

General Dental Practice Inspection

(Unannounced)

Hywel Dda University
Health Board,

Mill Lane Dental Centre

13 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced follow-up inspection at Mill Lane Dental Centre part of the IDH Group at Mill Lane, Llanelli, Carmarthenshire SA15 3SE within the area served by Hywel Dda University Health Board on 13 May 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 Wales¹.

HIW understands that Mill Lane Dental Practice is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

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

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

- 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
- 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 concerns that continue to need improvement on a follow up visit will be considered under the HIW escalation process.

Dental inspections capture a snapshot of the application of standards at the practice visited on the days of inspection.

3. Context

Mill Lane Dental Centre provides services to predominantly NHS patients with some private patients in the Llanelli area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board. The practice employs a staff team which at present includes four dentists, six dental nurses, a practice manager and two receptionists. A range of services are provided. These include:

- General dentistry
- Teeth Whitening
- Crowns and Bridges
- Dentures
- Implants
- Sports Guards

4. Summary

This report relates to a routine follow-up inspection completed by HIW on the 13 May 2015 at Mill Lane Dental Centre to confirm that areas for improvement highlighted at the previous HIW inspection (3 March 2015), had been completed. This was in accordance with essential NHS standards of care in the *Doing Well, Doing Better: Standards for Health Services in Wales*.

We found that there were improvements seen in most areas. We saw that the rebranding was currently ongoing and requested that some documents be forwarded to HIW when they had been delivered to the practice. The patients' toilets remained a problem.

A significant review of clinical practices had been undertaken. This addressed all the issues raised in the improvement plan. We are now satisfied that the service provided to patients has improved.

We were provided with evidence of suitable systems for measuring essential quality and safety standards associated with the provision of dental care and treatment to patients. There were some areas which had not been addressed but we requested that the practice manager forward the documents as soon as they were developed.

The refurbishment and re-decoration of all areas within the practice premises has resulted in a significant improvement to the layout, cleanliness and appearance of the overall practice environment for the benefit of patients and staff.

5. Findings

Patient Experience

There were improvements seen in most areas. We saw that the rebranding was currently ongoing and requested that some documents be forwarded to HIW when they had been delivered to the practice. The patients' toilets remained a problem.

We looked at a random selection of patient's notes and found that written dental plans for each course of treatment were now available, treatment options were now being discussed and notes of the conversations were seen in patient records. We also saw that consent to treatment was also now recorded.

The complaints procedure was currently being up dated at head office and the practice manager was awaiting the document with the new company branding. We agreed that a copy would be submitted to HIW on completion.

The patient information leaflets were also being re branded and the practice manager was awaiting the delivery of the leaflets. We agreed that a copy would be submitted to HIW on completion.

On the day of the follow up visit the wheelchair accessible toilet was again out of order. We also found one of the patients' toilets out of order with a broken toilet seat and no toilet paper available. We discussed this with the practice manager who reported the issues to the maintenance department at head office.

Delivery of Standards for Health Services in Wales

The practice had undertaken a significant review of their clinical practice and had addressed all the issues raised in the improvement plan. We are now satisfied that the service provided to patients has improved.

We looked at the radiation protection file and saw that the required documentation was available. We also looked at equipment maintenance checks and these were also current. This will ensure a safe environment for patients to receive x-rays. We saw radiation training certificates for all staff at the practice. This now meets with the requirements that all staff using x-ray equipment have training within every five year cycle.

We saw certificates to show that dentists had received training in record keeping. This was also evident in the improvements in patients' records. This promotes safe practice whereby all staff can see the treatment planned and undertaken for each patient.

We saw that the practice had started audits of infection control - in line with the WHTM 01-05 guidance - which the practice manager told us would be continued quarterly. This maintains a clean environment and ensures instruments are cleaned appropriately in preparation for use in patient treatment.

We looked at patients records who had received x-rays recently and saw that the justification for the x-ray, the clinical findings and treatment plan was available. We also looked at records of patients who had required local anaesthetics recently and the batch number, amount and area of administration was recorded in patient's records. This ensures that the dentists are offering dental care based on safe clinical practice.

The organisation has now employed a clinical advisor who is actively undertaking regular clinical /peer audits in the practice. This will ensure consistency between dentists and will also be a way to share good practice.

Management and Leadership

HIW was provided with evidence of suitable systems for measuring essential quality and safety standards associated with the provision of dental care and treatment to patients. There were some areas which had not been addressed but we requested that the practice manager forward the documents as soon as they were developed.

We saw and heard from staff that the working atmosphere had significantly improved. There were inclusive team meetings occurring which was evident of a staff team who were settling back in to a pleasant working environment. This also improves the experience for patients, when staff are happy at their place of work.

We asked to see the vulnerable adult policy and saw that our concerns in this respect had still had not been addressed. The practice needs to ensure that there is a current policy and procedure in place so that staff know how to identify and deal with vulnerable patients who may require protecting. The practice manager was asked to forward a copy of this document when it had been developed. We were told that particular information would not be available until they had received the training next month. We saw that staff were booked in for child / adult protection training in June. This will ensure that staff are trained to identify and help patients of all ages who may require protection.

We also asked to see the privacy and dignity policy and the practice still had not developed this. This needs to be in place so that staff are aware of the organisations standards on these issues. This also needs to be forwarded to HIW when the document has been developed.

We saw evidence that an internal audit had been undertaken by the clinical advisor of the IDH group. The results would be available at the end of September. This was to be an on-going practice.

We saw that the practice now had a suggestion box in the waiting area and we were told that the practice was planning on distributing further patient questionnaires in line with the organisation's guidelines.

We saw that there was a poster in the waiting area clearly showing the price for individual private treatments. This allows patients to make informed decisions regarding the treatments they choose.

Quality of Environment

The refurbishment and re-decoration of all areas within the practice premises has resulted in a significant improvement to the layout, cleanliness and appearance of the overall practice environment for the benefit of patients and staff.

We saw that there was a sign outside with a list of the dentists working at the practice and their qualifications. This allows patients to know the names and qualifications of the dentists offering treatment and they can make informed choices on who they want undertaking their treatment.

We did not see a sign with a list of staff names, designations, qualifications and registration numbers, so that patients could identify the team working at the practice. We asked the practice manager about this and we were told that again this was being developed in line with the organisations rebranding and she was expecting the sign very soon. We asked her to confirm to us when this had been delivered.

6. Next Steps

This inspection has not resulted in the need for a further improvement plan. Whilst the improvements already made are notable, the provider should ensure that there are effective arrangements in place to proactively monitor compliance with the relevant regulations and standards on an ongoing basis. HIW will consider the effectiveness of these arrangements at the time of the next inspection.