

General Dental Practice Inspection (Announced)

Aneurin Bevan University
Health Board,

**Crown Cottage Dental
Care**

1 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Crown Cottage Dental Care at The Square, Bedwas, Caerphilly CF83 8DY within the area served by Aneurin Bevan University Health Board on 1 June 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the 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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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 (where applicable)
- 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.

3. Context

Crown Cottage Dental Care provides services to patients in the Bedwas area of Caerphilly. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

Crown Cottage Dental Care is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes five dentists (one is a trainee), one hygienist, seven nurses, two reception staff and one practice manager.

A range of services are provided. These include:

- General dentistry
- Crowns and Bridges
- Cosmetic dentistry
- Implants

4. Summary

HIW explored how Crown Cottage Dental Care meets the standards of care set out in the Health and Care Standards (April 2015).

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and felt that they were given enough detailed information about their treatment. The practice invited patient feedback to improve services.

We found care and treatment was not always planned and delivered in line with relevant standards and requirements in the areas we inspected. Although the standard of clinical facilities were exceptional, there were areas of record keeping which were of a concern and required improvement. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination.

We found a committed staff team who told us they felt well supported in their roles. There were systems to ensure the on-going monitoring of staff requirements, complaints arrangements and policies and procedures.

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

5. Findings

Patient Experience

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and felt that they were given enough detailed information about their treatment. The practice invited patient feedback to improve services

We sent patient questionnaires to the practice and 20 patients had completed these prior to our inspection. We also spoke with three patients during our inspection. The patients had been registered at the practice for between 18 months and 35 years.

Without exception, all patients who completed questionnaires told us they were satisfied with the treatment they had received at the practice and they were made to feel welcome by staff. A small number of patients (five) told us they experienced a delay in being seen by the dentist but indicated that this did not cause them a problem. A sample of patient comments included the following:

“All the staff are always very helpful and friendly. They provide excellent care and always make me feel at ease”

“Very professional and helpful – quick service and treatment excellent”

“I have found staff and dentists friendly and professional A very good practice”.

When we asked patients about treatment information, all patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

“Very informative and always happy to answer my questions”

“Always explain fully”

“Kept fully informed”.

Two thirds of patients knew how to access out of hours services. We checked the practice’s answerphone message and found that out of hours information was recorded for patients’ information. We received a suggestion from a patient asking for the answer phone message to facilitate patients’ cancellation

messages to be recorded when the practice was closed which the practice could consider.

The practice was open Mondays from 8:30 am – 7:00pm, Tuesday to Thursdays from 9:00am to 5:00pm, Fridays 8:30am to 2:00pm and Saturdays by appointment only. The practice offered both routine and emergency appointments. This meant opening hours were flexible to accommodate seeing patients outside working hours.

Half of patients indicated on questionnaires that they did not know how to make a complaint, should the need arise. The complaints procedure was not displayed in waiting areas nor was it fully explained in patient information leaflets or the practice website. Although no patients indicated that they had a concern during the inspection, this meant that patients could not find complaints information easily if the need arose.

Improvement needed

The practice must ensure that the complaints procedure is displayed in a visible area.

We saw that a suggestion box had been added to the medical history form, for patients to provide any feedback to the practice. We were also told that there was a social media forum whereby patients could leave comments. Staff recorded informal and verbal feedback from patients.

Although the questionnaires confirmed patients were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment this was not consistently evident in the patient records. This was especially in respect of hygiene treatment which did not record the offer between NHS or private treatment. All patients were provided with a written treatment plan.

There was a wide range of health promotional material available in the reception/waiting area. We saw that the hygienist also gave information on oral health promotion and again the practice utilised a social media forum to promote healthy oral care. This meant the practice used a variety of methods to promote good oral health to patients.

There was a practice website which gave clear guidance and patient information. However, this did not include HIW nor the Community Health Council's contact details for patients, for raising any concerns.

Improvement needed

The practice needs to ensure that the website complies with the standards for the Principals of Ethical Advertising: GDC 2012.

There was a patient co-ordinator who oversaw individual patients' follow up appointments and ensured a seamless service. This was an example of noteworthy practice because it meant the practice had implemented a means to give patients support and continuity in their care and treatment.

Delivery of Health and Care Standards

We found care and treatment was not always planned and delivered in line with relevant standards and requirements in the areas we inspected. Although the standard of clinical facilities was exceptional, there were areas of record keeping which were of a concern and required improvement. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination.

Radiographic Equipment/Documentation

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available and staff had attended ionising radiation training. All clinical staff wore personal radiation dose badges as a safety measure. This is noteworthy practice because it is not a requirement within regulation but is a safety measure for staff exposed to radiation.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment. However we were told that regular audits of x-rays were not currently undertaken.

Improvement needed

The practice must develop a quality assurance audit system for x-ray image quality.

Resuscitation and First Aid

We found there were detailed flow charts in place outlining how to deal with different medical emergencies. Staff were knowledgeable about what to do in the event of a medical emergency and a resuscitation policy was in place to clearly outline each staff member's roles and responsibilities.

There was an appointed First Aider who had completed appropriate training. Staff had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). At the time of the inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff were trained and equipped to manage medical emergencies.

Emergency drugs

Emergency drugs were well organised and stored securely in a well positioned and safe location. There was a robust system in place for monitoring the expiry

dates of drugs. Prescription pads were also stored securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs. We spoke with the practice manager who told us they were developing a form to record any drugs administered in an emergency, which could be given to medical professionals (if required). This was indicative of a practice that was forward thinking and open to new ways of working.

Handling, storage and disposal of hazardous and non-hazardous waste

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was a policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM 01-05 (revision 1)

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments which met the standards set in the WHTM 01-05 (revision 1) guidance, although there was an issue with ventilation with the temperature recording 22 degrees Celsius on the day of inspection. We suggested the use of a fan to cool the room. There was a hatch system through which to deliver contaminated instruments in to the decontamination room. This assists with separating dirty and clean instruments and is good management of space. This was an example of innovative practice. Staff used appropriate sealed containers to carry instruments to the hatch and from the decontamination room to the surgeries.

Dedicated hand washing sinks were available and staff used appropriate personal protective equipment. All instruments were bagged following sterilisation and dated with a processing date. All instruments checked were within date and an in house system was in place for checking this, so that instruments were used within suitable specified timeframes. This meant suitable processes were in place to protect patients from cross infection.

We found however, that staff conducting decontamination procedures had not received appropriate verifiable training to demonstrate competency in their duties.

Improvement needed

All staff undertaking instrument decontamination must receive appropriate verifiable recognised training.

We saw log books for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day.

Although we saw that the practice had conducted audits of its infection control requirements, these were not in line with WHTM 01-05 guidelines.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised with all relevant equipment for the safety of patients and staff.

There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment.

We saw documentation that showed that the compressor (a device to supply clean air to power dental handpieces and various other dental tools) was maintained regularly but there was no evidence of as recommended by the manufacturer to ensure that it was working properly. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

Overall we found clinical facilities to be of a very high standard. The practice had undertaken the Infection Prevention Societies audit and had identified some areas for improvement. We discussed these areas with the practice manager and agreed that the practice would notify HIW when the improvements had been implemented.

Patient records

We looked in detail at a sample of patient records. Overall, the standard of patient records at the practice was a concern, with over reliance on templates which did not promote individualised care; caused inconsistencies in recording of basic checks and we saw discrepancies between the recording of checks undertaken and the free script added to the bottom of the template.

Improvement needed

The practice must ensure records are individualised and routine checks are recorded robustly.

We found that although patient's medical and social histories were updated at every visit to ensure any changes could be recorded and responded to, the

records had not been countersigned by a dentist. We advised this as an area of best practice, because it ensures that the dentist has seen any changes.

We saw treatment plans but there were occasions where we saw private charges also recorded on NHS treatment plans.

Improvement needed

The practice must ensure that NHS and private treatment plans are separate documents to make the charges clear to patients.

We found inconsistency in the patient records with;

- The justification for recall intervals (how often a patient needs to return for a check-up) was almost always 6 months. This suggests every patient requires the same period between visits and not in line with their individual needs.
- Treatment plans not always being signed
- Discussion of treatment options not always recorded
- Baseline periodontal examinations not always recorded
- Reasons for attendance was almost always recall (even on a new patient) which meant that templates were not being individualised.
- No written prescription on referral to the hygienist.

We did however see examples of excellent record keeping with the trainee dentist. These findings were a concern because the practice had undertaken an audit of record keeping at the beginning of the year and similar issues had been identified. This meant that the practice had not implemented learning from the audit cycle.

Improvement needed

The practice must improve record keeping in the highlighted areas.

We also saw high numbers of referrals to the hygienist for treatments available on the NHS, which were charged as private.

Improvement needed

The practice must not use private treatment on NHS patients when NHS treatment is available unless requested by the patient.

Due to the concerns regarding hygienist charges and use of NHS treatment plans to charge for private treatment, HIW shared the information with Aneurin Bevan University Health Board.

Management and Leadership

We found a committed staff team who told us they felt well supported in their roles. There were systems to ensure the on-going monitoring of staff requirements, complaints arrangements and policies and procedures.

Staff

There were two principal dentists who owned the practice. The practice provided both private and NHS services. A practice manager was responsible for the day to day running of the practice. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

All dentists were registered with the General Dental Council (GDC) and had contracts of employment. At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years, in line with the regulations for private dentistry. We discussed this with the principal dentists who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. It is not mandatory for all practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment.

We saw that certificates for each of the dentists, confirming their registration, were on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008.

We saw hepatitis B immunity records for all clinical staff and all clinical staff held indemnity insurance cover for their clinical practice.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role. We saw an induction file with relevant information which was used to support new staff settle into their roles.

We saw minutes from team meetings and staff told us that meetings were held monthly and were led by the dentists. There was a suggestion box in the staff room for anonymous raising of any issues. Staff told us that the meetings were not used to discuss practice improvement. We suggested this forum could be used as an ideal way for staff to raise concerns, record learning and as a result the service provided could improve.

There was a system in place for formal appraisals, although these were called one-to-ones and were undertaken on a monthly basis. Appraisals (one-to-ones)

are an important way of formally supporting staff to reflect on their work and identify support and professional development needs.

Policies and Procedures

Overall, we found the practice had a range of relevant policies and procedures which were localised and applied directly to the practice environment. However some policies and procedures had been reviewed but not dated and there were some small areas which required attention with some policies. Maintenance certificates and records were also in place. This meant appropriate checks had been carried out to provide a safe environment in the areas we inspected.

Child and Adult Protection

We found that all staff had completed training in child protection. A child protection policy was in place although this did not include local contact details to make referrals.

Currently no staff had completed a protection of vulnerable adults training (POVA) although three were booked to attend training through the health board in the very near future. It was envisaged that these three members of staff would take the role of lead staff. There was a policy in place and we suggested adding local contact details, to enable staff to easily make a referral, should the need arise.

Complaints

We looked at the complaints procedure in detail and found it was compliant with 'Putting Things Right'⁴ NHS requirements except for the omission of two contact details. The practice needs to add HIW and Community Health Councils' contact details to the procedure to comply with the NHS requirements and requirements under the Private Dentistry (Wales) Regulations 2008.

We were told that complaints were recorded clearly with details about the actions the practice had taken to address complaints. Complaints were held centrally, separately to patient records. Verbal comments and concerns were also recorded in a central log. This meant the practice could look for trends and patterns over time as an additional way to improve the service.

⁴ **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

Staff told us they were comfortable in raising concerns with management and directly with dentists. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

Quality of Environment

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

The practice was located in the town of Bedwas within the county of Caerphilly. The building had been extensively refurbished to a very high standard. The practice was set over three floors. The reception area, the surgeries, the x-ray machine room and patients wheelchair accessible toilet was on the ground floor. Three surgeries, patients' toilet and a quiet room for private discussions were on the first floor and the practice manager and staff room was situated on the third floor. Parking was at a premium however there was a free car park within a short walking distance.

We found the practice to be very well maintained internally and externally. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

There was useful patient information on display both externally and internally. There was signage outside the practice with the names and qualifications of all dentists, opening hours and emergency numbers for patients' use. Price lists for NHS patients were clearly displayed in the reception area however there was no price list for private treatment.

Improvement needed

The practice must display both NHS and private treatment charges.

There was no staff identification board visible within the practice. This board must display the names, designation and GDC number (where applicable) of the staff team.

Improvement needed

The practice must develop a staff identification board.

There was a separate staff toilet and changing facilities. Toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection.

There were waiting areas on each floor, which were a suitable size for the number of surgeries. Reception staff had a good awareness of how to maintain patient confidentiality. The waiting room contained reading materials and a wide range of advice and health promotional posters and leaflets.

The fire exits were signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patients' paper correspondence was securely locked away and electronic records were backed up daily. This meant the practice took suitable precautions to protect patient information.

We saw the practices' public liability certificate displayed in the staff room. We advised the practice that this must be displayed in a public area of the practice.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings set out in this report. 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 Crown Cottage Dental Care 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 on-going dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Crown Cottage Dental Care

Date of Inspection: 1 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
Page 7	The practice must ensure that the complaint procedure is displayed in a visible area. [Putting Things Right 2011; General Dental Council (GDC) 5.1.5; The Private Dentistry (Wales) Regulations 2008, part VI 15].	Existing poster has been amended and now displays all information.	Justine Jakeway	Already implemented.
Page 7	The practice needs to ensure that the website complies with the standards for the Principals of Ethical Advertising: GDC 2012.	Current website runs within advertising standards. Will add contact details for HIW and Community Health Council	Angela Martin	August 2015
Delivery of Health and Care Standards				
Page 8	The practice must develop a quality	Already in place as explained to inspector.		

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	assurance audit system for x-ray image quality. [Health and Care Standard 2.9; Ionising Radiation Regulations 1999 (IRR99); Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000)].	An audit is constantly running with the SOE exact dental programme.		
Page 9	All staff undertaking instrument decontamination must receive appropriate verifiable training. [Health and Care Standards 2.4; WHTM 01-05-2.4o].	All nursing staff with the exception of 2 recently employed has received verified training in Feb 2013. Training will be arranged for the remaining staff.	Justine Jakeway	Immediate action
Page 11	The practice must ensure records are individualised and routine checks are recorded robustly. Health and Care Standards 3.5, 4.2,6.1; GDC Standard 4].	An audit will be repeated and findings address immediately. Practice will use prompts that will require information to be added at the time of appointment.	James Brown and Andrew Martin	Immediate action
Page 11	The practice must ensure that NHS and private treatment plans are separate documents to make the charges clear to patients. [GDC 1.7.2, 1.7.3, 1.7.4].	No confusion for patients in this area as addressed in the Dental Practice Comments Grid. Will now print NHS and Private treatment plans on separate pages.	Justine Jakeway Alice Wright	Immediate action

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 11	The practice must improve record keeping in the highlighted areas. [Health and Care Standard 3.3, 3.5, 4.2; GDC 4].	Will repeat record keeping audit as stated above	James Brown Andrew Martin	Immediate action
Page 12	The practice must not use private treatment on NHS patients when NHS treatment is available unless requested by the patient. [GDC 1.7.4].	NHS treatment plans are transparent to the patient. They have clear options and written treatment plans, Patients have never been misled, and this is certainly a false accusation. This was confirmed when inspector questioned patients.		
Management and Leadership				
	No improvement needed.			
Quality of Environment				
Page 16	The practice must display both NHS and private treatment charges. [GDC 2.4.1].	NHS price list was already displayed. A private fee list is now being displayed.	Justine Jakeway	Already implemented
Page 16	The practice must develop a staff identification board. [General Dental Council Standards 6.6.10].	Staff identification board is now being displayed in main reception area.	Justine Jakeway	Already implemented

Practice Representative:

Name (print):

Title:

Date: