

General Dental Practice Inspection (announced)

**Abertawe Bro Morgannwg
University Health Board**

Park Street Dental Practice

4 December 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Park Street Dental Practice at 26, Park Street, Bridgend, CF31 4AX within the area served by Abertawe Bro Morgannwg University Health Board on 4 December 2014

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*¹.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- 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 will be 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.

3. Context

Park Street Dental Practice provides services to patients in Bridgend and the surrounding area. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. The practice employs a staff team which includes two dentists (the practice owners), two hygienists, one therapist, three nurses and two reception staff.

A range of services are provided. These include:

- Treatment for children and adults
- NHS and private treatment
- Emergency treatment
- Referrals for orthodontic assessment and treatment.

4. Summary

HIW explored how Park Street Dental Practice met the standards of care in the *Doing Well, Doing Better: Standards for Health Services in Wales*.

Patients we spoke to told us they were very happy with the service they had received.

Overall, we found the practice was being well run with the intention to meet the standards. The practice had a range of relevant policies and procedures to ensure patients received safe care and treatment.

We have made recommendations regarding record keeping and monitoring the quality of dental X-rays. We have also asked the practice owners to make sure the information available regarding the complaint process and within the practice leaflet is accurate.

The practice environment was visibly well maintained both internally and externally. An environmental risk assessment had been completed prior to our inspection. This had been arranged by the practice owners and it made recommendations to ensure the continued safety of patients. We followed this up immediately to seek assurance work had been satisfactorily completed.

Appropriate arrangements were in place to protect the privacy of patients receiving treatment.

5. Findings

Patient Experience

Patients we spoke to told us they were very happy with the service they had received.

The practice made information available to patients on its services. However, we have asked the practice owners to make sure the information available regarding the complaint process and within the practice leaflet is accurate.

The practice team presented as friendly and welcoming and we saw them being courteous and polite to patients.

The practice had conducted a patient satisfaction survey in October 2014. We looked at the results and these indicated patients were very happy with the service provided.

We spoke with six people who were attending for treatment on the day of our inspection. Everyone we spoke with told us they were satisfied with the service they had received from the practice and were made to feel welcome by staff at the practice.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This meant people could be confident, where they experienced difficulties with their treatment, there was a system in place to try to ensure they were seen again quickly.

Overall, patients told us they had not experienced any delays when waiting to be seen. The patients we spoke to confirmed they were kept informed if their dentist was running late.

The practice provided both private and NHS care and treatment and had a procedure in place for patients to raise concerns (complaints). Information for patients was clearly displayed within the waiting room. The procedure met the arrangements covering private care and treatment. However, it did not fully take into account *Putting Things Right*, the arrangements for handling concerns about care and treatment provided by the NHS in Wales. This meant we could not be assured patients were informed of their right to refer their complaint to the Public Services Ombudsman for Wales.

Recommendation

The practice owners should make suitable arrangements to ensure its complaints procedure makes clear how patients receiving NHS treatment can have their concerns considered under the Putting Things Right arrangements.

The practice had developed an information leaflet for patients. This set out details about the practice including the services provided, opening times and contact details. The contact details for the local health board needed to be updated to reflect the correct address and telephone number.

Recommendation

The practice owners should make suitable arrangements to ensure the practice leaflet contains accurate contact details of the local health board.

Delivery of Standards for Health Services in Wales

Overall, we found the practice was being run with the intention to meet the standards.

We have made recommendations regarding record keeping and monitoring the quality of dental X-rays.

We looked at a sample of seven patient records. This sample considered records for each dentist working at the practice.

Whilst written care records had been made for each patient, the notes would benefit from having more detail recorded around the reason why patients were attending, the care and treatment provided and the advice given by the dentist. Detailed records would help ensure queries from patients about their treatment could be answered fully, even if these were raised some time after their course of treatment had been completed. We provided detailed feedback on our findings to the dentists at the practice so they were aware and could make improvements as necessary.

Recommendation

The practice owners should make suitable arrangements to ensure dental records are comprehensive and maintained in accordance with professional standards for record keeping.

We found suitable arrangements were in place for the safe use of radiographic equipment. All mandatory documentation, including safety checks, maintenance and testing and staff training were available and up-to-date. The image quality of X-rays was not being routinely graded. We have recommended the practice grade X-rays as part of the quality assurance process. This process should highlight any recurring issues with image quality so remedial action can be taken.

Recommendation

The practice owners should make suitable arrangements to routinely grade the quality of X-rays as part of the quality assurance process.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. We saw checks had been completed regularly by staff to confirm emergency equipment and drugs had not been used and were available. The records we saw showed staff had received training on how to deal with medical emergencies, including how to administer cardiopulmonary resuscitation (CPR).

We considered the arrangements for the decontamination of instruments used at the practice. Mandatory records had been maintained and the equipment being used was visibly in good condition. Whilst suitable processes were in place for the safe pre sterilisation cleaning, sterilisation and storing of instruments, the practice did not have a separate decontamination room. A separate room, together with the use of appropriate control procedures could further reduce the risk of cross contamination of instruments. We discussed this with the practice owners. They told us they were considering providing a separate decontamination room as part of the development of the practice premises.

Audits in respect of infection control had been conducted in accordance with Welsh Health Technical Memorandum (WHTM 01-05)². Hand washing facilities and disposable items were available to reduce the risk of cross infection.

Contract documentation was in place for the disposal of hazardous waste. We saw waste had been segregated into different coloured bags/containers to indicate correct methods of disposal. These were stored securely whilst waiting to be collected. However, we have recommended the practice also separates dental moulds to ensure these are also disposed of properly.

Recommendation

The practice owners should make suitable arrangements to segregate dental moulds from other waste to ensure they are disposed of properly.

² The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Management and Leadership

The practice had a range of relevant policies and procedures to ensure patients received safe care and treatment. Overall we felt the practice was well run.

The dentists, who were also the practice owners, had overall responsibility for the management of the practice. Members of the practice team appeared to work well together and have a good understanding of their respective roles and responsibilities.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. There was a system in place for staff to sign (a form) when they had read and understood these. This is good practice. However, we did identify an instance where a policy had been updated but staff had not signed to confirm they had seen this. We also saw that not all policies had been dated when finalised or revised. We highlighted this to the practice owners so appropriate action could be taken.

Staff told us they felt well supported in their roles and able to raise any work related concerns they may have. Staff also told us practice meetings were held monthly and topics relevant to their work were discussed. We were told staff spoke to each other on a daily basis, facilitating effective communication amongst the team.

Staff told us they were able to access training relevant to their role and for their continuing professional development.

We looked at a variety of maintenance certificates and schedules. These confirmed that equipment was inspected in accordance with mandatory requirements. Therefore, staff and patients could be assured there were systems in place to ensure equipment was inspected regularly and maintained to ensure it was fit for purpose.

Quality of Environment

The practice environment was visibly well maintained both internally and externally. An environmental risk assessment had been completed prior to our inspection. This had been arranged by the practice owners and it made recommendations to ensure the continued safety of patients. We followed this up immediately to seek assurance work had been satisfactorily completed.

Appropriate arrangements were in place to protect the privacy of patients receiving treatment.

The practice was situated in Bridgend near the town centre. Whilst car parking immediately outside the practice was limited, there were parking facilities available within the town centre nearby. The practice was clearly signposted making it easy to find from the road. The names and qualifications of staff working at the practice were clearly displayed along with the out of hours telephone number.

There were two surgeries, one on the ground floor and the other on the first floor of the building. We looked at the clinical facilities of each and these contained relevant equipment to ensure the safety of patients and staff. Suitable arrangements were in place to protect patients' privacy when receiving treatment.

The reception and waiting room were on the ground floor. Our observations indicated the size of the waiting area was appropriate given the number of surgeries and patients attending. During a tour of the practice we saw these areas were clean and tidy.

Staff facilities were on the third floor. These provided an area for staff to change reducing the risk of cross infection via uniforms.

We observed the practice to be satisfactorily maintained internally and externally. Security precautions were in place to prevent unauthorised access to the building. Fire exits were clearly signposted for patients and staff to see in the event of a fire.

There were steps leading to the main entrance making access to the practice unsuitable for wheelchair users. The steps leading to the entrance had hand rails to assist patients with mobility difficulties. The practice had a patient toilet situated on the ground floor. This was visibly clean and contained suitable hand washing equipment to prevent cross infection.

Whilst relevant information about the range of services was readily available to patients in the waiting room there was no oral health promotion material displayed either as leaflets or posters. The practice owners told us this type of information was available within the surgeries and would be provided to patients as required. We were also told a television was being set up in the waiting room to display relevant health promotion material for patients.

An environmental risk assessment arranged by the practice owners had made recommendations to maintain the safety of patients. Some immediate action had already been taken as a result of the recommendations made. The practice owners confirmed they had already made arrangements for the further work to be done. We were assured there was no risk to patients in the meantime, until the work could be completed. We have followed this up and are satisfied the work required has been completed.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the areas of patient experience and delivery of Standards for Health Services in Wales. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at Park Street Dental Practice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Park Street Dental Practice

Date of Inspection: 4 December 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	The practice owners should make suitable arrangements to ensure its complaints procedure makes clear how patients receiving NHS treatment can have their concerns considered under the <i>Putting Things Right</i> arrangements.	Putting Things Right poster now up in waiting room and ombudsman contact details available on complaints procedure	C. Meek	In place
7	The practice owners should make suitable arrangements to ensure the practice leaflet contains accurate contact details of the local health board.	Correct LHB details on practice leaflet	P. Welch	In place

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Delivery of Standards for Health Services in Wales				
8	The practice owners should make suitable arrangements to ensure dental records are comprehensive and maintained in accordance with professional standards for record keeping.	To implement recommendations immediately and to audit quarterly	C.Meek/P.Welch	Immediate and ongoing
8	The practice owners should make suitable arrangements to routinely grade the quality of X-rays as part of the quality assurance process.	X rays to be graded routinely	C.Meek/P.Welch	Immediate and ongoing
9	The practice owners should make suitable arrangements to segregate dental moulds from other waste to ensure they are disposed of properly.	To arrange for delivery of new container to carry moulds	C.Meek/P.Welch	Cannon meeting arranged
Management and Leadership				
	-			
Quality of Environment				
	-			

Practice Representative:

Name (print): Catherine Meek

Title: Dr

Signature: Paper copy posted

Date: 14/1/15