignity.

Patient information

The majority of patients who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment and that they had received clear information about available treatment options.

While most of the patients that completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, just over a third of patients told us that they didn't understand how the cost of their treatment was calculated.

We noted that price lists for private and NHS treatment costs were displayed in the reception area.

We saw that the practising dentists' details and the practice's opening hours were displayed externally.

Communicating effectively

Almost all patients that completed a questionnaire told us that they could always speak to staff in their preferred language.

Timely care

Almost three quarters of the patients that completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed on the front window of the practice, in the patient information folder and provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

The vast majority of the patients that completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

The practice had in place an Equal Opportunities policy and a privacy, dignity and confidentiality policy.

We found access to the practice to be good. There were two steps leading into the main entrance from the street and staff used a portable ramp to enable patients in wheelchairs to access the practice. The reception, waiting area and one surgery were on the ground floor and all could be accessed by people with mobility difficulties.

There was a patient toilet on the ground floor. This was very small and when used by a wheelchair user the door could not be fully closed. In order to ensure access could be provided and privacy maintained the practice had put a procedure in place that included locking the front door, closing an internal door and asking other patients and staff to remain in the waiting area.

Listening and learning from feedback

Over a third of patients that completed a questionnaire told us that they would not know how to raise a concern or complaint about the services they receive at the dental practice.

Almost a third of patients said that they were not asked for their views about the service provided at the dental practice, for example, through patient questionnaires.

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting Things Right"¹ and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations². The policy was initially contained in the patient information folder. In response to our concern that not

¹ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

² <http://www.legislation.gov.uk/wsi/2017/202/made>

every patient looks through the folder staff displayed the policy in the reception area.

The practice had in place a process to record, monitor and respond to any complaints and concerns that they received. We noted their file contained comprehensive records of complaints, how they were handled and final responses. The Practice Manager is responsible for monitoring all concerns and complaints received.

The practice recorded verbal concerns and feedback in patient notes. In order to enable these to be monitored and any recurring themes identified, following our advice, the practice manager agreed to put in place a process where staff record any verbal concerns and feedback in their diaries which were reviewed weekly.

In advance of the inspection, HIW provided the practice with 20 questionnaires for patient to complete. The practice, in order to obtain a wealth of patient feedback, took it upon themselves to distribute an additional 500 HIW questionnaires and undertook its own analysis of the responses.

We saw that the practice had a Suggestion Box in the waiting area. We were told that all suggestions received were reviewed by the practice manager. We would advise the practice to consider putting in place a procedure for feeding back to patients any actions taken in response to their suggestions.

Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care. Medical records were maintained to a high standard.

We noted that clinical facilities were well equipped and were visibly clean and tidy.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of patients visiting and staff working at the practice. There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was either very, or fairly, clean.

Externally, the building appeared to be well maintained. Overall the surgeries were clean with instruments and equipment stored appropriately.

We noted that regular testing of portable appliances (PAT) is to undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out with the last twelve months to ensure that the equipment worked properly.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in

place and we noted that the health and safety poster, with relevant information was on display in the practice manager's office.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. The practice had a 'Control of Substances Hazardous to Health' (COSHH) controls policy and data sheets providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

Infection prevention and control

The practice had facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05³. We noted that pre-sterilisation cleaning and sterilisation was undertaken in accordance with WHTM and manufacturers' guidance.

Sterilisation equipment underwent maintenance checks in accordance with manufacturer guidance and we saw evidence that the log books for checking the sterilisation equipment were maintained. The practice had an infection control policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination room.

We saw evidence that all clinical staff had certificates on file to confirm their infection control training was up to date.

The practice undertook regular infection control audits as recommended by WHTM 01-05 guidelines.

Medicines management

³ 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

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy that was displayed in each surgery.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK)⁴ guidance. These were stored securely. At the time of the inspection the oxygen cylinder was stored on the floor of the cupboard but behind a storage unit which would have to be removed from the cupboard first. As soon as this was brought to the practice manager's attention the cylinder was moved so that it could be accessed easily and quickly.

We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

We saw evidence that, with the exception of one member, clinical staff, all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Shortly after the inspection the practice confirmed that arrangements had been made for the remaining staff member to attend training. The practice had two appointed first aiders.

We also noted that prescription pads were kept securely.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults. Whilst the supplementary information and guidance collated by the practice manager, contained the contact details for the relevant safeguarding agencies we would advise that these are inserted in the policies for ease of access.

All staff had completed training in one or both aspects of training, i.e. protection of children and protection of vulnerable adults.

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.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in the practice.

Medical devices, equipment and diagnostic systems

We saw that the surgeries were visibly clean and contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and contained all the essential information.

We noted the certificate confirming that the OPT X-ray machine had been de-commissioned.

In accordance with the requirements of the General Dental Council⁵ and Ionising Radiation (Medical Exposure) Regulations⁶ (IR(ME)R) 2000 all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice had in place a programme of audits in respect of infection control, radiographs and record keeping.

Quality improvement, research and innovation

We noted that the dentists meet on an informal basis to discuss any clinical issues relating to the practice. The practice is participating in the Wales Deanery's Clinical Audit and Peer Review Projects⁷ (CAPRO) which involves

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁶ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

⁷ <https://dental.walesdeanery.org/improving-practice-quality/carro>

working with other practices and comparisons of different aspects of their practice against established good practice.

We were also told the practice had completed the Deanery Maturity Matrix Dentistry⁸ (MMD) practice development tool. The MMD is a dental practice team development tool to allow the team to focus on how they work and how they can improve.

Information governance and communications technology

The practice had a data protection policy in place. The storage of files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and non-electronic patient information was stored in locked cupboards in reception.

Record keeping

We reviewed a sample of patients' records. Overall, we found there was a very good quality of record keeping that indicated good patient care had been provided. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended.

⁸ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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.

We found evidence of strong leadership and lines of accountability. The Practice Manager was responsible for the day to day management of the practice.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We noted a comprehensive range of relevant policies and procedures in place. All staff had received the necessary training for their roles and responsibilities.

Governance, leadership and accountability

Winchester House Dental Practice is owned by the principal dentist who is based there full time. We found the practice to have strong leadership and staff understood their roles and responsibilities. The day to day management of the practice was provided by an efficient practice manager. We saw a very good rapport between the practice staff.

The practice was well organised with good record keeping in all areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We saw that each policy had a review date and had been signed by staff to confirm that they have been read and to evidence knowledge and understanding. We also noted that the practice manager had supplemented a number of policies with supporting background information and guidance to enhance staff knowledge and understanding.

We noted that a wide programme of risk assessments including fire safety, first aid and of the practice had been undertaken.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place.

Staff and resources

Workforce

Staff told us that they enjoyed working in the practice and we observed a strong rapport between all practice staff. We noted that all staff had employment contracts and we saw evidence on staff files that the practice had an induction programme in place. The practice had a robust programme of staff appraisals that were conducted annually and completed forms kept on staff files.

We saw certificates that evidenced that staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. However, we noted that one member of the clinical staff did not have up to date training on Cardio Pulmonary Resuscitation. This was brought to the attention of the practice manager who immediately arranged for this staff member to attend a course as soon as possible.

The practice holds staff meetings every one to three months. Following each meeting minutes are drafted and filed electronically. They are also displayed on the staff noticeboard in staff room on the first floor for review, amendment and signature by staff.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificates. We saw evidence that DBS clearance checks had been carried out on all members of clinical and non-clinical staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations 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: Winchester House Dental Practice

Date of inspection: 21 May 2018

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:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Winchester House Dental Practice

Date of inspection: 21 May 2018

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
No areas for improvement were identified during this inspection. The practice is not required to complete an improvement plan.				

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): Stephen Griffiths

Job role: Practice Manager

Date: 10th July 2018