

**General Dental Practice
Inspection (Announced)**
Cwm Taf University Health
Board, **Church Street**
Dental Practice

27 January 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Church Street Dental Practice, 3 Church Street, Merthyr Tydfil, CF47 0BA within the area served by Cwm Taf University Health Board, on 27 January 2015

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 medical records
- Examination of practice policies and procedures
- Examination of equipment and premises

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

- Information within the practice information leaflet and website
- 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

Church Street Dental Practice provides services to patients close to Merthyr Tydfil town centre. The practice forms part of dental services provided within the geographical area known as Cwm Taf University Health Board. At the time of our inspection the practice employed a staff team of nine. This included the principal dentist and one vocational dental practitioner, four dental nurses (one of whom was a trainee), a practice manager and two dedicated receptionists.

Primarily, Church Street Dental Practice offers treatment to private patients. This means that any dentist working at the practice who is also registered with HIW to provide private dentistry will be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

However, a small NHS contract has been retained for existing NHS patients (children and adults); the foundation dentist providing NHS treatment four days per week. A range of dental services were provided at the practice.

The principal dentist is also a qualified Dental Foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

4. Summary

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

Completed HIW questionnaires demonstrated that patients were very satisfied with the services provided by the practice. Patients also told us they were treated by friendly and welcoming staff and were provided with sufficient and clear information about their care and treatment. Certain aspects of the practice website and the arrangements in place to inform patients about the NHS and private dentistry complaints processes, required improvement.

Overall, we found the practice was being run with the intention to provide a safe, good quality service to patients. However, four improvements were identified regarding certain aspects of the service provided to ensure the practice meets the requirements of current relevant legislation, standards and guidelines.

The dental surgery was established and well run by the principal dentist, part-time practice manager and a dedicated staff team. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety. Staff told us they were very well supported in their roles.

The practice premises provided a safe environment for patients to receive treatment.

5. Findings

Patient Experience

Completed HIW questionnaires demonstrated that patients were very satisfied with the services provided by the practice. Patients also told us they were treated by friendly and welcoming staff and were provided with sufficient and clear information about their care and treatment. Certain aspects of the practice website and the arrangements in place to inform patients about the NHS and private dentistry complaints processes, required improvement.

Seventeen HIW patient questionnaires had been completed during the week prior to this announced inspection. Each questionnaire showed that the dental team always made them feel welcome when they visited the surgery. In addition, patients stated that they had been provided with enough information about their dental treatment.

Conversation with one patient on the day of the inspection led to positive comments about the care and treatment they had experienced.

Of the 17 patients who completed our questionnaire, two stated they did not know how to access 'out of hours' dental services. However, we saw that information was displayed on the outer door of the practice building. We also listened to the answerphone message during the one hour lunch time period when the practice was closed and found that there was clear information about how to access 'out of hours' care.

We saw that the practice had a website which provided patients with information about the dental team and services provided. However, some aspects of the website needed to be updated and the link to the General Dental Council Standards did not work. This may mean that some patients cannot access the information they require when use of the internet may be their preferred method of seeking information about the practice.

Recommendation

The practice is advised of the need to ensure that patients are always provided with full and accurate practice information needed to make informed decisions.

The practice operated a flexible appointments system, with both routine and emergency treatments being made available. On the day of our inspection we observed that a patient arrived for treatment one day ahead of the scheduled

time. The reception staff responded to the patient concerned in a helpful and compassionate way. In addition, the patient was able to receive treatment, as the dental team acknowledged the person would experience difficulties if they were required to return the following day. Discussion with the practice manager further revealed that every effort was made to see and treat emergency patients on the day they made contact with the practice. This applied in particular to children. The practice was open until 6pm on two evenings every week to assist patients in gaining access to dental services at a time which was most convenient to them.

Seventeen patients indicated that they were very satisfied with services provided at this practice and had no complaints. However six patients did not know how to make a complaint, should the need arise. One of those patients did say that they would know how to find out and felt able to enquire at the practice. A complaints procedure was displayed within the ground floor reception. However, the procedure did not comply with the NHS 'Putting Things Right' guidance. Discussion with the practice manager and consideration of the previous formal complaints (there had been no complaints brought to the practice since 2010) revealed that the dental team tended to address any concerns raised by patients promptly and on a face to face basis. The practice has however been advised to make complaints information more accessible and clear to patients in waiting areas, via their website and within patient information leaflets.

In addition, patients who receive care and treatment in accordance with the Private Dentistry (Wales) Regulations 2008 should be provided with complaints information which contains contact details for Healthcare Inspectorate Wales. Similarly, NHS patients should be informed of their right to escalate complaints to the Public Services Ombudsman. These details were not included in the practice's complaints information or current policy.

Recommendation

The practice's complaints procedure needs to be compatible with the National Health Service 'Putting Things Right' arrangements, The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales)(Amendment) Regulations 2011.

We found that the practice did not have a process in place to seek patients' views on services provided, on a regular basis. However, we were informed that several projects had been completed by vocational dental practitioners who had worked at the practice in recent years. Such projects had provided a focus on patients' views.

A number of patients who completed our questionnaires provided us with permission to include their additional written comments within this report. A sample of such comments is shown below:

'I would recommend this practice. I have been with (name of dentist) for many years and would never go anywhere else. Service is first class'.

'I find my dentist to be very informative when I receive treatment. Each step is explained'

'The reception staff very helpful'.

And

'Excellent dental practice'.

Delivery of Standards for Health Services in Wales

Overall, we found the practice was being run with the intention to provide a safe, good quality service to patients. However, four improvements were identified regarding certain aspect of the service provided to ensure the practice meets the requirements of current relevant legislation, standards and guidelines.

We looked at a sample of five patient records for the two dentists working at the practice. Generally, we found records to be of a high standard that focussed on the formulation of treatment plans, patient treatment and the promotion of dental health.

We made some suggestions where documentation could be improved. For example, dental x rays taken had been justified and the quality of the X ray graded within a log book, however we could not find evidence of justification within patients' electronic records as required by IR(ME)R 2000 Regulations².

Recommendation

The practice is advised of the need to ensure that the reason (justification) for taking x rays is recorded within patients' records in accordance with existing Regulations.

Of the 10 patients' records seen at this inspection, we found that four medical histories had not been signed by the dentist as is required. We also found that three patient's records did not contain an annual updated written medical history, as recommended.

Recommendation

The practice is advised of the need to ensure that patients' records contain complete information in accordance with professional standards and guidance.

We found that the arrangements in relation to the use of x ray equipment were in-keeping with existing standards and regulations. However, we found that training updates for appropriate staff had not taken place since 2008. Such training should be undertaken every five years in accordance with current regulations.

² IR(ME)R R2000 Section 6 states that 'before taking a radiograph, the exposure must be justified-the benefit must outweigh the detriment of the exposure'. Specifically, the x-ray should normally provide new information.

Recommendation

The practice is advised of the need to ensure that arrangements are made for appropriate staff to attend ionising radiation training in accordance with IR(ME)R 2000 Regulations.

We saw evidence of recent audit activity associated with the quality of patients' dental x-rays. Additionally, the quality of the x-ray images were seen to be good within the 10 patient records viewed at this inspection.

We looked at the certificate on display in relation to the use of x ray equipment and saw that there was no named radiation protection supervisor as is required for safety purposes. This was discussed with the practice manager who made contact with the company responsible for the maintenance of such equipment on the day of our inspection, as a means of addressing the issue.

Records were kept at the practice on a computer database. The only information generated in paper form related to new or updated medical histories. We were also assured that each member of staff had their own unique computer passwords and all information was 'backed up' on a regular basis to ensure that patient records were maintained on the system.

Staff had access to resuscitation equipment and appropriate drugs in the event of a patient emergency (collapse) at the practice. We saw that regular checks had been carried out regarding the expiry dates of drugs held at the practice through the use of a written log. We also found that the storage of drugs was appropriate and secure.

We looked at a sample of three staff records and found that staff had received regular and recent training on how to deal with medical emergencies including how to perform cardiopulmonary resuscitation (CPR). The practice also had an appointed first aider who worked four days each week. The principal dentist would provide first aid on the one remaining day (Friday).

We explored the procedures in place regarding cleaning and sterilisation of instruments (otherwise known as decontamination). This revealed that the practice had a daily maintenance programme in place regarding the equipment used to clean used dental instruments. The maintenance programme included start and end of day equipment checks. The dental team also used test strips on a quarterly basis to ensure that the ultrasonic bath remained effective. We saw the results of those tests were recorded in a log book. However, test information relating to the use of the autoclaves was only recorded electronically; the results of which were downloaded on an infrequent basis. This meant that there was the potential for aspects of the tests and the need for remedial action to be missed.

Recommendation

The practice is advised of the need to review and update autoclave testing data on a frequent basis to ensure that the process of sterilisation remains effective and satisfactory.

All equipment appeared to be in good condition and was subject to maintenance contracts. We were also able to confirm that portable appliance testing was carried out as required.

We saw that there was adequate storage for dental instruments and dedicated hand washing facilities in each surgery. However, the ability to separate dirty and clean instruments was limited as the two autoclaves available were located in each of the dental surgeries. This meant that the dental team had to use a bowl in addition to the one dedicated sink, to clean and examine instruments after use. Discussion with the principal dentist and two dental nurses revealed the efforts made to ensure the separation of clean and dirty instruments to minimise the risk of cross contamination. The team also confirmed that used instruments were never transported between the two dental surgeries.

We saw that used instruments were cleaned, sterilised and placed in sealed bags as promptly as possible. We were further informed that the practice had plans to convert the patient waiting area on the first floor of the practice to a dedicated decontamination room, in the very near future. This was as a means of complying with Welsh Health Technical Memorandum (WHTM) 01-05³. The building plans were made available to us during this inspection.

We held a conversation with the principal dentist regarding the need for routine audits of infection control requirements and were told that such audits had not been completed in accordance with WHTM 01-05.

Recommendation

The practice is advised of the need to complete routine audits of its infection prevention and control practices with an appropriate review

³ The WHTM 01-05 document provides professionals with guidance on decontamination in primary care practices and community dental practices.

which should demonstrate progress against a written plan for improvement.

We considered the content of maintenance records which enabled us to confirm that the surgery had an on-going contract in place to ensure the appropriate handling and disposal of hazardous waste. We also saw that hazardous (clinical) waste was stored correctly in a locked room.

We saw that staff had access to suitable protective equipment for use during the course of their work. In addition, patients were provided with eye protection.

During the inspection visit, we considered whether the clinical facilities available at the practice conformed to current standards for health services in Wales-as outlined in the document entitled Doing Well, Doing Better⁴. Our observations served to confirm that the facilities were good; both surgeries being light, spacious, well equipped and well stocked.

⁴ <http://www.wales.nhs.uk/governance-emanual/standards-for-health-services-in-wales-s>. The Standards for Health Services in Wales is underpinned by supporting guidance. Specific guidance on each individual standard (1 – 26) can be found within this document.

Management and Leadership

The dental surgery was established and well run by the principal dentist, part-time practice manager and a dedicated staff team. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety. Staff told us they were very well supported in their roles.

Church Street Dental Practice is an established independent surgery. The principal dentist had overall management responsibility for the day to day running of the practice; his wife undertaking the role of practice manager on a part-time basis.

The principal dentist is also a qualified Dental Foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

Overall, we found that the practice was well run as the daily operation of the service was underpinned by a range of clinical procedures and quality assurance processes to ensure that patients care and treatment was delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records held at the practice and through discussions with members of the dental team.

The nursing and administrative element of the staff team was well established; some members having worked at the practice for many years. We were also told that the practice did not use agency dental staff and staff sickness/absence levels were low.

Administrative and dental nursing staff we spoke to told us they felt well supported in their work. They also told us they, along with dentists attend regular staff meetings (every 4-8 weeks) where they have opportunities to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information to the dental team. We were able to confirm those arrangements by looking at the notes held at the surgery which highlighted the relevant topics/issues discussed by the team in the past three months.

Examination of three staff files demonstrated that they had been provided with relevant training during 2014 which included sessions about adult and child protection. As a result, contact details were readily available at the surgery in relation to local safeguarding teams. We further found that the practice placed a great emphasis on staff training and development in general; continuing professional development files containing information about staff training in

recent years. It was evident that this had resulted in ensuring that staff were both confident and competent when providing care and support to patients.

We found that staff had contracts of employment in place which had been signed and dated and all clinical staff were registered with the General Dental Council. The surgery had also developed an induction programme to ensure that any new members of the dental team were provided with a means of becoming familiar with established processes and procedures in relation to patient services.

Discussion with the practice manager demonstrated that staff members were encouraged to raise concerns about the provision of services provided at the practice. A whistleblowing procedure was found to be in place.

We found evidence that individual staff health and safety assessments had been completed (e.g. those relating to staff using computer equipment).

Examination of staff records and conversation with dentists revealed that the surgery had current evidence of Hepatitis B vaccination for all relevant members of staff with the exception of one member of staff. Discussion with the principal dentist revealed that the remaining details would be obtained as soon as possible. Conversation with the practice manager also confirmed that there were suitable arrangements in place between the practice and Cwm Taf Health Board so that support and advice could be obtained from the occupational health department.

HIW certificates were displayed in one of the two patient waiting areas in respect of the private dentistry provided at the practice. The information was correct in each case.

Examination of a variety of maintenance certificates held at the practice revealed overall, there were suitable systems and processes in place to ensure that equipment was inspected in a timely way and in accordance with mandatory requirements. However, we were unable to find evidence of a current gas safety visit/certificate as is required; the previous visit having been undertaken during 2013. This was brought to the attention of the practice manager who agreed to address this issue.

Recommendation

The practice is advised of the need to provide HIW with evidence of current gas safety certification with regard to the dental premises.

Quality of Environment

The practice premises provided a safe environment for patients to receive treatment.

Church Street Dental Surgery is situated in a large converted house at 3 Church Street, near Merthyr Tydfil town centre. The practice was established in 1995 and has operated from the present location since 2002. Some car parking spaces were available in the streets nearby; parking time being limited to one hour. There was also a pay and display car park just a short distance from the practice.

Patients who use a wheelchair are unable to access the building due to a series of steps. We saw that the principal dentist had, in recent years, explored the possibility of altering the front of the premises to enable patients who use a wheelchair to use the practice; however, this had not proved possible. There was no rear access to the practice. Patients who have other difficulties with mobility are able to access the practice from the front entrance by means of a fitted handrail. There were also handrails at various points inside the practice. In addition, one of two patient dental treatment rooms/surgeries was situated on the ground floor in acknowledgement that some patients are unable to use stairs.

The practice had a reception area on the ground floor, and two waiting areas arranged over two floors. Observations made during the inspection confirmed the size of the waiting areas was appropriate for the number of surgeries.

Patients and staff were provided with a toilet facility on the ground floor which was clearly signposted. The toilet facility was clean, hygienic and fitted with a handrail.

A tour of the premises confirmed that a security alarm was in place and the surgery was adequately maintained internally and externally. The public liability insurance certificate on display was found to be valid. There was only one fire exit at the premises; that being the front entrance. Conversation with the practice manager revealed that the situation had been subject to a full risk assessment. Fire extinguishers had been checked during 2014.

All areas within the building were clean, fresh and tidy. We also found that the practice was adequately heated, ventilated and had suitable lighting.

The names of the owner/principal dentist and trainee dentist were clearly displayed on the front of the building. The names and qualifications of the dental team were also readily available to patients in the form of a supply of leaflets at the reception desk.

A range of posters were displayed within the ground floor waiting area. These included information for patients about what they should expect (as set out by the General Dental Council) and a guide about treatment charges.

HIW Registration certificates were displayed in the first floor waiting area regarding the provision of private dentistry.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the Patient Experience, the Delivery of Standards for Health Services in Wales and Management and Leadership. 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 the Church 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