

General Dental Practice Inspection (Announced)

**Cwm Taf University Health
Board,**

Pearl Dental Care

20 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Pearl Dental Care at 2 Main Road, Church Village, Pontypridd, CF38 1PY within the area served by Cwm Taf University Health Board on 20 February 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 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 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

Pearl Dental Care provides services to patients in the Church Village area of Pontypridd. The practice forms part of dental services provided within the wider geographical area known as Cwm Taf University Health Board. The practice employs a staff team which includes one principal dentist and two dental nurses, both of whom sometimes work at reception. The principal dentist was responsible for the overall management of the practice; however, each member of the dental team had clear individual responsibility for aspects of the day to day running of the service.

A range of services are provided. These include:

- Examinations and advice
- X-rays
- Preventative and Periodontal (gum) treatment
- Fillings
- Extractions
- Crowns
- Dentures and repairs
- Orthodontic referrals

HIW understands that Pearl Dental Care is a mixed practice providing both private and NHS dental services. In this respect, the 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.

4. Summary

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

Twenty six patients who completed HIW questionnaires indicated they were highly satisfied with the service provided by the practice and they were given enough information about their treatment. One patient had however experienced some difficulty in getting an appointment due to their pattern of work.

We observed the warm, friendly and professional approach adopted toward patients by each member of the dental team.

We looked at a sample of five patient records and held discussions with the dentist at the practice. As a result, we were able to confirm that the dental team made every effort to ensure that they obtained valid consent from patients before starting treatment. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

The dental surgery was established and well run by the principal dentist and two experienced, motivated staff. 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 environment was visibly clean and well maintained both internally and externally.

5. Findings

Patient Experience

Twenty six patients who completed HIW questionnaires indicated they were highly satisfied with the service provided by the practice and they were given enough information about their treatment. One patient had however experienced some difficulty in getting an appointment due to their pattern of work.

We observed the warm, friendly and professional approach adopted toward patients by each member of the dental team.

Twenty seven patient questionnaires were completed prior to the date of inspection. All patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients also told us they had not experienced any delay in being seen by the dentist on the day of their appointment.

A sample of patient comments included the following:

“Treatment is talked through with the dentist and a treatment plan is given to me.”

“I am always put at ease as I am nervous at the dentist.”

“Nice, clean and friendly practice. I always recommend them to my friends.”

“The service received has always been of a high standard.”

“Always had excellent service and made very welcome.”

Twenty five of the twenty seven patients who completed one of our questionnaires indicated that they knew how to access ‘out of hours’ dental services. We saw a sign in the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone message.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. The practice had emergency appointments available every day, enabling patients to be seen quickly if required. Two patients provided us with the following comments:

'I find it difficult to book appointments as I'm a shift worker'. My last experience was having to book an appointment two weeks after the initial appointment.'

'I have always been given suitable appointments when needed and my treatment has been explained to me.'

Practice information leaflets were available to patients at reception. The practice did not have a website, but basic information about the practice, including contact details and opening times are provided through the Cwm Taf University Health Board website.

We saw a range of health promotion material displayed in the waiting room. This meant patients had access to relevant information to help them care for their own oral hygiene and health. The display made use of pictures which increased its accessibility to a wide range of patients.

Patients told us they were very happy with the care provided at the practice. Conversation with the dentist also revealed that patients were encouraged to provide the practice with their views by using an online address. We were also told that feedback received to date via that electronic link had been very positive.

When asked about making complaints, patients told us they either knew how to raise any complaints they may have with the staff at the practice, or did not have a reason to complain. We saw there was a complaints poster clearly displayed immediately behind the reception area which contained the correct timescales for acknowledgment and resolution together with contact details for relevant bodies.

Delivery of Standards for Health Services in Wales

We looked at a sample of five patient records and held discussions with the dentist at the practice. As a result, we were able to confirm that the dental team made every effort to ensure that they obtained valid consent from patients before starting treatment. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

We found that the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. This included training updates for staff. We observed that the radiation protection file was very detailed and explicit with regard to the use of X-ray equipment. It was also evident that the dentist had recorded sufficient information to justify why certain dental X-ray views had been taken. In addition, the surgery had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. We saw that recognised signs regarding the presence of a radiation hazard were present above the patient and separate staff entrance to the dental surgery.

Discussions with the dental team at the surgery revealed the emphasis they placed on planning and delivering patient care and treatment in a way that was intended to ensure patient's safety and welfare. This was achieved in part, by checking patient's medical history at every visit to ensure that changes and possible risks to their health were identified and recorded.

We viewed a sample of five dental records. As a result, we found that patient care entries within four records contained comprehensive and detailed information about treatment options, patient consent and treatment provided; the fifth record providing less evidence of treatment planning. However, overall we were able to obtain a clear view as to why patient treatments had been provided. Additionally we found that Basic Periodontal Examination (BPE²) scores had been recorded in relation to completed consultations with adults, as required by clinical guidelines.

² The BPE is a dental screening tool which is used to spot gum disease early on. Dentists can then give you advice on how best to brush your teeth and the best way to floss.

<http://www.bdasmile.org/adults/adults.cfm?contentid=1097&contentparentid=1034>

The practice followed the National Institute for Health and Care Excellence (NICE)³ guidelines in relation to recommended timescales for dental recall visits. This assisted in determining when patients should receive their next appointment.

Patients' records were kept and stored securely at the dental practice in paper and electronic form.

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We were able to confirm that staff had received recent and relevant training in Cardiopulmonary resuscitation (CPR) /emergency resuscitation.

Emergency drugs kept at the practice were seen to be securely stored and there were suitable arrangements in place to ensure that expired drugs were promptly replaced. In addition, the dentist confirmed there was always a member of staff working at the surgery trained in the use of first aid.

Drug prescription pads were securely stored and locked away as required.

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the surgery had a well established and thorough approach to this aspect of service provision. There was a separate decontamination room at the premises (which is considered to be good practice) and the entire decontamination process was supported by detailed records of daily safety checks regarding the effective operation of the ultrasonic bath⁴ and autoclave⁵.

Conversation with a dental nurse led to a full and satisfactory description of the decontamination process in place. Whilst there was no dedicated hand washing sink

³ The NICE dental recall clinical guideline helps dentists to decide how often patients should be recalled between oral health reviews that are appropriate to the needs of individual patients. The guidelines apply to patients of all ages receiving primary care from NHS dental staff in England and Wales.

⁴ An **ultrasonic bath** cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

⁵ An **autoclave** is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

in the decontamination room, we saw there was a sink being used for that purpose immediately outside the area.

We saw that instruments which were packaged and stored in preparation for re-use contained appropriate 'use by' dates. In addition, we saw evidence of the recent completion of a thorough infection prevention and control audit.

We looked at the equipment maintenance records at the practice and the on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous waste. All such records were found to be current and valid.

During the inspection visit, we considered whether the clinical facilities available at the practice conformed to current standards for health services in Wales⁶. Our observations confirmed that the practice was well equipped and the facilities were of a very good standard.

⁶ <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 and two experienced, motivated staff. 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.

Pearl Dental Practice is an established independent surgery. The principal dentist had overall management responsibility for the day to day operation of the practice; however, each of the two other members of the dental team had clear individual responsibility for aspects of the day to day running of the service.

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 and policies held at the practice and through discussions with each member of the dental team.

Contact details of the local safeguarding teams in relation to adult and child protection were amended within policy documents by the dentist during the inspection as they were found to be incorrect.

The nursing and administrative element of the staff team was well established; each person 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. This meant that patients received care and treatment from staff who were familiar to them.

Dental nursing staff we spoke to told us they felt very well supported in their work. They also told us they, along with the dentist held regular staff meetings (every three months) 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. Conversation with the principal dentist also demonstrated the ability of the team to discuss day to day clinical matters in an informal way.

Examination of two staff files demonstrated that they had completed relevant training during 2014 which included sessions about cardiopulmonary resuscitation (CPR) and adult and child protection. 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.

We saw written records which provided evidence that staff received an annual appraisal which assisted in determining whether training received in the previous twelve month period had been effective and what training was required in the future. The appraisal also offered the opportunity for open discussion about the services provided at the practice.

Conversation with the principal dentist revealed that they were currently involved in a peer review exercise which enabled him to discuss aspects of clinical practice with other local dentists. This is with a view to making improvements to the service provided at Pear Dental Centre as far as possible.

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 and held dental indemnity cover. The surgery had also developed an induction programme to ensure that any new future members of the dental team were provided with a means of becoming familiar with established processes and procedures in relation to patient services.

We saw that the surgery had current evidence of Hepatitis B vaccination for all members of staff. Conversation with a dental nurse also confirmed that there were suitable arrangements in place between the practice and Cwm Taf University Health Board so that support and advice could be obtained from the occupational health department as and when required.

Discussion with both dental nurses demonstrated that they felt confident to raise any concerns they may have about services provided at the practice. A whistleblowing procedure was also found to be in place.

A HIW certificate was prominently displayed in the patient waiting area in respect of the private dentistry provided at the practice as required by the regulations for private dentistry.

Examination of a variety of maintenance certificates held at the practice revealed that there were suitable systems and processes in place to ensure that equipment was inspected in a timely way and in accordance with mandatory requirements.

Quality of Environment

The practice environment was visibly clean and well maintained both internally and externally.

Pearl Dental Practice is a small practice situated in the Church Village area of Pontypridd. Free car parking was available around the corner from the practice premises.

The practice had one surgery and a waiting area, both of which were located on the ground floor. The reception was also situated on the ground floor. Conversations with staff confirmed that patients who use wheelchairs were able to access the premises and the dental surgery to receive care and treatment.

Our observations indicated the size of the waiting area was appropriate given the number of patients attending. This area was light, clean and provided a comfortable area where patients could wait to see the dentist.

An out of hours contact number was clearly displayed on the window of the practice. This meant when the practice was closed, patients and members of the public were made aware of how to access dental care and treatment in an emergency. This number was also available to patients from the practice's answerphone message.

The dentist's name and qualifications were also clearly displayed on the front door of the practice.

The one toilet at the practice was situated on the first floor. This was visibly clean and contained suitable hand washing equipment to prevent cross infection.

Staff had access to a changing area on the first floor of the building which also served as a comfortable place to eat and drink during their breaks from work.

We observed the practice to be satisfactorily maintained internally and externally. The fire exits were clearly signposted.

6. Next Steps

This inspection has not resulted in the need for the dental practice to complete an improvement plan.