

General Dental Practice Inspection (Announced)

Cwm Taf University Health
Board

**Goodwin Partnership DBS
Ltd**

09 March 2016

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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 Goodwin Partnership DBS Ltd, 21 Grawen Street, Porth, Rhondda Cynon Taf, CF39 0BU on 9 March 2016. HIW explored how Goodwin Partnership DBS Ltd 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

Goodwin Partnership DBS Ltd provides services to patients in the Rhondda Cynon Taf area. Goodwin Partnership DBS Ltd provides dental services within the area served by Cwm Taf University Health Board.

The long established dental practice is in a residential area of Porth in a large converted Victorian house and is over three floors. Surgeries are on the ground and first floor while the office and staff kitchen are on the second floor. There is a sister practice in Cwmbran.

The practice staff team includes nine dentists and a hygienist, ten dental nurses and one trainee dental nurse. There are two practice managers and a dedicated receptionist. Goodwin Partnership DBS Ltd provides a full range of NHS and private dental treatments.

3. Summary

We found that Goodwin Partnership DBS Ltd provide patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Staff appeared happy in their roles and understood their responsibilities.
- Clinical facilities were very well equipped, visibly clean and tidy.
- Patient records were generally of a high standard.
- There were arrangements in place for the safe use of X-rays.
- Dental instruments were cleaned and sterilised appropriately.
- Clinical waste was handled, stored and disposed of safely.
- Audits and team meetings were conducted regularly and used to improve practice.

This is what we recommend the practice could improve:

- Risk assessments on hazardous substances should be implemented to include detailed information on controls measures that have been put in place.
- Ensure all patient records contain smoking cessation and alcohol advice, cancer screening and record informed consent.

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 from patient questionnaires was extremely positive. The practice had a system in place for regularly seeking patient feedback, via patient surveys, as a way of assessing the quality of the service. There were pleasant waiting areas with evidence of a range of dental health promotional material.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

'I feel very fortunate to have been a patient here for virtually the whole of my life. Fabulous dental practice.'

'I've always had a great service and would not change to another dentist.'

'Excellent service from all staff at the Goodwin Dentist.'

'Always welcoming and friendly.'

Dignified care

All patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by the staff. We also observed the warm, friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patients' privacy including a space for patients to have private conversations with staff and discretion when dealing with patient telephone messages. Patients told us that they were extremely satisfied with the care and treatment they received.

Timely care

The practice tried to ensure that dental care was provided in a timely way. Of the 21 patients who completed questionnaires, only four had experienced slight delays in being seen by the dentist on the day of an appointment. Three quarters of patients also told us they knew how to access out of hours care. There was a sign on the door of the surgery giving the emergency contact number. There was also a sign provided on the walls of the waiting rooms, in

the patient information leaflet and we confirmed that the emergency contact number was provided in the practice's telephone answer machine message.

Staying healthy

The reception area and waiting room provided a bright and attractive first impression. There was dental health promotion material displayed as colourful posters on the walls and around the reception areas.

All the patients who completed questionnaires said they were given appropriate information about their treatment. Most patients said they had been asked about the option of communicating in the language of their choice and we were told that some staff could speak both English and Welsh. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so.

Individual care

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service, when they attended the practice. Any comments were shared by the receptionist at practice meetings. We saw that patient surveys were conducted and the data reviewed. This showed that there were systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment, half of patients who completed the questionnaires confirmed that they knew how to make a complaint and had seen the notice in the waiting room. The NHS poster on the notice board was compliant with the NHS complaints arrangements known as 'Putting Things Right'. There was also a complaints notice for private patients. Both contained full information.

We were told there had been very few complaints at the practice. Any concerns/complaints received were reviewed but with so few complaints it was not possible to analyse any trends.

Delivery of Safe and Effective Care

We found that patients were provided with safe and effective dental care. We were satisfied that there were arrangements in place to protect patients and staff from preventable healthcare associated infections. We saw evidence to show that the X-ray equipment and the decontamination process were used appropriately and safely.

Safe care

Clinical facilities

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment.

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We saw that the surgeries were visibly clean and tidy.

The surgeries were well organised to help nurses to work efficiently. There was an effective system in place for removing used dental instruments from the surgeries to the decontamination room in labelled sealed containers. Once the instruments had been through the cleaning process it was packaged, clearly labelled and dated before being stored in plastic trays in a dedicated area.

We were able to inspect the machine for providing compressed air to the surgery (compressor). The safety check certificate was available confirming the machine had been serviced. We noted that portable appliance testing (PAT) had been completed on all the electrical equipment to help ensure that small appliances were safe to use. Fire safety equipment was in place and had been checked in October 2015. There was clear signage to the emergency exits. The public liability insurance certificate was on display.

There was a file available containing data sheets relating to Control of Substances Hazardous to Health (COSHH) but there were only a small number of risk assessments for chemicals kept on the premises. We confirmed that all chemicals were kept securely behind locked doors. However, risk assessments, indicating the current control measures in place to prevent harm, needed to be completed.

Improvement Needed

Risk assessments to be put in place, alongside each Data Sheet, for all chemicals kept on the premises.

Radiographic equipment

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and we saw up to date training records for all the dentists.

The practice had arrangements for protecting patients and staff when X-rays are being conducted. We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of X-ray equipment were also seen in the radiation protection file and attached to the machine in the surgeries. These contained the names of the radiation protection supervisor and radiation protection advisers as required by regulations.

Staff also confirmed that the quality of the X-rays taken were considered and recorded on a daily basis. The practice had completed a dental X-ray audit in 2014 and 2015.

Drug storage and emergency equipment

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that the team had received training on how to perform cardiopulmonary resuscitation (CPR) and there was a designated first aider. The first aider had not completed a first aid training course. The practice felt that as there were fewer than twenty staff in the building on any one day and following regular risk assessments, it was not deemed necessary. The practice should seek advice from the Health and Safety Executive to confirm whether the arrangements for first aid are appropriate.

The resuscitation equipment and emergency drugs were stored in separate cupboard and were immediately available in the event of a medical emergency (collapse) at the practice. It was evident that an effective system was in place to check the equipment and emergency drugs weekly.

Decontamination

The practice has a dedicated area for the cleaning and sterilisation of dental instruments. The area was visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise

the risk of cross infection to protect both patients and staff. We saw that there was a dedicated hand washing sink. All staff had received training in infection control and we saw these training certificates.

The practice showed us evidence of the completion of an infection control audit in 2015, which complied with the Welsh Health Technical Memorandum (WHTM) 01-05¹ guidelines. Actions had been identified and when they would be put in place. A further audit was in the process of being completed at the time of the inspection.

We were told, by the practice manager, that all the decontamination equipment is serviced regularly and we were able to see the maintenance certificates for the equipment.

The practice recorded daily and weekly checks on the sterilisers to ensure that equipment remained in good working order and that the decontamination process was thorough and effective.

Waste disposal

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous and non-hazardous waste. We also saw that the waste had been segregated into the designated coloured bags/containers in accordance with the correct method of disposal. These were stored outside or in a locked area of the building whilst awaiting collection.

Safeguarding

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. The staff had completed training in the protection of children and vulnerable adults and we saw their training certificates.

Effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that a large number of audits and peer group

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.

audits had been completed by the practice, including infection control, radiographic audits, patient use of emergency out of hours services, antimicrobial prescribing, record keeping and a recent pre audit on oral cancer risk factors. The owner said that the practice did not make use of a specific team development tool, such as the Maturity Matrix Dentistry Self Evaluation Tool, but an in-house system was used. Needs were identified through staff appraisals and staff were encouraged to attend courses to develop their skills.

Patient records

A sample of patient records was reviewed. Overall, there was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

We found that patient care entries contained sufficient information regarding discussions held about treatment options and responses in patient questionnaires confirmed this. There was evidence of planned patient care and treatment. We also saw counter signatures to show that patient medical histories had been checked by the dentist. In general, we found there was excellent clinical note writing. However, some records showed no evidence of smoking cessation advice, cancer screening, or alcohol advice and informed consent was not always recorded in the clinical notes.

Improvement needed

Clinical notes must contain evidence of smoking cessation advice, alcohol advice, cancer screening and informed consent.

There was evidence that patients were offered X-rays at appropriate time intervals. The quality of the X-rays was monitored and all X-rays are stored on computer.

We found the practice had suitable arrangements in place to back up patient records to ensure continuity of care. The paper records were kept in lockable filing cabinets in the office.

Quality of Management and Leadership

We found evidence of effective management and leadership at the practice. A range of relevant policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

Goodwin Partnership has been in Porth since 1947 and is in a large converted Victorian house.

The day to day management of the practice was the responsibility of the two practice managers. All the staff appeared to speak freely and to be sure of being listened to. We saw thorough induction folders, which were in the process of being expanded and updated.

All staff were given access to the computer which contained the policies and procedures and they were required to ensure that these are read. Annual appraisals had been carried out and objectives set. The owner used his own in house system to identify training needs and to send staff on appropriate courses. These have included management training, conflict management and four handed dentistry². We also saw minutes of quarterly team meetings where staff had the opportunity to comment and make suggestions. The minutes also identified actions to be taken which showed that learning had taken place. Minutes were sent out by email to those who could not attend. We confirmed that all relevant staff were registered with the General Dental Council. There were signs displaying the names and qualifications of the dentists.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice.

We looked at the policies and procedures in place and saw evidence that they reflected actual practice. They were practice specific, reviewed regularly and staff were aware of them.

² A technique in which a dental nurse works directly with the dentist, dental therapist or dental hygienist on procedures in the mouth of a patient. The technique reduces fatigue and improves the effectiveness of dental procedures.

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 Goodwin Partnership DBS Ltd. 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 in NHS 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 2008³ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁴. 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

³ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁴ <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
- 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: Goodwin Partnership DBS Ltd.

Date of Inspection: 9 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
-	No improvement plan required.				
Delivery of Safe and Effective Care					
8	Risk assessments to be put in place, alongside each Data Sheet, for all chemicals kept on the premises.	Health and Care Standards Standard 2.1	We are currently working our way through individualised risk assessments for all chemicals kept on the premises.	H J Anthony	3 months
10	Clinical notes should include smoking cessation and alcohol advice, informed consent and cancer screening.	Health and Care Standards Standard 3.5, 4.2	We have discussed at a practice meeting the need to ensure that both smoking and alcohol habits are recorded and relevant advice given in relation to their oral cancer risk. Patients will be given an oral cancer	H J Anthony	Immediate

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>risk status (high/moderate/low) that will influence their recall interval.</p> <p>A more detailed, region specific, record of our current oral cancer screening will now be recorded (e.g buccal mucosa/tongue/floor of mouth etc)</p> <p>Informed consent for all procedures (or consent not gained) will be recorded within the notes</p> <p>This advice has been followed up by email guidance.</p>		
Quality of Management and Leadership					
-	No improvement plan required.				

Practice Representative:

Name (print): H J ANTHONY

Title: PRACTICE PRINCIPAL

Date: 31/05/16